(De)Constructing the Discourse of Health News: A linguistic ethnographic enquiry

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In the late summer of 2017, I was in Rotterdam for a two-day city trip with a friend. On this stormy September morning, we escaped the pouring rain by visiting the Boijmans-Van Beuningen Museum. This museum houses 145,000 works of art and covers about 600 years of art and design history, from all different artistic disciplines and in countless material forms, and representing a whole range of art movements, traditions, cultures and art periods. Of those 145,000 artworks, only a fraction is displayed in the public part of the museum, because of evident spatial limitations. One of the artists that was selected and prominently featured in the contemporary art section at the time of my visit was Rhonda Zwillinger. Zwillinger initially became an acclaimed and successful artist in the New York scene with her kitschy and colourful sculptural work consisting of complex structures made of beads and (fake) gemstones, often combined with elements of waste. Her motto was “less is a bore”.

In the midst of her successful art career, Zwillinger had to quit designing and creating beaded sculptures in the early nineties, the text on the museum wall reports. She had developed multiple chemical sensitivity (MCS), an illness that results from extreme reactions to commonly used chemicals, such as beauty and hygiene products, cleaning agents, new furniture and carpets, ink, smoke, fluoride, food items, electromagnetic radiation, and so on. The list of symptoms is equally long: fatigue, brain fog, headaches, skin irritation, pain in the throat, chest, abdominal region and in the muscles, breathing difficulties, gastrointestinal problems, dry eyes and mouth, an overactive bladder... Zwillinger’s illness, the museum text says, not only made it impossible to create more of her beaded sculptures, but even to live a normal, urban life. Zwillinger left New York and started a new life in the Arizona countryside, far away from all the chemicals that made her life impossible, living in exile.

Never not being an artist, Zwillinger decided to turn her disease into a work of art and reached out to fellow MCS sufferers to put together a book and new exposition. She photographed MCS patients, in their new (mostly) chemical-free habitats: in caravans, vans and tents, far away from society; in their houses, wearing masks and hitched to machines to help them breathe. In the museum, her black-and-white photographs are hanging in a very narrow oblong room, with one glass wall. The other walls are covered in wallpaper with long texts printed on them, in which Zwillinger reports on her MCS journey, the process of putting together her MCS exposition, and on meeting up with other MCS patients. Visitors can enter the room to read the texts and take a close look at the pictures. They can also look at them from behind the glass wall – a physical barrier evoking the isolation and exile the MCS patients must
experience as a result of their MCS. From behind the glass wall, the text on the walls is too small to read. Inaccessible, invisible, silent—just as (most of) the world is to MCS sufferers. The new, unheimlich, sombre work sharply contrasts with her loud, colourful, kitschy earlier sculptural work, which are displayed next to one another.

When I saw this exhibition, I was confused. I vaguely remembered reading something about MCS some time ago, and did some research to find out what it was that made me feel that something was missing. The crux here is that MCS is not proven to be a disease with an actual purely physiological cause by the classic validated biomedical methods (Das-Munshi et al., 2007; Rubin et al., 2010). Almost all authoritative health institutions worldwide, such as the World Health Organization, do not recognize it as a disease (e.g. Gezondheidsraad, 1999; Occupational Safety and Health Administration, n.d.; Orme & Benedetti, 1994; World Health Organization, 2006). Rather, the organizations above assume that the cause of the symptoms and problems MCS sufferers experience is psychological and behavioural, and are caused by anxiety disorders and/or depression. Still, research is still ongoing on MCS (e.g. Orriols et al., 2009) and in the medical world, there still are advocates of MCS as having a physiological cause (e.g. Genuis, 2013).

All of the publications above that consider MCS as psychological/behavioural rather than physiological emphasize that the fact that this does not mean patients and their symptoms should not be taken seriously. On the contrary, medical professionals should always try to diagnose the cause and try to treat the symptoms (Das-Munshi et al., 2007). Indeed, as Zwillinger’s work shows, the experience of the symptoms and of being an ill person that can no longer function in society, are very real for MCS patients, and their pain and suffering not in any way debatable.

However, the museum presented Zwillinger’s work about MCS without discussing the status quo in the medical world. Visitors who have no medical background are not familiar with the term MCS will not know the diagnosis is a controversial and pseudo-medical one, and that the drastic measures taken by the people in the exhibition are not helping them or easing their symptoms.

Still, it is likely that many visitors will think they have learnt something new about health and medicine, for two reasons. First, similar to the mass media, museums are authoritative organizations that define and (re)produce the boundaries, norms and standards in society. In museums, these boundaries and norms concern art and artistry, and which artists deserve attention and critical acclaim. More specifically in this case, the museum chose Zwillinger’s work to dedicate a significant portion of the museum to, and added a strong, appealing narrative to it, showing the evolution from her kitschy, colourful beaded sculptures to her wistful, muted black-and-white MCS-inspired work. In doing so, they authoritatively construct Zwillinger’s illness as a strong, important and touching story. Health and illness (are assumed to) interest us
and move us, to the extent that they are getting interconnected with other realms. In this case, they are interconnected with art, in a museum, and the social and political engagement that (contemporary art) museums often have. When an authoritative setting like this presents health as an important topic, this both reflects how important health is in our society, and reinforces it, from the museum's authoritative position. In line with this, the appearance of MCS in a museum also is an all the stronger illustration how health-related information finds its way to all of us - in the most diverse forms and the most unexpected places, including very authoritative ones that are not primarily concerned with health. Places, too, where we might not always be on guard about the quality of the information.

Second, the museum also frames a piece of art - not only literally - by deciding on which other works they present it with, by writing texts next to it to contextualize it. In this case, MCS is described extensively in Zwillinger’s texts that are the background wallpaper of the small room where her pictures were exposed. The text is authoritative and assertive about MCS, and at the same time emotional and sad in tone. Of course, it is understandable the museum does not offer a full-fledged explanation of the biomedical status quo on MCS or has a biomedical researcher on the team to check the information. However, as the text is written in an factual, assertive way, and produced by someone from the cultural elite and presented in the authoritative elite museum setting, it seems out of the question that MCS is a contested diagnosis.

For me, the museum visit reminded me why researching health and the media is so important and so incredibly interesting. Health and illness are everywhere, and they (are made to) move and touch us. There is so much to learn about health and illness, which we often do through (mass) media and other institutions in the public sphere. Zwillinger’s work also shows how complex health is and how entangled with many other realms and matters in life. For instance, Zwillinger says MCS sufferers feel the pain of our “ailing earth”. In her text, the earth ails because of pollution, climate change and the other irreversible alterations humans made to our planet. The environment and health often are connected, both in relation to the illnesses we suffer from, but also in discourses on food and health, for instance. Another connotation in this idea of the ailing earth is a spiritual one: the fact that she feels the pain of the earth resonates with various religious, spiritual and philosophical ideas about human relations and (dis)connection to nature.

Socially constructed, discursive, highly prominent in our society and our daily lives, scientific and academic, but also emotional and even spiritual - that is what the highly complex issue of health (in the public sphere and media) is. It is there in all its complexity, even when visiting an art museum on a rainy September day.
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To use the last words of that other great story that too was, and still is, a major part of my life, like this PhD:

All was well.    (Rowling, 2007)
1
Introduction
Health and news are major parts of our lives nowadays, often irrespective of whether we want this or not. We all have a body and a mind that can be healthy, ill, or anything in between, and there is a whole range of media outlets and media content that are more accessible and ubiquitous than ever. However, we know little about what happens at the intersection of health and news, and about how health news is produced. This PhD dissertation is dedicated to this intersection, and examines how journalists and other relevant stakeholders discursively (co-)produce health news, from a linguistic ethnographic perspective. As I will argue, health news is not about linearly transmitting or translating specialized biomedical information into a journalistic format that is understandable for laypeople. Rather, health news is complexly co-produced by many stakeholders, who all bring their own notions of health, illness, journalism, and valid categories of knowledge and expertise into the production process.

The following ten chapters will examine a number of aspects of the dynamic and complex production process of health news. In the following section, I will give an overview of which aspects have been examined. I will first provide the very general research question this dissertation started with, and then discuss how it was extended and modified into a more specific one. I will then discuss how this modified general research question was narrowed down to the subquestions for each empirical chapter. Finally, I will also provide a chapter overview of the whole dissertation.

1.1. Research questions and chapter overview

The very first, general research question of this dissertation was the following:

*How is health news produced?*
An issue that immediately arises when looking at this very broad question is that, in order to find out how health news is produced and to select relevant sites for data collection, it is necessary to gain a basic understanding of who is producing it. Intuitively, one would say any news is produced by journalists, but research points to the fact that many other stakeholders play a role in the production of news, such as the PR industry (Bauer & Bucchi, 2007; Cho & Cameron, 2007; Jackson & Moloney, 2015; Macnamara, 2014; Nestle, 2007). In the specific case of health news, Briggs and Hallin (2016) coined the notion of an elite public sphere as the producers of health news, to include PR and other relevant stakeholders as actors in the production process of health news. This elite public sphere comprises biomedical stakeholders, and more specifically medical researchers, spokespeople from the pharmaceutical industry, public health officials, and (health) journalists. In this dissertation, I will use the terms biomedical stakeholders and journalists rather than elite public sphere, but I consider the term biomedical stakeholders to refer to the same stakeholders as listed above– medical researchers, the pharmaceutical industry and public health officials. In any case, as further discussed in section 2.3 of the theoretical framework, Briggs and Hallin’s (2016) addition of biomedical stakeholders as co-producers of health news is indispensable for a holistic, comprehensive understanding of the production of health news.

Research also points to the growing influence of audiences and citizens in news production (Allan & Thorsen, 2009; Bruns, 2008; Domingo & Le Cam, 2014; Loosen & Schmidt, 2016; Reich, 2008; Schmidt, 2014). Audiences increasingly participate in the production of (online) content on blogs and social media, and classic mass media journalists increasingly use assumption about, and input about and from the audience to determine what they are going to report on, and how. The inclusion of these two stakeholders in the conceptualization of news production—the biomedical stakeholders and the audience—leads to a first modification of the research question:

*How is health news co-produced by journalists, biomedical stakeholders, and audiences?*

Furthermore, as explored more extensively in the methodological chapter (chapter 3), this dissertation takes a discursive perspective based on the assumption that language and the social world are mutually shaping (Blommaert & Jie, 2010; Creese, 2008; NT&T, 2011; Rampton, 2007). This discursive approach allows us to see health news production as more complex than translation, but as an interactional,
multi-layered, multi-directional process of co-production, that both reflects and constructs how we view health in society\(^1\). This leads to another addition:

*How is health news *discursively* co-produced by journalists, biomedical stakeholders, and audiences?*

As this still is a rather general question, it was further broken down into several subquestions in each empirical chapter. In what follows, I will give an overview of the empirical chapters and their specific subquestions. After this overview, I will discuss the contents of the two chapters that precede the empirical chapters: the theoretical framework (chapter 2) and the methodology (chapter 3).

The first empirical chapter, chapter 4, addresses the dynamic attribution of expert identities in interaction that is inevitably part of the production of health news. Health news is a challenging news topic for journalists, because writing about health generally requires dealing with complex, specialized biomedical expert knowledge. For journalists, this creates a tension: they need to understand this expert knowledge better than their audiences to write it up correctly, but they still need their lay perspective to imagine how to write it up understandably for their audiences. Chapter 4 thus aims to answer the following set of research questions, by analyzing research interviews with journalists:

*How do journalists discursively construct their expertise and expert identities in relation to health, in the context of research interviews?*

*How do they explicitly reflect on and evaluate their expert identity?*

*Which traces of more implicit expert identity constructions do we find in their discourse when talking and writing about health?*

Chapter 5 looks at news production from the perspective of a biomedical stakeholder: the pharmaceutical industry. It examines how the media can be an elephant in the room for the communication department of a pharmaceutical company, which often has to deal with the negative reputational discourses on the

\(^1\) Throughout this dissertation, I often use the words *in society, in our society*, and related terms. These terms generally refer to Western societies, including Western Europe, and sometimes North America (this will be explicated when needed). I use this conceptualization as a heuristic category, to be able to discuss the relevance of the literature. It does not go beyond heuristics; in line with my social constructionist orientation, I do not see “(our) society” as an essential category, and do not aim to make any generalizing statements about “the West”, and especially not in comparison to “the East” or other parts of the world.
pharmaceutical industry. It aims to answer the following research questions, by analyzing linguistic ethnographic data collected at a pharmaceutical company:

*How does a pharmaceutical company construct its identity discourses?*

*How do they deal with and internalize dominant negative discourses about the industry, which are (assumed to be) produced by media and other external stakeholders?*

Chapter 6 is a reflexive chapter on doing linguistic ethnography ². Linguistic ethnography is a method that combines ethnographic fieldwork with a linguistic perspective, as discussed in chapter 3. As a result of the interpretative nature of collecting and analyzing fieldwork data, (linguistic) ethnography also is an inherently reflexive method. Ethnographers recognize that that ethnographic data is always co-constructed by the researcher – by their presence, their sociocultural framework and by their research questions. This does not invalidate ethnographic research, but does require reflection on the role of the researcher, and on the assumptions researchers take with them to the field. Chapter 6 uses empirical data to analyze one of these common assumptions on doing fieldwork on elite settings, i.e. that elite informants are always more powerful, and thus tend to overpower researchers. The chapter answers the following research questions:

*How can we observe and analyze power dynamics, as conceptualized in a constructionist and interactionist orientation, in ethnographic research?*

*How can we reflect on what these power dynamics mean for data construction, based on our fieldwork experiences in an elite setting?*

Chapter 7 leaves the communication department and returns to the newsroom to examine the production of health news in the context of the production of an entertainment TV show about food and nutrition. As health news is co-produced by biomedical stakeholders, journalists have adapted and integrated biomedical

² Some might consider this chapter to be methodological. This actually is partially the case— it sits between methodology and empirical research. I have chosen to include it in the empirical section for two reasons. First, the chapter uses empirical data and analysis to outline a new heuristic, data-driven tool for methodological reflection, and thus goes further than the more theory-based methodology discussed in chapter 3. Second, the chapter was written in tandem with chapter 5 and builds on the findings of this chapter. Keeping chapter 6 close to chapter 5 allows for reading it as such.
practices in their work. Based on this assumption, this chapter answers the following research question:

How do journalistic professional practices and perspectives and scientific professional practices and perspectives intersect during the production of health news?

Chapter 8 looks into the role of the other stakeholder that was added to the general research question above: the audience. All Twitter and Facebook reactions to the TV show that was the subject of analysis in chapter 7 were collected, to answer this question:

How does the online audience co-construct and respond to health news in the online public sphere?

The final empirical chapter, chapter 9, aims to gain further insight into the complexity and contextual nature of health news production and is therefore set in another editorial office, this time of a women’s health magazine. It examines how discourses on and attitudes towards health come into play. More specifically, the chapter analyzes how discourses and attitudes shape how the journalists view (health) journalism, and they shape and reflect their professional practices. Analyzing research interviews, this chapter aims to answer the following research questions:

How do women’s magazine journalists construct health and illness?

How do women’s magazine journalists construct the role of the individual in relation to health and illness?

How do these constructions shape and reflect their professional practices?

Before answering these research questions, further contextualization of the concepts and theories I have used, of course is indispensable. I will therefore first motivate more precisely why health news is a highly relevant and interesting field of enquiry, in subsections 1.1 and 1.2 of this introductory chapter. This chapter is followed by a theoretical framework (chapter 2), in which I will clarify what I mean exactly when using the words health (2.1), news (2.2), and health news (2.3), and elaborate on relevant theories and concepts to support these conceptualizations. In chapter 3, I will discuss my methodology; I will first situate my work as a transdisciplinary endeavour drawing on the perspectives of journalism studies, (medical) sociology, and sociolinguistics (3.1). I will then explore my main research methodology, linguistic ethnography (3.2). In the last section of the methodological chapter, I will provide an overview of the data collection process (3.3). Chapters 4 to 9 comprise the empirical work, as outlined above. This dissertation is article-based, which means that the empirical chapters are written as stand-alone articles for publication. The title page of each chapter provides the exact reference for the
accepted and published papers, as well as the names of the co-authors when relevant. Because of the article-based format of this dissertation, each chapter will be further contextualized with an epilogue, which contains a short reflection on the specific relevance of each particular paper in the whole of this dissertation.

Finally, in chapter 10, I wrap up this dissertation by providing a number of concluding remarks about the production of health news (10.1), a few words of final reflection on the strengths and limitations of linguistic ethnography as a research methodology (10.2), and directions for future research and practice (10.3).

### 1.2. Motivations to study health news

In this section, I will show why health news is a socially relevant and important field of enquiry. Literature from journalism studies, health promotion research, medical sociology, communication studies and other relevant fields point to two important trends: health news is impactful, and health news in traditional mass media is on the rise. The overview will also show that we already know a lot about the presence of health stories in the media and the uptake, but little about production.

#### 1.2.1. Health news is impactful

There are several trends and strands of research that point to the fact that health news significantly impacts audiences (Bednarek & Caple, 2012; Bell, 1991; Kroll-Smith, 2003). First of all, we know that, even despite the rise and ubiquity of the Internet, online information and social media, the traditional mass media still are an important source for health information for laypeople (Lariscy et al., 2010; Van Slooten et al., 2013; Wang & Gantz, 2010). This does not mean that the influence and importance of online media and digital communication has not grown; the Internet and social media indeed have become important sources for actively looking up information (Park & Kwon, 2018). Online environments have also become a site for peer support among patients, which is generally experienced as enhancing patients’ wellbeing (Naslund et al., 2016). In terms of health promotion, Maher et al.’s (2014) metareview has shown that social network-based health interventions can have an effect on the target group’s behaviour, although the effect is still relatively small as engagement is generally low in social media-based campaigns.

Still, the mass media continue to play an important role in relation to health information, and because of the focus of this thesis, I will mostly discuss literature
about mass media in this section. Recognizing both online and mass media are increasingly important nowadays might seem contradictory, but it is not, as Zelizer (2011) has pointed out. She argues that the emergence of new technologies and forms of communication does not necessarily mean that established mainstream forms always and completely disappear. Rather, old and new forms of technology and media often co-exist, as chapter 8 explores. These newly emerging technologies and media do have the potential to challenge and change the established ones, to which established media might respond by implementing new or hybrid forms. But still, these new forms usually add to the existing ones: newspapers or TV news now have websites and social media profiles, but also continue to produce traditional journalistic content in the established mainstream outlets. As this dissertation starts from the production of mass media, the following literature review will therefore focus on mass media rather than online media. Online media will be explored specifically in relation to the role of the audience in chapter 8.

First, Lariscy et al. (2010) analyzed survey data in which American 11- to 13-year-olds reported from which media they learnt the most about health, and found they reportedly learnt most from television, followed by 2) radio, 3) social media, 4) print, and 5) the Internet. Van Slooten et al.’s (2013) focus groups with American 35- to 49-year-olds uncovered that, despite the fact that participants felt that sensationalism was prevalent in mass media and that the Internet was an easy, accessible source, the participants still trusted mass media more. Van Slooten et al. (2013) also found the research on health that participants undertook online on health was often prompted by health stories they had seen in TV news. Consequently, Van Slooten et al. (2013) concluded that mass media still play a prominent role in disseminating health messages.

Second, biomedical and communication studies research provides evidence that the traditional media not only are important sources of information, but that the information makes audiences change their behaviour (Entwistle & Hancock-Beaulieu, 1992; Grilli et al., 2002; Matthews et al., 2016; Van Slooten et al., 2013; Wang & Gantz, 2010). Entwistle and Hancock-Beaulieu (1992) cite early research by Wellings (1985) that showed ‘decline in oral contraceptives after press coverage of studies showing links between pill use and breast and cervical cancer’ (Entwistle & Hancock-Beaulieu, 1992, p. 368). Sheard (1990) found a drop in the number of women going to the Bristol Cancer Help Centre, after a flawed study was reported on in the media, which stated that the prognosis of women with breast cancer worsened when attending the centre. More recent research backs up these older studies showing that what is reported in the media has an impact on audiences’ behaviour and health choices. Matthews et al. (2016) found that when the British media extensively reported on the side effects of statins, a treatment that lowers cholesterol levels, more patients stopped taking their medications. Several studies from Australia
and the United Kingdom also have shown that media coverage on the cancer diagnosis or treatment of celebrities such as Kylie Minogue, Big Brother star Jane Goody, and Angelina Jolie led to an increase in the number of screenings and/or referrals (Casey et al., 2013; Evans et al., 2014; Kelaher et al., 2008).

Finally, several metastudies in the field of health promotion have shown that mass media campaigns are effective in changing behaviour in beneficial ways (Wakefield, Loken, and Hornik 2010; Community Preventive Services Task Force 2014). They can, for instance, reduce the intake of sugary drinks in the US (Boles et al., 2014), as well as reduce child mortality in Burkina Faso (Head et al., 2015). Health news thus does impact audiences and their behaviours.

1.2.2. Health news is on the rise

The fact that health news impacts audiences becomes more relevant when taking into account that the topic of health is more ubiquitous in Western media nowadays. There are two indications in the literature that support this: first, media coverage on health currently takes up a significant portion of news and media content across media outlets; second, the amount of health content has grown over time (Boyce, 2007; Briggs & Hallin, 2016; De Dobbelaer et al., 2017; Fox & Ward, 2011; Hauttekeete, 2005; Verhoeven, 2008). In what follows, I will first discuss the synchronic evidence and then turn to the diachronic evidence. To conclude, I will discuss the limitations of both strands of research and discuss their relevance for this dissertation.

The synchronic evidence shows that health news stories in the United States ‘compete with economics and politics for top billing in terms of frequency, placement, and audience appeal’ (Briggs & Hallin 2016, p. 1). When considering the share of health news in comparison to other topics, Wang and Gantz (2010) found that in 2004-2005, about 8.1% of the US news stories on local TV were about health, and state that ‘health news is a staple on local television news’ (p. 236). However, Wang and Gantz (2010) do warn there are significant differences between markets and media outlets, and also do not find an increase in comparison to their previous study which examined local TV news in 2000 (Wang & Gantz, 2007). Pribble et al. (2006), who also examined local American TV news broadcast in 2002, found that 11% of stories are about health. When turning to Europe, Bienvenido’s (2008) study of prime-time TV news in France, Germany, Italy, Spain and the United Kingdom in 2003 and 2004 showed that 4.48% of news stories concern health, while politics takes up 16.48%, sports 13.10% and crime 9.71%. All science categories combined (health, technology and environment) make up 8.1% of news coverage, meaning health is the
most popular topic of all three science topics. According to Bienvenido (2008), his data also point to an increase in science reporting; older work, such as by Heinderyckx (1993), found that in 1989 in Western Europe, less than 0.75% of the stories focused on science, technology and health combined.

Bienvenido’s statement (2008) is cautious as he compares different studies conducted by different authors. However, there is stronger diachronic evidence of an increase in health and science reporting over decades. Entwistle and Hancock (1992) compared health and medical coverage in eight British newspapers in 1981 and 1990 (selecting two months of coverage in each year), and found that the number of health-related articles dramatically increased; in fact, it more than doubled, from 1397 articles in 1981, to 2995 articles in 1990. Bucchi and Mazzolini (2003) examined Italian newspaper coverage on science from 1946 to 1997 in a leading Italian daily, Il Corriere delle Sera, and found an increase from the mid-1950s onwards, with the most dramatic increase between 1991 and 1997. In 1946-1950, there were only 9 science articles in the newspaper; this rose to 140 articles in 1981-1985, which then increased again to 277 in 1986-1990; finally, in 1991-1997 (which is two years more than the other time periods), there were 401 science articles. Their more detailed breakdown of the subgenres in the science coverage also shows that the health and medicine coverage is most prominent and also has grown most. The number of articles on medicine quadrupled in the period 1981-1997 (from 50 in 1981-1985 to 100 in 1986-1990, and to 235 in 1991-1997). In contrast, all other science topics (in this study categorized as biology, physics and engineering) remained relatively stable or, in the case of physics, even lost visibility. Over time, medicine amounted to more than 50% of all the science coverage.

Bucchi and Mazzolini (2003) also note that, in Italy, news on science and medicine have become increasingly institutionalized and covered in separate, specialized sections or supplements. These findings are backed up by the American evidence of Clark and Illman (2006), who examined the science section of the New York Times, which is called Science Times. They compared the size and coverage of Science Times from 1980 to 2000, examining coverage at five-year intervals. They found that the editorial content rose from an average of 1.7 pages per issue in 1980 to 5.4 pages in 2000. This indeed points to a trend of institutionalization of science coverage in separate supplements within newspapers. Clark and Illman (2006) also found that in all coverage of Science Times, health, medicine and behaviour was the most popular subcategory, accounting for 42.6% of all items (followed by physical, earth and life sciences, adding up to 31.1% of articles). When looking at diachronic trends, Clark and Illman (2006) found that health becomes somewhat less popular in 1985-1995, in favour of technology and engineering in 1985, and in favour of physical, earth and life sciences in 1990 and 1995. However, in 2000, the coverage on health had risen sharply again while coverage on all other topics had dropped; health then
made up 58% of coverage, while its runner-up, physical, earth and life sciences, only constituted 27% of the articles.

The two studies above on the breakdown of topics in science news are further backed up by Weitkamp (2003). She found that, in the UK, health and medicine are privileged in science reporting and make up more than 50% of all science news (Weitkamp, 2003). Similarly, Elmer et al. (2008) found that in three large German newspapers, medicine was the most popular subcategory of science (27.7% of articles in 2003-2004, 28.9% in 2006-2007). Although probably too short-term to really be considered diachronic evidence, they also found an increase of 48% in science coverage when comparing the 2003-2004 coverage with the 2006-2007 reporting.

As mentioned above, however, the evidence on health news being on the rise requires some tentativeness and caveats. First, most of the cited research that looks into the synchronic share of health news in media coverage does not always directly and explicitly compare the share of health news to other subjects such as politics, economics and sports. As a consequence, it is hard to come to definitive conclusions on how big the share of health news is in comparison to these other topics. Still, the diachronic evidence does more unidirectionally point to the growing prominence of health news, as the amount of health news has increased over time.

Second, the studies above define and classify health and science in different ways, and most likely define these categories in a narrow way; health news often is conceptualized as medical news on scientific research, medical breakthroughs, on new or unknown diseases, and (new) treatments. However, as both the subsequent theoretical section about (bio)medicalization and chapters 7 and 9 will show, this is a rather narrow definition. Along the same lines, a lot of news that is categorized as political or economic can have a health component, especially in the case of public health issues. Thus, these stories will not be part of scientific news sections and supplements, or might have been categorized as political or economic news, and probably will not have been selected for content analysis in the studies above. This is also illustrated by Elmer et al. (2008), who found that 42-49% of science news was not triggered by scientific events, and that a significant portion of science articles (25% in 2003-2004 and 40% in 2006-2007) was in other sections than the science section of newspapers.

Third, there is a bias towards hard news (such as newspapers and daily news broadcasts on TV) in the literature discussed above. However, as also argued in chapter 7 and 9, health is a salient subject in softer news and entertainment genres, and in media outlets that publish on a weekly or monthly basis, which results in different concepts of newsworthiness, and different coverage. This bias also entails that most of the content studied above examines media outlets that have a general orientation to news, covering all subjects, and that these studies thus cannot account
for the emergence of specialized media outlets that are wholly dedicated to health and all the content produced in these outlets, like the health magazine in chapter 9, or have a strong focus on health, like the infotainment show in chapters 7 and 8.

Still, there are rather strong indications that health news is on the rise and that it is a popular topic in the media (Boyce, 2007; Briggs & Hallin, 2016; De Dobbelaer et al., 2017; Fox & Ward, 2011; Verhoeven, 2008; Wang & Gantz, 2010). Moreover, the rise in health news is part of a more general rising interest in health in our society. According to Fox and Ward (2011), our society ‘is increasingly interested in all aspects of health and embodiment’ (p. 463). As a result, they argue, health-related practices increasingly become part of our identity work. Why this is the case and why health news is so impactful as well as why the interest in health has risen, is accounted for in the concepts of medicalization and biomedicalization, which are discussed in section 2.1 in the theoretical framework. Health and illness have always been part of human life and have always had central implications for culture and social life in any society. However, in the 20th and 21st century, specific knowledges and a specific awareness of health, and a more overarching biomedical perspective on life, have become more central. The concepts of medicalization and biomedicalization provide a number of key insights in the nature of this current centrality of health and biomedicine in our lives, the underlying processes that shaped it, and what its consequences are.
2

Theoretical Framework
This theoretical framework will first discuss the two main conceptual components of this dissertation. In sections 2.1 and 2.2, I will delineate what I mean when respectively using the terms health and news. I will also provide some background on how the concepts are embedded in and co-construct society, and discuss a number of more specific aspects and consequences that are relevant for this dissertation. This is followed by a more specific framework for understanding and studying health news (section 2.3), which connects the dots between these two concepts and the two relevant bodies of research discussed in the first two sections.

2.1. Health

Theoretical chapters like this one often start with what is-questions, to provide a working definition of a concept, which then serve as the basis to further elaborate the theoretical foundations of a study. However, predefining what health is, is problematic in two ways for this dissertation. First, section 2.1.1 will show that health and illness are highly dynamic notions, of which the definitions have changed drastically over time, and which are still very different depending on culture and other specific contextual drivers. Second, it would be incompatible with the social constructionist orientation of this dissertation, which is discussed in section 2.1.3.

I will therefore not start with the definitional work, but first explain the concept of (bio)medicalization (section 2.1.1). This concept can account for the dynamic notion of health and the equally dynamic social forces that shape and reflect how we see and talk about health. In line with this, the concept can also account for why the interest in health is rising in society, and thus also provides more background to section 1.2.2 in the introduction. Moreover, as illustrated by some of the literature and as discussed at the end of section 2.1.1, this social constructionist view that underlies the biomedicalization paradigm is also highly compatible with the discursive, interactional orientation of this dissertation. In section 2.1.1, I will also
use the concept of (bio)medicalization to explain why and how health has become a matter of individual moral responsibility in our society. This second element turned out to be one of the dominant trends in the data I collected, as the empirical chapters will show. Finally, (bio)medicalization also is highly relevant for the more specific framework for studying health news that is outlined in section 2.3.

2.1.1. Understanding health and its social forces: (bio)medicalization

Medicalization can be described as ‘a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders’ (Conrad, 1992, p. 209). Medicalization more precisely happens through ‘defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to treat it’ (Conrad, 1992, p. 211). Medicalization relates to many different areas in life; Verweij (1999) proposes to categorize medicalization as concerning social deviance, normal life events and preventive medicine. First, an interesting and important historical example of the medicalization of social deviance is the medicalization of homosexuality (and later, demedicalization again; see below). Homosexuality was first considered to be immoral and socially deviant, but was then ‘transformed from sin to crime to sickness’ (Conrad, 1992, p. 213). When homosexuality became medicalized and became an illness rather than a crime, this happened ‘in part in response to harsh religious and criminal sanctions; if it was hereditary, then the deviant behavior was not a voluntary act’ (Conrad, 1992, p. 213). Illness is more socially desirable than crime, and illness has different, and likely less negative consequences.

Examples of Verweij’s (1999) second category, the medicalization of normal life experiences, are female sexual dysfunction (Goldacre, 2012), the medicalization of love, relations and heartache (Earp et al., 2015), of sleeplessness (Moloney et al., 2011), of hyperactivity, baldness and erectile dysfunction (Conrad, 2007), and of pregnancy and childbirth (Pereira Gray et al., 2016). These events were first seen as part of everyday life and/or growing older. However, they have become redefined as (medical) problems that require treatment.

Finally, as preventive medicine developed further and was established as an important part of medicine and health promotion, lifestyle factors such as diet, exercise, sleep and rest became more medicalized (Verweij, 1999). These lifestyle factors now require proper medical monitoring and, when somehow suboptimal or
abnormal, timely intervention. This has also lead to an increase in the number of screening programs and risk prevention (Brennan et al., 2010; Verweij, 1999).

As the categorization by Verweij (1999) and the corresponding examples above show, medicalization thus not (only) is a matter of acute conditions or life-threatening illnesses, but concerns many aspects in life that used to be just part of everyday life and/or of growing older. An important consequence of the ubiquity of medicalization in everyday life is that medicalization no longer is initiated only by biomedicine. Other stakeholders have adapted biomedical logics and discourses outside biomedicine, to produce knowledges that are not necessarily evidence-based and in accordance with biomedical standards and procedures. An interesting example in this vein is food, which will be an important and recurrent case in the empirical chapters. Zwier’s (2009) content analysis of advertisements in Dutch print magazines from 1990 to 2008 has shown that food has been increasingly advertised as a type of medicine. Mentioning nutrition contents has become more common, and there is an increased focus on (beneficial) effects that food products may have on bodily functions. The content analysis also showed that this increase is true not only for health magazines and for foods that are typically considered to be healthy. Magazine types that are not associated with health also medicalize more, and food that is generally not considered to be healthy is also more discussed in terms of nutrition, and thus medicalized. Zwier’s (2009) paper also is a first example of how the construction of health and the intersections of health and other realms of life, such as food, also is an essentially discursive, interactional process – in this case between marketers, audiences, and possibly journalists.

Researchers who have theorized about and analyzed medicalization have also tried to pin down why our societies have become increasingly medicalized. The literature points to many different drivers behind medicalization: prominent ones are the progressive lowering of treatment thresholds, the rise of preventive drugs, the increased access to over-the-counter, drugs, i.e. drugs that can be bought directly by patients in pharmacies, and the commercial interests of certain industries like the pharmaceutical industry (Pereira Gray et al., 2016). Some researchers believe this last stakeholder, the pharmaceutical industry, is the most crucial driver in turning bodily, social and behavioural conditions into treatable ones that require medical drugs. These scholars therefore focus on what they call pharmaceuticalization (Abraham, 2010). This process is defined as ‘the translation or transformation of human conditions, capabilities and capacities into opportunities for pharmaceutical intervention’ (Williams et al., 2011, p. 711). However, as the food example above shows, and as argued by other scholars, medicalization is not only initiated by the biomedical field alone, but also by other stakeholders like social movements, patient organizations, individual patients (Conrad, 2007), governments and public health actors (Pereira Gray et al., 2016), and other industries such as the food industry.
The medicalization of ADHD and of autism (which is discussed more in-depth in section 2.3.2.2), for instance, is considered to have come mainly from parents and teachers (Dew et al., 2016; Eyal, 2013). Medicalization should thus not be reduced to the dominance of biomedicine and its professionals (Conrad, 2007).

Another important driver of medicalization does not specifically stem from a specific (group of) stakeholder(s) and their interests, but is more generally social in nature: the fear of death and illness, and the desire to control both (Conrad, 2007). According to Kaufmann et al. (2004), medical interventions elicit hope when faced with illness, pain, fear and/or death. More specifically, they elicit

> hope for restoration, survival, and increased quality of life, together with the proven life extending benefits of cardiac treatments, dialysis, kidney transplantation, and other therapies, legitimates medical interventions at ever-older ages. The coupling of hope with the normalization of life-extending interventions affects our understandings of a “normal,” and therefore desired, old age. (Kaufman et al., 2004, p. 735)

According to Kaufman and his colleagues (2004), this focus on hope is not always a positive evolution: it made us lose a sense of a natural lifespan, and it has pathologized growing older. Consequently, there are strong cultural and social expectations to choose for treatment when possible. As a result, lives are sometimes prolonged without taking into account quality of life, or the ethical consequences of doing so.

Since theorizing about and analyzing when and why medicalization started, some scholars have argued that our society started medicalizing soon after World War II, but that since, a second major transformational process concerning biomedicine and health in society started around 1985 (Clarke, Shim, Mamo, Fosket, & Fishman, 2010). They call this process biomedicalization, which now has become a more specific perspective within the broader medicalization paradigm. Biomedicalization scholars posit that there are five social evolutions that are transformational, and therefore constitutive of biomedicalization (Clarke et al., 2010). It must be noted that these are sometimes strongly oriented towards the United States; still, in general, they apply to many (Western) countries.

First, a new biopolitical economy emerged when biomedical research, products, and services become increasingly corporatized and privatized, rather than state-funded. Pharmaceutical and biotechnological industries have become bigger and more influential than before, and private research in these settings increased. As a result, health, illness, treatments and research results have become commodified. Health care too, in countries like the US, have become privatized, and thus (more) dependent on individual’s personal financial capacities. At the same time, many
institutions that used to be separate entities have merged, such as hospital facilities, insurers, physician groups, and pharmaceutical companies, usually at the cost of ‘many community, public, and not-for-profit facilities’ (Clarke et al., 2010, p. 60). Although these mergers increased efficiency, these conglomerates also have more power over political and regulatory processes now.

Second, there is an increased availability of technologies and scientific methods to do biomedical research, to treat and monitor patients and healthy individuals, and they have become more widely used and distributed. Computer technology has allowed for digital data banking, as well as decision-support technologies that allow doctors to make decisions about treatments based on big data. In biomedical science, molecular biology and genomics became more relevant and were also possible because of the availability of computer technology. These technologies are transformational as they enable redesigning and reconstituting bodies before they fall ill, rather than treat problems that have already emerged.

The third element concerns a different way of producing, distributing and consuming information. Medical and health-related knowledges used to be only accessible for experts, ‘as such knowledges dwelled almost exclusively in the medical libraries and schools that were closed to the public, creating what amounted to a professional monopoly on access to information. Popularized “lay” health information was also scarce’ (Clarke et al., 2003, p. 178). However, this monopoly was increasingly challenged, both by activists who brought health information to book stores by writing self-help books, and by patients who began to request more patient involvement in treatments and in research (also see the case on autism by Eyal (2013) in section 2.3.2.2). Later, the Internet and other means of communication also contributed to the accessibility and availability of (health) information. As a result, health and illness have become public experiences (Conrad et al., 2016). Before, illness was a largely private experience that was usually only shared with family and close friends. Now, the Internet provides a wide variety of options for finding information about health and illnesses, but also experiential knowledge and support. It enables patients to find peers who suffer from the same diseases and to communicate with them, and their families and caregivers to find other families and caregivers.

The fourth evolution is that health has become more central in life in general, as a result of ‘a new and intensifying focus on health (in addition to illness, disease, injury)’ (Clarke et al., 2010, p. 1); a healthy body has become a prized possession, and a prominent goal to attain. As further discussed in 2.12.2., this is the result of a neoliberal, commodified view on health, in which patients and healthy individuals have a moral obligation to be and stay healthy. It is strengthened by the increased availability of technology to monitor and screen one’s body and the consequent
increased focus on prevention, managing risk, and surveillance. Finally, it is also driven by the many possibilities to personally optimize and enhance the body with new technologies, such as fertility treatments.

Finally, the fifth evolution concerns the transformation of bodies and the growing potential for new (techno-scientific) identities, at the individual, niche group or population level. While medicalization presupposes that bodies are labelled as healthy or ill and in need of treatment, the newly available technologies allow for really transforming bodies and the inclusion of new properties and identities. Gene therapy, contraception, cosmetic surgery, lifestyle drugs such as Viagra, health promotion, and preventive medicine in the form of the increased screening such as total body scans, are examples of how bodies that are not ill (yet) become the subject of medical interventions. As a consequence of the very personal, tailored and often freely-chosen nature of these interventions, one’s social and discursive identities become entangled with the medical interventions someone undertakes.

Medicalization scholars thus focus on how biomedicine has been extended to other domains in life, and how it increasingly constructs social problems as illnesses which need treatment. Biomedicalization scholars, in contrast to medicalization, take the dominance of biomedicine further and argue it does not only control, but also transforms other domains in life. Biomedicalization is not only about illness and treatment, but also enhancing, optimizing and re-engineering healthy bodies. Individuals become consumers that make personal, specific and commodified decisions about health, which feed into their identities.

When scholars first started theorizing about and researching the phenomena of (bio)medicalization, especially medicalization was seen as a unidirectional, unstoppable force and a negative evolution; scholars feared the “pathologization of everything” (Conrad, 2013). However, nowadays, researchers have argued that the medicalization paradigm tends to overlook the positive consequences of medicalization and the fact that many people benefit from (increased access to) medicine (Busfield, 2017). The unidirectionality of the concept has also been criticized, as scholars looked into the heavily context-dependent nature of (bio)medicalization and the processes of demedicalization (Halfmann, 2012; Van den Bogaert et al., 2017). A well-known example of demedicalization is homosexuality. In the 1970s, the gay liberation movement pointed to the fact that the dominant medicalized view of homosexuality was incorrect, problematic and stigmatizing (Dew et al., 2016), which eventually led to the demedicalization of homosexuality in many (Western) societies. Consequently, medicalization is now defined as a fluid, dynamic process that has different and specific manifestations depending on the setting and context, and which can co-occur simultaneously with demedicalization (Halfmann, 2012; Sulzer, 2015; Van den Bogaert et al., 2017). In biomedicalization literature, the
The term *stratified biomedicalization* is used to denote that (bio)medicalization indeed is not a unidirectional, all-encompassing force that affects everyone in society. Rather, it is argued, some people are completely bypassed in the biomedicalization process because of lack of access to health care, information, technology or treatment and consequently also miss out on the advantages of a more biomedicalized life (Clarke et al. 2010).

To further explore the contextual nature of (bio)medicalization and the possibility of demedicalization, I will discuss two empirical examples in the following section. For the sake of terminological clarity, I will stick to the terms medicalization and demedicalization, although the examples also fit the biomedicalization framework.

First, Sulzer (2015) shows that, on the level of treatment, care, and doctor-patient relations, borderline personality disorder (BPD) often is demedicalized as BPD patients do not receive proper treatment, or are not treated at all. BPD is characterized by, among other things, extreme fear of abandonment; unstable, intense and problematic personal relationships; self-damaging impulsivity such as reckless behaviour in terms of spending, sex or eating; suicidal and self-mutilating behaviour; unstable, anxious and depressive moods; intense anger and anger management issues (Sulzer, 2015). As BGP patients often have very problematic ways of interacting and of building relationships, caretakers consider them 1) to be “difficult” patients that, are therefore untreatable, and/or 2) to be manipulative, and thus behaving immorally and only seeking attention, rather than being mentally ill. As a consequence, BPD patients often are told there is no treatment available for them; they are not taken seriously when signalling that they are suffering mentally, when saying they are in emotional pain, and even when reporting to be suicidal. Rather, they are sent home in clinics after rudimentary (physical) stabilization so that “real” mentally ill patients can be treated.

The set of social and personality traits that make up BGP has been medicalized into a medical disorder rather recently, with its first appearance in the DSM-III in the 1980s (Samuel et al., 2012). But, despite having received the formal diagnosis and already being in a medical setting, BGP patients’ condition becomes demedicalized as they do not receive treatment, discontinue treatment early, or even have their diagnosis withheld from them to begin with. The BGP case thus clearly illustrates that it is a matter of social construction that BGP is considered to be a medical condition. What the exact symptoms and traits are, and how they need to be assessed and treated, is determined by the biomedical consensus on this (Bradley & Westen, 2005). To a certain extent, this is true for all illnesses, but BGP is a particular case as it is a syndrome-based diagnosis: the diagnosis is the result of phenomenological problems and syndromes the patient experiences. There are indications about what the etiology and underlying causes are, but there is no clear answer yet, and research has shown
that the underlying causes vary per patient (Bradley & Westen, 2005; Leichsenring et al., 2011). This likely makes BGP prone to be unstable in terms of how the medical categories of diagnosis, treatment, and so on, are delineated and applied.

A second and different example of the complex processes of (de)medicalization can be found in Van den Bogaert et al. (2017). In opposition to the very local processes of (de)medicalization in the care setting and treatment of BPD patients, this paper takes a macro-perspective and looks at (de)medicalization at the institutional level. More specifically, the authors look into how different health-policy stakeholders within Belgium’s social health insurance system (de)medicalize depending on the interests and network of each of these stakeholders. For instance, sickness funds both medicalize and demedicalize at the same time; they demedicalize to fight the overconsumption of drugs, as they are also responsible for and benefit from keeping the national health care budget in check. However, sickness funds also have to compete with each other. To attract more clients, they additionally reimburse pseudo-medical treatments and services that are not part of the government’s reimbursement plan, which medicalizes the underlying conditions and their treatments, such as homeopathy.

(Bio)medicalization thus does not provide a complete and unambiguous answer to the question why health news is rising; like many processes in (social) life, it is multi-directional, dynamic and sometimes messy. However, it is still a useful concept. The consensus in both medicalization and biomedicalization indeed is that the interest in health is rising, as also discussed in section 1.2, and that this has to do with an increase of domains that are increasingly viewed from and embedded in a medical perspective, and potentially also thoroughly transformed by this perspective. This makes the question how discourses on health, for instance in the news, are produced an ever more pressing one.

More importantly, the (bio)medicalization perspective confirms that health indeed is a highly dynamic notion that is constructed socially, and that it is determined and influenced by as historical, cultural, institutional and more micro-level contextual factors. This is central to this dissertation for two reasons: first, it accounts for why health is not in any way predefined in this dissertation. In contrast, what health is, is always emergent from the data, and, when needed, described through the eyes of the informants and interviewees (for instance in chapter 9).

Second, in this sense, the biomedicalization perspective is highly compatible with a discursive, interactional perspective, as constructing and defining what health is, is seen as a discursive process. As Dew et al. (2016) posit, ‘medicalization and demedicalization are processes which entail major changes in our way of discursively organizing our world, and thus have profound impacts on our experience of this world’ (p. 96). This is also confirmed by Halfmann (2012), who conceptualizes
medicalization as having three analytical dimensions (which, in practice, are mutually constitutive, he notes): discourses, practices and identities. In this model, discourse is the most basic level of talking, writing and describing a health issue or illness into being, using medical vocabularies and models. These medical discourses, he argues, are ‘constructed, disseminated, and deployed not only by macro-level actors such as universities and government bureaucracies, but by meso- and micro-level actors, such as hospital administrators, frontline medical personnel, and patients themselves’ (p. 4), as well as the media. A discourse approach is also productively used by Cindoglu and Sayan-Cengiz (2010) on the intersection of modernization and medicalization discourses of childbirth, and by Hanell (2017), to examine morality and ideology in discourses of breastfeeding.

Finally, (bio)medicalization also accounts for a more specific trend that is highly relevant for the empirical chapters of this dissertation and for understanding why health information sparks so much interest. It accounts for why and how biomedicine has become a newsworthy as an institutional domain, why health news is so closely followed by audiences, and why it can be so impactful. This trend entails that health becomes a more individual, personal issue in which both patients and healthy individuals become increasingly responsible themselves for dealing with illness, preventing falling ill and enhancing and optimizing their (healthy) bodies. This will be explored in the following section.

2.1.2. Consequences of (bio)medicalization: the individualization of health

As a result of (bio)medicalization, health is increasingly seen as a personal, individual endeavour for which the individual has to find the required medical solution. According to Conrad (2013), this focus on treatment and improvement constructs problems as solely medical and clinical while ‘the social contexts and roots at hand’ (Conrad 2013, p. 208) are ignored, or at best considered secondary. Consequently, medicalization ‘reinforces technological fixes for complex social problems’ (p. 208).

Conrad’s (2013) statement contains three important elements that need elaboration; 1) the fact that health is social and 2) that health has become individualized, and 3) how (bio)medicalization can account for this. In what follows, I will provide a more in-depth discussion of all three elements.
Conrad’s (2013) is not alone in stating that health is essentially a social matter; there is a vast body of evidence in sociology and biomedicine that indeed shows that many health problems indeed are (partly) social in nature, and that health, illness and mortality strongly interrelate with a range of social determinants (Braveman & Gottlieb, 2014; CSDH, 2008; Marmot, 1993; Nandi et al., 2014; Shim, 2010; World Health Organization, 2014). These social determinants include income, wealth and education (Braveman & Gottlieb, 2014), but also more broadly living conditions, natural environments and infrastructure; employment and working conditions; social protection and access to and quality of health care (CSDH, 2008); social inclusion, gender, early child development, and globalization (World Health Organization, 2017). The higher the standards and the better the circumstances are in relation to these factors, the healthier its citizens are, and the longer they live. In both low-income and high-income countries, health (both mental and physical aspects) is shaped by social, economic and environmental factors. Any form of social inequality relating to any of the factors above will also create differences in terms of how healthy these different social groups are. For instance, education is a strong indicator for both life expectancy and the number of healthy life years (HLY) people have: the higher education, the longer people live, and the longer they live in good health, before age- and lifestyle-related and chronic conditions set in. In Belgium, for instance, 'higher educated men aged 50 years could expect to live 21.6 more years without activity limitations (63% of their remaining life), against 13.3 years (54% of their remaining life) for men with primary education’ (EHLEIS, 2014).

In response to this body of literature, one might bring to the fore that how healthy we are also depends on genetic factors, but Braveman and Gottlieb (2014) argue that

Social and genetic causes of disease can no longer be seen as mutually exclusive. We now know that adverse genetic endowment is not necessarily unalterable, that a “bad” (or “good”) gene may be expressed only in the presence of triggers in the social or physical environment, and that these environments potentially can be modified by social policies. (p. 27)

Consequently, scientists from all over the world, including those cited above, and leading national and international organizations in (global) public health, like the WHO worldwide, and the Flemish Institute for healthy living in Belgium (CSDH, 2008; Vlaams Instituut Gezond Leven, n.d.; World Health Organization, 2014) advocate actively improving both access to and quality of health care, as well as the relevant living, working, social and economic conditions.
However, as Conrad (2013) argues, this social aspect is not very often foregrounded or predominant in many discussions of health and illness nowadays. This is illustrated by Entwistle and Hancock-Beaulieu’s (1992) content analysis of health coverage in the UK in 1990, which showed that only 18 out of 2959 articles (0.006%) touched upon class inequalities. Rather, discourses on individual responsibility and agency have gained ground and are much more dominant in our society, as the following section will show.

2.1.2.2. Health becomes individualized

To gain a deeper understanding of why health has become an individual matter, the foundation of the World Health Organization is a helpful rich point that can provide insight into how we have been defining and thinking about health in the 20th and 21st century. The World Health Organization (WHO) was founded in 1948. In the first policy documents the founders released, they defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of diseases and infirmity’ (World Health Organization, 1948, para. 1), and the WHO still uses this definition today. In 1948, the global health-related challenges were very different from the ones we are currently facing: they mainly related to acute conditions and illnesses, and diseases that are chronic nowadays often still resulted in early death back then (Clarke et al., 2003; Huber et al., 2011). Today, disease patterns and health challenges are different; the advances in biomedicine, the general upward social mobility and improved living conditions, have drastically reduced and eliminated many illnesses and premature deaths. Now, ‘ageing with chronic illnesses has become the norm’ (Huber et al., 2011, p. 1), such as diabetes, auto-immune diseases, asthma, and neurodegenerative diseases. Therefore, the biomedical researchers in Huber et al. (2011) argue that the WHO definition is no longer tenable; its focus on completeness constructs us as unhealthy most of the time, as we increasingly live with minor and major medical problems during our significantly longer lives. Huber et al. (2011) consequently propose to define health as the ability to adapt and to self-manage in the physical, mental and social domain.

In response to changing challenges and changing treatments, the medical world thus introduced new ideas of self-care, self-management and agency. The paragraph above cites the 2011 paper by Huber et al. because this study sheds light on the historical background of the changing perspectives on health and illness, but these ideas are not new in the medical world (e.g. Gast et al., 1989). In relation to chronic diseases, it has led to the emergence of the empowered patient paradigm (Fox, Ward, and O’Rourke 2005; Andreassen and Trondsen 2010). The underlying assumption is
that autonomy, competence and self-determination are basic psychological needs. Consequently, chronic illness patients ‘may develop inherent needs for autonomy and competence with respect to treatments intended to fight their disease and may engage in corresponding behaviours to satisfy these needs’ (Prigge et al., 2015, p. 361). This is a valuable perspective; for instance, (chronic) pain is sometimes hard to measure, and also hard to put into words (Semino, 2010). It is important to empower such patients by listening to them when talking about how they experience pain, to take what they say seriously, and to find ways to support them when expressing themselves.

However, the empowered patient paradigm is also criticized within the medical world, for not always being effective in care programs and still facing a lot of challenges in order to be implemented optimally (e.g. Trappenberg et al., 2013). Moreover, it does not always take factors such as health literacy and other social determinants into account (Greenhalgh 2009; Fox, Ward, and O'Rourke, 2005). Moreover, not all patients wish to become experts and to take more or full responsibility over their health (Fox, Ward, and O'Rourke, 2005). However, the idea is (partly) accepted and institutionalized in biomedicine and in health policy and care. The National Health Service in the UK, for instance, has an expert patient programme, which describes expert patients as doing the following (as listed in Fox et al., 2005, p. 1306):

- Recognizing, monitoring and responding to symptoms.
- Managing acute episodes and emergencies.
- Using medications.
- Adopting appropriate aspects of lifestyle including healthy diet, exercise and relaxation, and not smoking.
- Interacting appropriately with healthcare providers.
- Seeking information and using community resources.
- Managing negative emotions and responses to illness.

This list also reflects that the idea of autonomy and competence no longer only applies to how patients are treated, but also to how individuals deal with preventing illnesses, the initiative they take to monitor themselves, and to find information and proper treatment. This fits into the more general health trend in society (also outside the medical world) towards constructing the individual as agentive and actively taking charge of their lives, with a focus on personal responsibility (Ayo, 2012; Snelling, 2012). Here, the terms expert patient (Dumit, 2012) and patient consumer (Briggs & Hallin, 2016) are often used. Generally, the patient or expert consumer is a patient or individual who no longer a passive receiver of authoritative information by biomedical profession, but who seeks out information provided by biomedical professionals and other sources to actively make individual and rational choices.
about health, apart from the direct supervision of their physicians. S/he is the expert about their own situation, and personally decides on what is relevant and adequate knowledge. In doing so, s/he tries to not only minimize the risk of illness, but also maximize well-being and freedom. As we will see in the empirical chapters, this is a salient construction in health news too. It especially is so in relation to in the context of coverage on prevention and lifestyle, rather than more narrowly only in relation to illness and treatment, as we will see in chapters 7 and 9.

Another concepts that accounts for this trend is healthism. Healthism is the increased attention to and emphasis on a healthy lifestyle rather than medical treatments and practices (Crawford 1980; Greenhalgh and Wessely 2004; Skrabanek 1994; Turrini 2015), in which lifestyles are ‘attitudes, behaviours, and emotions regarding disease prevention, health maintenance, and wellness promotion’ (Turrini, 2015, p. 17). Crawford (1980), who coined the term, asserts that healthism is the result of the dissemination of the medical ideology among non-experts (Crawford 1980; Turrini 2015). As a consequence, individual citizens no longer see their doctor as the sole and monolithic source of medical expertise, and ‘claim a more active role in the healthcare process’ (Turrini, 2015, p. 17), which ties in with the idea of the expert or patient consumer. This changing attribution of expert identity turned out to be highly relevant for this dissertation, and is therefore discussed more extensively 2.3.2. As we will see, the attribution of expert identities is an interactional, discursive process. This is further developed in empirical chapters 4, 7, 8 and 9, which show that expert identities indeed are distributed differently nowadays in relation to health. This has very particular consequences for the uptake of health news (chapter 8) and how health journalists deal with contradictory information and sources and how they write about health (chapter 9).

In any case, the individual thus becomes (increasingly) responsible for their own health, and healthy behaviour becomes ‘the paradigm of good living’ (Crawford 1980, p. 380), and/or a moral responsibility (Henderson et al., 2009; Roy, 2008). Foucault (1984) described this trend as the imperative of health, ‘at once the duty of each and the objective of all’ (p. 277); meaning that it has become a civic duty to be and remain healthy (Hanell, 2017). Consequently, being ill is, or can be, seen as a consequence of neglecting self-care and bad lifestyle choices. According to Giddens (1995) and his work on late modernity, a focus on such lifestyle choices also is more generally a feature of our late modern society, as lifestyle choices are essential ‘in the constitution of self-identity and daily activity’ (p. 5). In a late modern world in which we are increasingly free to do what we want and create our own social roles and narratives, we actively and reflexively build our own identities through biographical narratives, roles as well as lifestyles, through discourse and through social behaviours and actions. This ties in with Clarke et al.’s (2010) and Fox and Ward’s (2005) argument that health has become a central element in our identity work, and confirms
definitions of and identities surrounding health are dynamic and are socially and discursively constructed.

In sum, the discourse on health as an individualized, personal and moral responsibility, and as a matter everyone has to deal with as an agentive, well-informed, active expert, has become a dominant discourse on health. For instance, Johnson et al. (2013) found that pupils in Scottish secondary schools viewed ‘health in terms of an individual responsibility to maintain a particular body shape through diet and exercise coupled with strong adherences to aesthetic, gendered and functional ideas’ (p. 470). In the media, too, it is a prominent frame in health news (Briggs & Hallin, 2016). In the empirical chapters 7, 8 and 9, this argument will be further developed.

2.1.2.3. Why health individualized: answers from the (bio)medicalization paradigm

Finally, the question remains why this healthist discourse of agency and responsibility has become such a dominant one in society. Here, (bio)medicalization provides a number of answers. As already mentioned at the beginning of section 2.1.2, medicalization scholars account for the individualization of health by arguing that a medical approach to certain problems which have tangible health-related outcomes obscures the social aspects of these problems (Conrad, 2013). If there is a medical solution available, for instance for alcoholism, doctors might systematically first turn to the drug that can treat this condition, rather than acknowledging and dealing with the complex social processes and determinants that often underlie problems such as alcoholism.

Biomedicalization scholars provide a similar but more complex and elaborate answer, and see the individualization as a consequence of the interplay of all of the trends they consider constitutive for the process of biomedicalization as listed above: 1) commodification of health and the greater involvement and influence of a whole range of (commercial) stakeholders in the realm of health and biomedicine, 2) technoscience, i.e. technological advances and advances in biomedical research, 3) changes in knowledge distribution and production, 4) the possibility not only to cure but also to optimize and to enhance bodies, and 5) the rise of targeted, tailored, individualized, niche treatments and engineering possibilities and how this transforms both bodies and identities.

First, with the commodification of health comes a neoliberalist approach that propagates that individuals have the freedom to take charge of their own lives and improve its quality, and consequently are responsible for their (quality of) lives.
(Mamo, 2010; Raisborough, 2011). According to Mamo (2010), today ‘there is no choice but to exercise choice’ (p. 175), and ideals of ownership, presumed individual choice and consumption have become a ‘means to fulfill one’s desires, identities, and life goals’ (p. 190). This very much ties in with the idea of the expert/patient consumer and will also be further explored in empirical chapters 7, 8 and 9.

Second, technological advances and advances in biomedical research lead to individualization, as illustrated by Clarke et al.’s (2010) example of epidemiological research on pollution. Because of the emergence of molecular approaches in epidemiological research, it is now possible to examine people instead of their environments, for instance when researching the consequences of air or soil pollution. And consequently, if

problems of pollution are redefined and measured as individual rather the social population-level risk phenomena, modes of addressing them will also likely be individualized and biomedicalized. Instead of removing pollutants from the external environment, individuals will be instructed on how to minimize their risk of exposure– and bear the burdens of responsibility if they fail. (Clarke et al., 2010, p. 36)

Third, the changing distribution of knowledge and the increased accessibility of specialized medical knowledge allowed for the emergence of an expert or patient consumer, and can create the expectation that people have a (moral) responsibility to be (health) literate, and actively find and implement this information, monitor their bodies, and find help when needed. This evolution, in combination with the whole range of new possibilities to enhance and optimize our bodies –the fourth element of biomedicalization–, has caused us to be ‘subject to imperatives of health that are simultaneously broader in scope and increasingly minute in their surveillance of behaviors, thoughts, attitudes and desires’ (Clarke et al., 2010, p. 35), and charged with the responsibility to maximize health, manage risk factors, and minimize disease. Consequently, ‘health becomes an individual goal, a social and moral responsibility, and a site for routine biomedical intervention’ (Clarke et al., 2003, p. 171).

Finally, as biomedicine now focuses not only on healing bodies but also customizing them, it has also allowed for having different, tailored, individualized bodies; consequently, ‘human bodies are no longer expected to adhere to a single universal norm’ (Clarke et al., 2003, p. 181). As bodies no longer just have to adhere to the norm of not being ill, a whole range of possibilities emerged to build our own specific, individual identities and our personal narratives around the health choices we make, and for marketers to sell targeted and tailored health products.
In sum, it is clear that there are several different but also highly intersecting and co-constitutive drivers within (bio)medicalization that can account for the increased focus on individual responsibility when it comes to health. Again, it should be mentioned that such social processes are never unequivocally, unambiguously unidirectional, but often dynamic and messy. Still, as the literature above showed and the empirical chapters also will show, there is a strong case for the dominance of this discourse, and for (bio)medicalization as its main driver.

2.1.3. Implications of this section

In a nutshell, this chapter has shown that a (bio)medical perspective is pervasive in our society; that the interest in and presence of discourses on health have become (more) dominant, and that these trends can be accounted for by the drivers identified by (bio)medicalization scholars. A more specific trend within the general trend of the dominance of health in society is that we look at health and illness through the neoliberal lens of individualization, and that the social aspects of health are usually absent or in the background of our current understanding of and discourses on health.

Another important insight that emerged is that health is socially constructed by a whole range of actors, on all levels of society: from politicians and stakeholders that shape health policy, to a doctor talking to a patient or even just a group of friends discussing health. This dissertation, too, takes a social constructionist perspective on health, but also on news making, and, ontologically on reality and research. According to Gubrium and Holstein (2008),

constructionist research has highlighted both the dynamic contours of social reality and the processes by which social reality is put together and assigned meaning. The leading idea always has been that the world we live in and our place in it are not simply and evidently “there” for participants. Rather, participants actively construct the world of everyday life and its constituent elements. (p. 3)

In this process of co-constructing social reality, including our perspectives on health, the media plays an important role. Section 2.3 explores in more detail how media co-constructs health news together with other relevant stakeholders. However, to contextualize the role of the media, I will first discuss a number of crucial concepts and theories about news and journalism in the following section, 2.2, before going into the more specific process of producing health news in section 2.3.
2.2. News

In this section, I will first provide a few working definitions of news (section 2.2.1). In line with the previous section on health, I will not come up with any final definitions, because of the ethnographic and constructionist orientation of this dissertation. However, some explanation of how I broadly understand *news, journalism* and related terms is of course indispensable for establishing the foundations of the theoretical framework on news and journalism, as outlined in sections 2.2.2 and 2.2.3. I will therefore explore relevant literature from journalism studies, mass communication studies, media linguistics and media sociology to outline these working definitions. In the empirical chapters, more specific understandings of what is news will emerge from the data and their specific context.

Sections 2.2.2 and 2.2.3 will further develop not only what news is, but also what news does, and what journalists do. These sections are driven by the main assumption that news, and the journalists and other stakeholders who produce it, all socially construct facts, issues and events, and at the same time reflect, embody and sometimes challenge dominant discourses and frames on these facts, issues and events. This is a crucial theoretical foundation of this dissertation, and will be of major importance in the empirical chapters. This assumption also continues the common thread of social constructionism from the previous section, which will thus be applied to what news does in our society on a macro-level (2.2.2), and to the micro-level of news production and journalistic practice (2.2.3).

2.2.1. What is news?

To define news, many people, including scholars, turn or have turned to the basic, literal meaning of the word: news is about something that is (supposed to be) new to the audience (Franklin *et al.*, 2005; Harcup, 2015; NT&T, 2011; Zelizer, 2004). *New* can still have a whole range of more specific meanings in this context; news can be ‘about novelty, contemporary events, the most recent, should be timely, fresh, and pertinent’ (NT&T, 2011, p. 1844). It can also be about the reported event or issue being unusual, about ‘the (relative) rarity’ of a story (Harcup, 2015, p. 37), or the story being unexpected and/or unfamiliar (Galtung & Ruge, 1965; Harcup, 2015). However, defining news through novelty and/or being new or unusual information has been problematized by both journalists and scholars (e.g. Arthur, 2008; Harcup, 2015; NT&T, 2011). British journalist and author Charles Arthur argues that novelty or unexpectedness alone is not enough to create a news story; rather, ‘sometimes, it tastes better cooked slow’ (Arthur, 2008, para. 5). He argues that newspapers
sometimes wait for weeks until the right time and the right angle come along to publish a story they have prepared. He concludes that instantaneity thus should not be mistaken for impact. Harcup’s (2014b) journalism dictionary also adds that although news often seems novel, it actually is very often recurring and predictable. Moreover, he argues, that only a very limited number of novel and unexpected events actually make it to the news, so that there must be other factors at stake. These other factors will be further discussed, in section 2.2.3.1 on news values. Finally, viewing news as novel is problematic in the case of soft news genres, such as magazines or entertainment shows, as also discussed in chapter 7 and 9. In these cases, news is information that is somehow reported in a new, original form to the audience, but is not often new in the sense of being totally unfamiliar or unexpected.

The focus and debate on the novelty and unexpectedness of news probably tell us more about the potential traits of news, how news stories come into being and how journalists decide on what’s news (which is also further explored in 2.2.3.1), but they do not really delineate what news actually is. In what follows, I will therefore discuss a number of definitions and definitional themes from journalism studies, media linguistics and mass communication theory. I will draw from definitions of both news and journalism, because it turns out these terms are often used interchangeably, and sometimes have very similar definitions. In some cases it is also explicitly argued they are synonyms. For instance, McQuail (2005) argues that the word journalism can refer to both the product or the work of news people, and states that, in the product sense, journalism is a synonym for news. Zelizer (2004) similarly suggests that in the term news the activity of reporting and the material that is reported on itself are conflated. The following overview will therefore draw on dictionary and glossary items and definitions of both concepts.

According to NT&T (2011), news is ‘a broad spectrum of journalistic activity’, including ‘any type of news in any domain or technological modality (including radio, television, online news sites, and internet-based social media)’ (p. 1844). McQuail’s (2005) glossary of mass communication theory similarly defines news as ‘the main form in which current information about public events is carried by media of all kinds’ (p. 562). Both definitions point to a broad set of media outlets, which is more relevant than ever nowadays, as the boundaries of what counts as news, as newsworthy and as journalism are contested (Domingo & Le Cam, 2014; O’Sullivan & Heinonen, 2008; Van Hout & Burger, 2015). Following Deuze (2003), Van Hout and Burger (2015) argue that journalism should be considered a count noun: rather than a single journalism, there are multiple journalisms that differ radically in status, norms, and practices, of which, at the same time, the boundaries are blurring. More specifically, ‘one of the most fiercely contested border regions is the area where institutional news media touch the “vernacular web” of blogs, wikis, forums, and social media such as Twitter, Facebook, and YouTube’ (Van Hout & Burger, 2015, p. 495). News media
practitioners tend to consider their work to be essentially different from the content produced by these media and/or are still coming to terms with the changes in media and news ecology (O'Sullivan & Heinonen, 2008). Scholars, however, increasingly include them in their research on journalism and news, and have shown a lot of the definitional elements also hold for these journalism.

Harcup’s (2014a) definition of journalism resonates with the definitions of news above, as ‘a set of practices through which information is found out and communicated, often involving making public what would otherwise be private, and which is typically published or broadcast in a format such as a newspaper, magazine, bulletin, documentary, website, or blog’ (para. 1). The idea of publicness in Harcup’s (2014a) definition is also supported by Machin and Niblock’s (2006) book on news production. Machin and Niblock (2006) argue that, as the public does not have the time and resources to find out about certain events and issues, it is reporters who do so and reveal the information they find, on behalf of the public. The notion of publicness requires careful delineation, though, as public and private are not unambiguously dichotomous, for two reasons. First, a lot of news is still only accessible when audiences pay for it, and/or own and know how to use devices such as a television, computer or smartphone. Second, in an increasingly digitalized world, what is (already) public most likely has a different status than 10, let alone 30 or 50 years ago. Still, Harcup (2015) and Machin and Niblock (2006) are right that news is at least more public than private and (most) interpersonal communication, as news has the goal to inform the general public about issues they otherwise would not be aware of.

Both Zelizer (2004) and Wahl-Jorgensen and Hanitzsch (2009) provide more simple, one-dimensional definitions focusing on the content rather than the activity: respectively of news as ‘a report account, chronicle, or story about an event’ (Zelizer, 2004, p. 24), and of journalistic texts as ‘accounts of and reactions to events and people’ (Wahl-Jorgensen & Hanitzsch, 2009, p. 4). Harcup (2015) agrees with the latter definition that events are not the sole topic of news, but that people are often central: it is about what people say (possibly about events), and/or events are discussed in terms of how they (potentially affect people, or could have affected people. Shapiro (2014) proposes to define journalism as ‘the activities involved in an independent pursuit of accurate information about current or recent events and its original presentation for public edification’ (p. 561). This definition includes five elements which he identified as common themes in the definitions he found in the literature he reviewed: news as usually concerning recent or current matters; as reaching a broad audience and making information public; as produced by journalists who strive for factual accuracy and truthfulness; as independent, in the sense that it is not propaganda; and finally, news and news making as some form of original work (in opposition to merely copying and republishing).
Linguistics and its relevant sub- or related disciplines such as media linguistics, discourse analysis, and linguistic ethnography have provided important contributions to our understanding of what news and journalism are as well. More specifically, they have shown that news and journalism are language and discourse. According to Bell (1991), ‘within the media, news is the primary language genre’ (p. 1); moreover, this media language is pervasive and the language choices made by journalists determine how audiences receive and interpret news. In their book on news discourse, Caple and Bednarek (2012) argue that

the relationship between the producers of news media, the institutions and key figures that are scrutinized by them and the audiences who consume their end products is a relationship that is enacted principally through semiotic resources – words, sounds and images. The choices made in the use of language and sounds, in the capture and composition of images and in the layout and organization of these on the page or the screen have meanings, and these meanings may have powerful impacts. (p. 6)

As Bednarek and Caple (2012) consider news products to be essentially discursive, they thus use the term news discourse rather than just news. They define news discourse as ‘the discourse that audiences encounter in news bulletins, news programmes, on news websites, or in the newspaper – discourse that reports on newsworthy events, happenings and issues’ (p. 1).

Bell’s (1991) and Caple and Bednarek’s (2012) focus of enquiry is the discourse in the final, public text, but as we have seen, news/journalism is also often defined as (a set of) practice(s) or an activity. Several scholars have pointed to the fact that all aspects of production and practice also are discursive and interactional in nature. NT&T (2011) considers journalistic practice essentially as discursive as 1) a major part of journalistic activity is rewriting and entextualizing texts, and thus relates to language (entextualization is discussed more in-depth in section 2.2.3.2), and as 2) journalists are part of a community of practice (Snell & Hodgetts, 2007; Wenger, 1998). A community of practices is a community that has shared interests (in the case of journalists, in journalism and journalistic writing), and based on these, members co-construct values and norms. They consequently (re)produce these interactionally, in specific discourses, to learn, do and discuss their work.

For Domingo and Le Cam (2014), the discursive aspect even is the focal element of their definition of journalism. Like Van Hout and Burger (2015), they argue that, in the digital age, journalism cannot be reduced to the work of journalists in classic mass media institutions anymore, as more stakeholders outside this context are actively co-producing news nowadays. They therefore define journalism as a polyphonic socio-discursive practice: a shared set of specific practices concerning news production, which are discursive in nature and for which it is socially negotiated.
whether these practices are recognized as journalistic, based on authority, power and legitimacy. These practices are employed by many different voices and stakeholders, also outside the mass media context, and thus are polyphonic in nature. For Domingo and Le Cam (2014), these discursive practices thus are the only element that all current journalistic work still has in common, rather than the institutional setting they used to share, and they therefore consider it to be the essential definitional theme.

Finally, Cotter’s (2010) book on news talk provides a comprehensive overview of the many discursive aspects of news and news making: among others things, she too uses the term news media language to denote that the product mainly is discourse/language. She also demonstrates that the news-making process is discursive in nature, like NT&T (2011) pointing to the fact that journalists are members of a community of practice. She uses ethnographic work to show that all the conversations produced in the newsroom, for instance in story meetings, consist of speech events that are social, discursive, structural and ideological and, on all these levels, shape the news text (Cotter, 2010).

In sum, the recurrent elements used to define news/journalism are the following: first, news is information on and/or accounts of something that are reported on, for a variety of reasons that do not only have to do with novelty. This information is, in contrast to private or interpersonal communication, (semi-)public to audiences. This publicness is essential because the audience might not have access to this information otherwise, as they do not have the time and resources to collect it. Consequently, media play a crucial role in informing audiences and producing dominant discourses and frames for the issues and events they report. Second, in an increasingly digitalized world, it is essential to note that this information is carried through a variety of media, which is not limited to written and/or traditional forms of journalism. Third, news also is an activity or practice (Harcup, 2015; NT&T, 2011); news is not just out there, but is produced by journalists and relevant stakeholders, driven by a complex set of professional values, practical and social considerations. Finally, journalism is essentially discursive: the content and products, the writing process and the social interaction during the production process are all predominantly language-based and/or interactional.

As ‘the very act of definition is quite literally exclusive: any definition of “doggness” must exclude cats’ (Shapiro, 2014, p. 555), this overview of the literature as well as the summary above will always be somehow reductive. A first potential issue is that the definitions above conflate several aspects of news, like Zelizer (2004) warned, concerning the processes and activities, the (values of the) craft, the content, the form, and the goals. However, I argue this is not an issue, as the empirical chapters will show that news and journalism are real phenomena that cannot be reduced to
unidimensional, pure concepts. As discussed in the methodology section on (linguistic) ethnography, such reductionism would also not be compatible with the methodological approach of this dissertation of going to the field without predefined categories. Finally, from a sociolinguistic point of view, words like news, have, both in academic contexts and outside of these, multiple and dynamic meanings anyway, and it would be problematic not to recognize all of these meanings.

Despite its problems and the fact that these definitions cannot, and should not, provide final answers on the boundaries of journalism(s) and news, they can set the scene and provide useful background to the terms that are being used throughout this dissertation. In the following sections, I will go beyond the question of what news is, and explore what it does. I will do so because, if there is one element almost all definitions have in common, it is the focus on journalism/news as a set of practices and as an activity. Moreover, the focus on journalism and news confirm that news production is a highly interactional, discursive process, and that it is very compatible with the transdisciplinary perspective and linguistic, discursive methodology of this dissertation.

2.2.2. What news does

The choice of the verb does in the text and subtitle above, attributing agency to the subject news, might seem odd at first sight; news, however, does more than just exist in the public sphere and in society and report on events that are out there. In fact, events themselves cannot considered to be ‘out there’, as events

... do not exist per se but are the result of subjective perceptions and definitions. [...] Events do not occur in isolation, they are interrelated and annexed to larger sequences. Employing different definitions of an event and placing it in a different context, news stories in different media dealing with the same event are likely to cover different aspects of the event and therefore put emphasis on different news factors. (Staab, 1990, p. 439)

Events are thus not just reported on, but (re)constructed in specific, variable ways, as also shown by Park, Bier and Palenchar (2016). They performed a comparative content analysis of the media coverage on the disappearance of the Malaysia Airline Flight 370. Analyzing Malaysian government press releases and the Malaysian and Chinese newspaper articles based on these press releases, they find different coverage in each country in terms of the crisis frames and risk roles. Moreover, beyond differences in emphasis and the aspects that are covered, news stories sometimes report on non-events or pseudo-events that have been constructed specifically for the purposes of making it into the news and the press, in the form of information
subsidies and PR materials, or as constructed or specifically triggered by journalists (Harcup, 2015).

News thus is ‘a highly selective view of what happens in the world’ (Harcup, 2015, p. 40). As a consequence, Staab (1990) argues that we cannot assume that there is a congruency of events and the corresponding news stories; rather, news does more than just reflect or report on (social) reality, but news constructs social reality in the text (Bell, 1991; Epstein, 1974; Gravengaard, 2012; Hall, 1982; Harcup, 2015; NT&T, 2011; Peterson, 2003; Schlesinger, 1978; Staab, 1990; Tuchman, 1973; Van Hout & Burger, 2015; Vandendaele, 2017; Wahl-Jorgensen & Hanitzsch, 2009). This does not mean that media make up (social) reality or invent facts and events, or are the only institution that constructs what are events, reality or facts are. On the contrary, news media exist within the established societal structures and discourses (Clarke & Everest, 2006), and consequently, next to (co-)constructing them, also ‘spread culturally authoritative representations of social life, from traditional domains such as politics and business to more recent ones such as health and lifestyle’ (Van Hout & Burger, 2015, p. 2). This is accounted for by Hall (1982), who argues that media ‘must be sensitive to, and can only survive legitimately by operating within, the general boundaries or framework of ‘what everyone agrees’ to: the consensus’ (p. 82). The media thus always need to orient towards the consensus, but can at the same time shape it and consequently become part of what Hall (1982) calls the ‘dialectical process of the ‘production of consent’ – shaping the consensus while reflecting it’ (p. 83). Another metaphorical term used to describe this notion of consensus can be found in Watson (1998), who says that news production is a matter of construction, which specifically happens through a cultural prism, in accordance with dominant cultural-political criteria. It is also aptly captured by Harcup (2015), who argues that

> journalism is variously said to form part of a public sphere, to support a free press or to inculcate us with the ideology of the ruling class. Journalism probably does all these things and more because there is not really just one journalism. (p. 9)

In sum, news both reflects and reconstructs (dominant discourses on) social reality. Journalists cannot escape thinking and writing along the lines of fundamental frameworks in society, but at the same time construct them, add to them, and sometimes challenge them. Moreover, journalists are highly selective as to which aspects they foreground and background in their reporting, or, even before that, as to what they select to report on. In that sense, news not only reflects and constructs how to think about an issue, but also reflects and constructs what we think about (Harcup, 2015). News, thus, also both sets and reflects the agenda for public debate and for other media (McQuail, 2005).
The literature above uses several terms to refer to what is being constructed: events, reality, authoritative representations, consensus, the ideology of the ruling class. I will predominantly stick to (dominant) discourses on and frames of (framing will be discussed in section 2.3.3.2) social reality, because all of the terms used above imply (or explicitly refer to, e.g. in the case of Hall (1982)) that a construction and reflection of social reality is a discursive process. And as we have seen, news(making) indeed is mainly discursive in nature. According to Bell (1991), ‘in the news are carried the stories and images of our day. News is determined by values, and the kind of language in which that news is told reflects and expresses those values’ (p. 2).

Empirical research has further explored journalists’ perspectives on this, for instance by considering the metaphors practitioners use when discussing their work and profession (Gravengaard, 2012; Zelizer, 2004). Gravengaard (2012) found Danish journalists use the following five dominant metaphors when talking about newswork: selection, construction, a race, trading, and a power game. The selection metaphor conceptualizes news stories as being out there, fighting to be selected, or part of an ever-flowing river that journalists can draw from. At the same time, journalists talk about news stories as products they make, create or construct, in the construction metaphors. The selection metaphor thus evokes the idea that events (and consequently, news) are out there and is more dominant in Gravengaard’s (2012) data, but the construction metaphor is present as well. The two also sometimes co-exist; in that case, news stories or the events that are reported are considered to be pre-existing by the journalists, but need to/can be transformed into an actual high-quality, publishable story, which implies there is an aspect of construction there. Zelizer (2004) identified five different metaphors of journalism: sixth sense, mirror, container, child, and service. In this case, the child and mirror metaphors are relevant. The mirror metaphor reduces journalistic practice to ‘gazing on reality or objective happening in the real world. News is seen as all that happens, without any filtering activity of the journalists’ (p. 31). This metaphor directly maps onto Gravengaard (2012) metaphor of selection. Zelizer’s (2004) child metaphor, in contrast, identifies journalism as ‘a phenomenon in need of nurturing, attending, supervision and care’ (p. 31), in which stories are prepared and pampered for publication, or are raw and in need of finishing and refinement. This metaphor incorporates an aspect of construction, and seems to be similar to the coexistence of Gravengaard’s (2012) selection and construction metaphors. The research above shows that (at least the researched) practitioners thus also view their work as (partly) constructional.

This section thus has shown that news is not out there, but both mirrors and constructs reality through the (re)production of (dominant) discourses and frames. This fits the overall social constructionist perspective of this dissertation. It also allows to move away from a newsroom-centred approach to news production
research; as already mentioned in the introduction, and as further developed in section 2.3, it acknowledges that voices of others stakeholders and pre-existing discourse co-construct news, and that news production thus not happens in the vacuum of the newsroom. This will be explored in empirical chapter 5, which looks into how a pharmaceutical company deals with dominant discourses on the pharmaceutical industry, as produced by the media and elsewhere in the public sphere. Chapter 7 also provides insight in this by examining how the food industry plays a role in health news production.

However, although an important ontological-theoretical underpinning of our understanding of news, this conceptualization of news and society does not tell us anything yet about the actual mechanisms behind the production process of news, in practice and as practice, by journalists, in newsrooms and at editorial boards. As the previous paragraph on journalists’ metaphor already illustrates, this is a whole other world that is also central to understanding what news is and does. In the following section, crucial concepts of and theories on news practice will be explored.

2.2.3. What journalists do

This section is dedicated to what journalists actually do, concretely, on a daily basis, and how that can add to our understanding of news as socially constructed and at the same time reproducing dominant discourses in society. As this dissertation takes a more holistic approach to news making in which news is seen as co-produced by both journalists and other relevant stakeholders, the focus on journalists in this section could seem odd. However, it is not, for two reasons. First, the role of the journalist as such still is not always fully appreciated in journalism studies and in related fields. According to Harcup (2015), ‘many academic critics of the media allow little room for agency and downplay the role of journalists, preferring to concentrate on structural or market issues’, while, ‘if journalism matters [...] then the actions of individual journalists must matter too’ (p. 11). Especially in churnalism perspectives (Davies, 2008) in which journalists are to be considered to be mainly copy-pasting press releases, the role of individual journalists is seen as very limited. So, even in a more holistic perspective on news making and news production, the journalist deserves proper attention. Second, when taking a production perspective like this dissertation, it is the body of literature on journalistic practices that provides the central concepts and perspectives needed to study production, which will feed into the more specific framework for studying health news in 2.3. and in the empirical chapters. When necessary, this section will reflect on concepts that are very or exclusively newsroom-centred, and propose alternative interpretations that fit the holistic perspective of this dissertation.
What journalists do is generally captured by the terms production and practice in this dissertation. News production is understood as ‘fundamentally a social and cultural act, involving not only the creation of media texts but also the generation of identities, interpretations, subjectivities, statuses, and meanings among the persons engaged in media production’ (Peterson, 2003, p. 161). More concretely, this happens through practice, which is ‘the complement of activities, actions, routines, conventions, and interactions that initiate, motivate, maintain, and orient newsroom employees to the news process’ (Cotter, 2010, p. 23). Providing an exhaustive overview of journalistic practice would be impossible as the process of news production is extremely rich, complex, and highly context-dependent. A supposedly complete, universal overview would be reductive and foregrounding and backgrounding aspects that are essential in some contexts and not in others. I will therefore be selective and discuss elements that 1) underscore the social constructionist nature of news and news production, in line with the previous sections, and 2) that are relevant for this dissertation, and have connections to the empirical chapters. Consequently, essential parts of news production such as finding and dealing with sources (Cotter, 2010; Cottle, 2007; Randall, 2000; Van Leuven, 2013), institutional factors such as the decreasing number of journalists in newsrooms to do the same amount of work or more, and subsequent time constraints (NT&T, 2011), organization of the newsroom (Vandendaele, 2017), the difference between online and offline (print, TV, radio) reporting in newsrooms where both happen simultaneously (Paterson & Domingo, 2008; Thornburg, 2015), subediting (Vandendaele, 2017) and visual aspects of news production (Machin & Niblock, 2006), to name just a few, will not be discussed explicitly.

The aspects that I have selected for discussion broadly relate to two aspects: 1) how news is selected and comes into being (2.2.3.1), and 2) the factors and concepts that play a role when writing it up (2.2.3.2). I do not consider these aspects to be chronological, mutually exclusive phases of the production process; as we will see, they are both central threads that run throughout the whole process. However, there are differences in terms of when they are most relevant in the production process. News values are probably mostly relevant in an earlier stadium, before the actual writing effort takes place, so I will turn to this aspect first.

### 2.2.3.1. Constructing what counts as news

An essential concept in journalism and news research to account for how it is decided what is news, what is newsworthy, and what is reported on, is news values. News values are ‘the criteria applied by journalists and editors in news organizations to determine whether or not to carry particular items of news’ (McQuail, 2005, p. 562). They are ‘embedded in text and govern practice’ (Cotter, 2010, p. 67), as they provide decision-making parameters and limit the possibilities of what should and
could be reported on. In their 1960s seminal paper, Galtung and Ruge (1965) introduced the concept and came up with a list of news values, containing twelve elements. A number of news values relate to the logistics of the newsroom and the journalist’s practice, such as frequency (whether the timing of the potentially newsworthy event or issues fits with the timing and publication cycle of the news outlet), continuity (if an issue has already been reported on, it is likely to be followed up on, justifying initial coverage and often being easier logistically), composition (the balance between all the different stories that are reported in that particular issue or broadcast), consonance (when journalist predict or expect something to happen, it is more likely to be picked up), and threshold (an issue or event needs to pass a certain threshold of impact or intensity before it is reported on). Others relate to whether the story will resonate well with the audience, such as unambiguity, unexpectedness, meaningfulness (as in cultural proximity), reference to elite nations, reference to elite people, reference to something negative, and personification (emphasizing the individual and/or a human interest component).

Galtung and Ruge’s (1965) paper instigated decades of research and debate on news values (Bednarek & Caple, 2012; Bell, 1991; Cotter, 2010; Harcup, 2015; Machin & Niblock, 2006; O’Neill & Harcup, 2009; e.g. Vandendaele, 2017). Scholars modified and updated the list, such as Bell (1991), who added competition (the desire for scoops and exclusivity), co-option (smaller stories become newsworthy if they are linked to high-profile continuing stories, for instance individual cases of sexual misconduct within the bigger #metoo-related reporting), predictability (if events are prescheduled rather than completely unexpected, they are more likely to be reported on), and prefabrication (the existence of prewritten texts such as press releases – similar to Jacobs’s (1999) concept of preformation). O’Neill and Harcup (2009) also composed a list, which is based on existing literature but also contains a few new additions and modifications of their own, with the most innovative additions being the celebrity value (stories are more newsworthy when they concern someone who is already famous), entertainment (stories about sex, show business, animals and other forms of human interest), and good news (such as news on rescues and cures). Randall (2000) proposes other new elements like news fashion (the fact that there are trends in reporting and some topics all of a sudden can be hot and trendy for a while), and source (if the source telling you about an event or issue is an elite or important one, there is a stronger case for reporting about it). Finally, Jacobs and Tobback (2013) show that, in a multilingual country like Belgium, language can also be a news value. In their case study, French-speaking TV journalists reporting for a French-speaking audience preferred content and vox pops in French rather than in Dutch, to increase rapport with the audience, even when reporting on events in the Dutch part of Belgium.
However, scholars pointed to the limitations of the concept, and/or have also more fundamentally criticized the idea of putting together such a list as desirable, or even possible (Franklin et al., 2005; e.g. Harcup, 2015; Randall, 2000). Harcup (2015) summarizes several critiques; first, news values are never a complete explanation for the selection of all news stories. There will always be exceptional news stories whose existence cannot be accounted for by a particular list, or maybe even any list, of news values. In line with this, Cotter (2010) argues that, even if there is some form of (implicit) consensus within a specific journalistic context about news values, they will be applied differently in practice and consequently, output will differ, as they ‘are interpreted differently across publications and editors and through time’ (p. 67). This is illustrated by her linguistic ethnographic case study of a story meeting at the Oakland Tribune, in which news values conflict for a particular news story, and the story meeting becomes a site of discursive negotiation for the prominence and weight of the conflicting news values.

Second, more fundamentally, some scholars argue that, although there are established common understandings about newswork among journalists, selection criteria for news remain largely arbitrary (Lewis, 2006), and thus that the concept fundamentally does not contribute anything to our understanding of news. Third, the concept of news values falls short in terms of covering the ideological dimension of newswork (Franklin et al., 2005; Harcup, 2015), for instance when mainstream news values ‘tend to privilege individualism’ (Harcup, 2015, p. 40) over collective or civic values.

Fourth, news values actually tell us more about how stories are covered rather than why they were actually chosen; rather than shedding light on selection, they increase understanding of how potential news is treated and which aspects are emphasized or downplayed (O’Neill & Harcup, 2009). Similarly, Cotter (2010) argues that the values that guide news selection also play a crucial role in story construction, for instance which sources to talk to and where to position it in a paper. Consequently, these news values are also visible in the final news text. This is further developed by Bednarek and Caple (2014), who argue that news values ‘exist in and are constructed through’ discourse (p. 135), and that they can be analyzed using discourse analysis methods such as corpus linguistics and multi-modal discourse analysis. For instance, in news texts, the news value of novelty is reflected in and constructed by the popular bigram the first, and words that express unexpectedness, such as amazing, astonishing(ly), bizarrely, curious, dramatically, extraordinary, fully, sensational(ly), spectacular(ly), strikingly, stunning, unexpectedly, unprecedented and unusually.

Fourth, when taking into account that news values are not only about selection but also about how events or issues are written up, news values are also rather
journalist- and newsroom-centred. As Vandendaele (2017) points out, sub-editors play a significant role in the construction of news when editing news reports. Subeditors are also guided by complex professional values about writing, coined *production values* by Vandendaele (2017). The production values are for instance factual and linguistic accuracy, design, clarity, flow, and the overall style of reporting that characterizes the specific newspaper or news outlet. Consequently, subeditors do more than just shorten texts and correct language; as Vandendaele (2017) shows, they actually add more text than they delete. Moreover, the elements they work on the most –such as pictures and headlines– are the crucial ones for marketing the newspaper, for making the scanning reader actually reads an article in its entirety, and for framing the issue that is being reported (Brookes *et al.*, 2017).

Audiences, too, increasingly determine what news is or should be and what news should look or sound like (Van Hout & Burger, 2015). In an increasingly digitalized world, audiences produce a variety of media content too, and boundaries between producers and consumers are blurring (Bruns, 2008; Loosen & Schmidt, 2016; Schmidt, 2014). Moreover, audiences provide newsrooms and editorial boards with detailed information on what they find interesting, as their clicks and online reading, viewing and interactional behaviour are extensively monitored. Vandendaele (2017) addressed this by coining *the reader as* an overarching production value; all choices that journalists and subeditors make can be understood as a way to appeal to, accommodate as well as challenge the reader. In this dissertation, too, empirical chapters 7 and 9 will show that how the audience is conceptualized plays a prominent role in the selection and construction of news. How the reader actually entextualizes and interacts with mass media content on social media is explored in chapter 8.

Finally, other stakeholders play an important role in news construction and production. As previously mentioned, there is a whole industry that is dedicated to providing information subsidies (Cho & Cameron, 2007; Dinan & Miller, 2009; Franklin *et al.*, 2005; Gandy, 1982; Jackson & Moloney, 2015; Macnamara, 2014; Parmelee, 2014): the public relations (PR) industry. These information subsidies can take shape of press releases, press conferences, reports distributed by governments, companies or other institutions, official statements by politicians or their press officer, tweets and Facebook posts, and so on. Both governmental and commercial players nowadays have external communication officers and spokespersons to write or prepare these information subsidies. In these texts, they anticipate that the discourse should fit a news format and make use of *preformulation* (Jacobs, 1999). They write and design texts to make them look and sound like news articles, or provide video material that looks like a TV broadcast news item. This makes it easier for journalists to pick up and use the content. Journalists always do at least some form of rewriting and reframing of these preformulated information subsidies (Park *et al.*, 2016; Van Hout & MacGilchrist, 2010, see also section 2.2.3.2 on framing for a more in-depth
discussion of this paper). However, they are quite often picked up and published, and thus form a valuable source of information or inspiration for news stories, especially for journalists that are increasingly pressed for time (Dinan & Miller, 2009; Van Hout, 2010; Van Leuven, 2013).

The concept of news values thus has some limitations and requires a number of caveats, but can still be very useful. Especially when including the idea that news values more broadly inform construction rather than just selection, and when acknowledging that news values are not universal but highly contextual and apply to a broader range of stakeholders than journalists, it enhances our understanding of news and news production. The concept can contribute to understanding how news is selected and constructed, and into the variability of this process across genres, news outlets and time. It also informs us about the different dimensions that come into play in the process: the logistics and practical organization of news making, news professionals’ conceptions of audiences, cultural factors, professional values of new professionals and other stakeholders, and so on.

Crucially, it confirms that news making is not a matter of just reporting on events out there, but that news is constructed as well as reflecting dominant discourses or frames, both on a sociocultural level and on the professional level of practices and craft. Consequently, in empirical work, it provides a useful theoretical framework that researchers can use to understand what is going on during news production. It can be seen as a broad scheme which can be filled in and adapted in accordance with the data that is collected. In this dissertation, the concept of news values is relevant in the empirical chapters 7 and 9. Chapter 7 explores how values of entertainment, novelty and accuracy and the reader come into play, while chapter 9 looks into how journalists conceptualize their readership and how this overarching production value feeds into production.

2.2.3.2. Writing the news

Once it has been decided a story, issue or event is going to be included in the coverage, journalists start gathering more in-depth information, by doing further research, selecting and talking to more sources, and so on (Cotter, 2010). They also start writing: organizing and presenting what has been gathered in some form of text or story (Cotter, 2010) (such as a newspaper or magazine article, a scenario for something that will be broadcasted, a first edit of what has been filmed, an idea and background for an interactive online visual tool for a news website). In what follows, I will discuss a number of concepts that are crucial to understanding the writing aspect of production, and how these aspects again show that news production is both a matter of reflecting and constructing (dominant discourses and frames on) reality.
It is essential to note that writing is not just the production of the actual text, but a combined material, mental, social and sociocognitive activity (Grésillon & Perrin, 2014). The material aspect concerns the actual production of signs on screen or on paper, and how text is changed as a consequence of insertions and deletions. The mental activity relates to what authors want and try to do when writing, what they think they do. It is informed by professional values about writing and experience. The social aspect is about how texts are customized for audiences and how writing differs across communities (such as different editorial boards and newsrooms), and why. Finally, writing can also be examined from a sociocognitive perspective, which covers collaborative writing efforts and metadiscourses produced about writing, about writing policies, quality control, repair, and so on.

Writing up news thus is not about jotting down a few words into sensible sentences; it is a complex interplay of considerations that relate to language and the actual text, the (clarity and accuracy of) content, the audience, and to ideas of craft, professional values and routines. Cotter (2010) similarly argues that newswriting is guided by principles of what the community of practice considers good newswriting. These principles are the result of both the mental activity (thinking about how to write (properly)), and the sociocognitive activity (how journalists talk about (proper) writing, correct each other, and are being corrected). Cotter (2010) proposes two levels of good newswriting, based on her ethnographic observations at American newspapers: the informational and the rhetorical level. On the information level, a text must contain complete information (answering all the 5 Wh-questions), must be balanced in terms of sources, and has to be accurate. On the rhetorical level, it has to contain a good lead, have well-formed sentences, and a proper story organization in which all information is clearly attributed to its sources. It also has to be written in the conventional, appropriate news style. In this sense, these principles also relate to the social activity of writing, because they will differ between news outlets and media, depending on the genre, their target audience, topics, and so on.

The ubiquity and importance of principles of good newswriting for the journalistic community of practice are also illustrated by educational materials about journalistic writing. For example, Randall’s (2000) book The Universal Journalist, a handbook for aspiring journalists contains sections named stories that good reporters should avoid, how to make sure your coverage of a disaster doesn’t turn into one, clarity, fresh language, precision, how to write sharp intros, when do you use quotes, and so on. In many of these section titles, Cotter’s (2010) principles of good newswriting are echoed. The book shows how educational materials already clearly construct what can be considered to be good newswriting.

However, similar to the concept of news values, the concept of (good) newswriting is not without its problems. Both Cotter’s (2010) and Randall’s (2000) lists of
principles of (good) newswriting are explicitly normative and implicitly constructed as universal. In practice, news values are often implicit tacit knowledge (Gravengaard & Rimestad, 2014), and there will always be local differences in the norms and demands of reporting, depending on aspects such as culture, medium, topic, and so on. Moreover, the concept again is rather journalist-focused, and does not take into account that some of the writing might already have been done, in the form of preformulation (Jacobs, 1999), by other stakeholders. However, each local journalistic community most probably has some quality standard and norm of good newswriting, and being socialized into these standards and norms is an essential step in becoming a (good) journalist, as illustrated in Gravengaard and Rimestad (2014). Their linguistic ethnographic study analyzes how interns in newsrooms learn what a good news story is during interactions with editors. As finding a good news story is considered a fundamental skill, in the beginning of the internships, editors assign interns stories and explain why they are interesting and how to write them down appealingly. After they have been at the newsroom for a longer time, interns gradually gain more freedom to choose themselves as they increasingly understand and know how to select a good story, and are corrected less by the editors.

In sum, just like in the case of news values, it can be problematic to analyze any data on norms of good newswriting with a pregiven list of categories of principles. Still, the concept of good newswriting is an important one to understand journalistic practice and can be very useful when studying news production. In this dissertation, the concept of good newswriting is relevant for the empirical chapters 4, 7 and 9. In chapters 4 and 9, journalists report on their conceptualizations of good journalism in the context of health, and how this impacts their material writing process. In chapter 7, editors display ideas of good newswriting when discussing how to balance considerations relating to clarity versus considerations relating to entertainment.

Based on principles of good newswriting, a text will be produced. But text production itself, the material activity, also is not just about producing sensible sentences. It can be better understood through the related concepts of entextualization (Bauman & Briggs, 1990; Jacobs et al., 2008; NT&T, 2011; Peterson, 2003; Silverstein & Urban, 1996) and intertextuality (Van Hout and Jacobs 2008; Franklin et al. 2005). Intertextuality denotes that texts always exist in relation to other texts, and that texts are always composed of fragments and elements of previous texts (Franklin et al., 2005). In the more specific case of news and media, it also refers to the fact that media continually cross-reference, and that the same story can often be found across several media (McQuail, 2005). In this sense, journalism is characterized by cultures of circulation (Bødker, 2014), as journalistic texts always consist of ‘interspersed texts, practices and meanings’ (p. 101). Intertextuality indeed is not a mere material/textual phenomenon, but a social practice, as new texts
comprise both new and old meanings and frames, and have specific goals and outcomes (Van Hout et al., 2011).

The specific intertextual process of cross-referencing and composing texts with fragments of existing texts is called entextualization. It is more precisely defined as ‘making a stretch of linguistic production into a unit—a text—that can be lifted out of its interactional setting’ (Bauman & Briggs, 1990, p. 73). As a consequence, this piece of text is decontextualized as it is taken from its original discourse and recontextualized when inserted in another discourse—for instance, a 15-second quote is taken from a 20-minute interview and edited into a TV news report or documentary. As it gets entextualized, the text still carries elements of its history of use within it (Bauman & Briggs, 1990).

One dimension of entextualization that is highly relevant to newswriting is framing. Bauman and Briggs (1990) borrowed this concept from Goffman (1974), who defines frames as basic frameworks of understanding ‘available in our society for making sense out of events’ (Goffman, 1974, p. 10). From this discursive, social interactionist perspective, framing is a basic interactional process to make sense of the world around us, through selection, emphasis, foregrounding and backgrounding (Van Hout & MacGilchrist, 2010). This definition also resonates with Cotter’s (2010) concept of interest in newswriting: the ‘story structure itself, the way it is patterned and organized, supports what is considered important. For example, the beginning of a news story, or lead, reinforces what is newsworthy by its position, focus, and what information elements are left out as well as included’ (p. 28).

Framing is also a popular concept in journalism studies, where a frame

repeatedly invokes the same objects and traits, using identical or synonymous words and symbols in a series of similar communications that are concentrated in time. These frames function to promote an interpretation of a problematic situation or actor and (implicit or explicit) support for a desirable response, often along with moral judgment that provides an emotional charge. (Entman et al., 2009, p. 177)

In this view, frames draw on elements of collective, shared schemas that have been used before. They are recognized by audiences who are familiar with these schemas and, consequently, they (can) have cultural resonance. Framing researchers see framing as more deliberate, and sometimes implicitly or explicitly consider framing as a manipulation that leads to misrepresentation of a fact or event that can be objectively reported (Van Hout & MacGilchrist, 2010). In the discursive conceptualization of frames, this is less at the forefront, as, in this perspective, frames are considered to be basic, indispensable sense-making devices in interaction.
In journalism studies, framing analysis has been used extensively to research a whole range of topics. Examples of topics that have been explored through framing analysis in journalism studies are political news content (e.g., Semetko & Valkenburg, 2000), health reporting, such as coverage and content on obesity (Kim & Willis, 2007; Lawrence, 2004), the tweets social media editors use to promote newspaper articles on social media (Wasike, 2013), and health journalists’ practices (Wallington et al., 2010). Frames can be general or specific to the topic that is reported on. Semetko and Valkenburg (2000) for instance, identified five main frames in political reporting: attribution of responsibility, conflict, human interest, economic consequences, and morality, while Wallington et al.’s (2010) US survey of health journalists included the frames public impact, economic impact, controversial new information, human interest and need to change personal behaviour. Economic impact, for instance, is a frame that applies to many aspect of society and life, while the need to change personal behaviour is more specific to health reporting. Although framing analysis often examines content in journalism studies, it also is an important concept in the study of news production and journalistic practice. News professionals deal with pre-existing frames in texts, and decide to keep or replace them, for a variety of practical and more fundamental reasons. For instance, Van Hout and Macgilchrist’s (2010) linguistic ethnographic case study of a journalist rewriting a press release about Russian gas company Gazprom into a news story illustrates how a threat/security frame and economic/agreement frame are in constant dialogue with one another during the rewriting of a press release. The journalist eventually decides not to frame the story in terms of national security because of space limitations in the newspaper.

All three concepts of intertextuality, entextualization and framing show that even material writing too entails complex dynamics of discursively constructing what social reality is, and which stories and which aspects of a story, are of importance. The concepts recognize that, both partly copied texts, but also new texts, always echo and entextualize other texts, and point to the fact that a text embodies perspectives and voices other than the ones of the writer. This fits the more holistic approach to news production and the inclusion of other stakeholders. Finally, these concepts, in combination with mental, social and sociocognitive aspects discussed above, confirm that news production always reflects and co-constructs dominant discourses and frames in society.

All the literature on social construction, and especially the concept of framing, also point to the fact that objectivity does not exist. Interestingly, many journalists in traditional mass media still consider (some form of) objectivity and neutrality as essential goals and values of their profession (Harcup, 2015; Van Hout & Burger, 2015). As part of their commitment to objectivity, journalists make use of strategic rituals (Ekström, 2002; Tuchman, 1978; Van Hout & Burger, 2015), such as looking at both sides of the story (although one side can be very marginal, such as in debates
about climate change, or there might be more than two sides to a story); assessing conflicting aims, assessing credibility of sources, looking for evidence, not publishing anything believed to be untrue (Harcup, 2015). They also turn to certain linguistic devices such as impersonal grammar, like “facts show that” or “it is believed that” (Potter, 1996, pp. 155–158), or the reporting verb “said” (or “says”), which ‘is part of a conscious effort by the mainstream US media to convey neutrality and balance’ (Cotter, 2010, p. 22). This mechanism of objectivity as a strategic ritual again shows how writing is a matter of construction which is an interplay of material, mental, social and sociocognitive activities.

2.2.4. Implications of this section

In this section of the theoretical framework, I have first delineated what I mean when using the terms news and journalism. Second, I have proposed and illustrated that news both constructs and reflects the social word, both on the macro-level of society, and the micro-level of journalistic practice and production. I have shown the richness and complexity of this process; as previously mentioned, the literature overview was highly selective and only shows a hint of the whole production process. In Harcup’s (2015) words,

journalism can be powerful and infuriating and full of contradictions. Journalists routinely juggle complex intellectual, legal, commercial and ethical issues every day, simultaneously and at high speed, all while giving the impression of being little deeper than a puddle. And it can be fun.

(p. 5)

However, even when selective, the literature above points to the fact that journalism is performative in nature: in news, knowledge is interpreted, entextualized, and framed in terms of how it should circulate, which actors should attend to it, and how (Briggs & Hallin, 2016). In this process of co-construction, journalists play a crucial role, and this role deserves proper recognition and academic scrutiny. More specifically, journalists are sociological beings with local practices, norms and routines, who at the same time function within the bigger picture of the organization and society. In this context, they produce and invoke ideology that is reflected/constructed in their news, which has an effect on how it is read (Zelizer, 2009, p. 36).

This dissertation therefore advocates for and takes a production perspective on news (Bell, 1991; Cotter, 2010; NT&T, 2011; Peterson, 2003; Van Hout et al., 2011; Vandendaele, 2017). In both journalism and writing research more generally, examining the finalized text is important in itself, but is also limited as it isolates one
aspect of writing in general and of news making more specifically (Conboy, 2013; Grésillon & Perrin, 2014). As Cotter (2010) expertly summarizes:

_The process behind the production of news is worth studying because it relates to the communication of information and values throughout society. And while the news media have their own culture and their own patterns of language use, they also participate in the communicative routines of the wider society in which they are embedded. News language reflects and reinforces social norms, displays agendas, and develops identities, actions that are accomplished through language and the interaction of journalists, the public, and human and natural events._ (p. 2)

However, this chapter has shown that news is not only produced by journalists, but is co-produced by subeditors, PR professionals, audiences and other relevant stakeholders. This dissertation thus aims to move away from a newsroom-centred approach and will also study other stakeholders involved, in this case an industry player from the biomedical field, and the audience.

To study production, observation is key to enhance understanding of ‘the working world of the journalist’ (Conboy, 2013, p. 65), and, in the case of this dissertation, of other relevant stakeholders too. Golding and Elliott’s (1979) account of two days at respectively an Irish and Nigerian television newsroom provides an early example of how news study can be studied through ethnographic observation, which is, in their case, elegantly combined with content analysis and interviews. More early examples are Tuchman (1978) and Schlesinger (1978). Since then, ethnographic production research remained a relatively small field but it did gradually expand (recent examples being Burger & Delaloye, 2016; Cotter, 2010; Machin & Niblock, 2006; NT&T, 2011; Perrin, 2011; Vandendaele, 2017; Zampa & Perrin, 2016). Moreover, as already indicated in section 2.2.1 and as in the methodology (chapter 3), observation and ethnographic research are highly compatible with a linguistic perspective, and allows for researching news production as a discursive process.

But before turning to the methodology, I will connect the dots between the first two sections of this theoretical framework and come to a more specific framework for studying health news. In line with the social constructionist approach, I will now further explore the specific processes in which news professionals and other relevant (biomedical) stakeholders co-produce health news, but also more fundamentally, co-produce what health is, what news and journalism are, and what relevant and valid knowledge and expertise is.
2.3. Health news

In 2016, medical and linguistic anthropologist Charles Briggs and journalism studies scholar Daniel Hallin wrote a book on health in the media, called *Making Health Public: How news coverage is remaking media, medicine and contemporary life*. In the book, they develop the concept of biomediatization. This framework has become central to this dissertation, and consequently, this section will mostly draw on Briggs and Hallin’s (2016) book, contextualized with other literature where needed or when relevant (2.3.1). Section 2.3.1 will focus on summarizing the book and its central concept as they are outlined by Hallin and Briggs (2016). Extensions and additions of the framework will be developed in section 2.3.2, as well as throughout the empirical chapters and in the conclusion. In subsection 2.3.2, the concept of biomediatization is extended by focusing on the aspects of expertise and expert identity. These concepts proved to be a useful addition both theoretically and as an analytic tool, to further explore biomediatization and other recurrent themes across the different empirical chapters.

2.3.1. Biomediatization

With the concept of biomediatization, Briggs and Hallin (2016) propose a framework to study and understand the production, circulation and reception of knowledges on health in the media, and how the relation between media and biomedicine underlies and shapes these processes. The central assumption of the biomediatization framework is that medicine and media, in contrast to how they are commonly understood, are not separate domains in which medical information gets transferred and translated from the medical domain to a journalistic format and into more accessible language (see Amend & Secko, 2012 for an overview; and also Dentzer, 2009; Viswanath *et al.*, 2008). The idea of translation is already fundamentally problematic from a linguistic point of view, as translation always involves recontextualization (Franck, 2017). Moreover, science, too, is embodied in language, ‘so the translation of one form of words into another changes the meaning in some way’ (Myers, 1990, p. 143). Consequently, ‘even when two articles seems to be about the same research, it may turn out that one is about garter snakes and the other about isolation of a pheromone’ (Myers, 1990, p. 143).

But besides the problems with the notion of translation, more crucially, there is much more at stake in the production of health news than linearly transmitting information from one domain to another. When health news is produced, medicine and media co-construct specific knowledges about health and illness together, as well
as implicitly or explicitly construct, more essentially, what health is, what medicine is, and what news and media are. As a result of this co-production, medicine and media are not separate but heavily intertwined domains, and health news is a matter of co-producing ‘medical objects and subjects through complex entanglements between epistemologies, technologies, biologies, and political economies’ of these two domains (Briggs & Hallin, 2016, p. 5).

To further elaborate and support this central point, I will first turn to the theoretical foundations of the framework as proposed by Briggs and Hallin (2016), which is a combination of the frameworks of biomedicalization and mediatization (section 2.3.1.1.). Second, I will discuss Briggs and Hallin’s (2016) three models of biocommunicability to gain a more applied understanding of the many shapes and sizes of biomediatization in practice (section 2.3.1.2.).

2.3.1.1. Theoretical foundations of biomediatization

Briggs and Hallin’s (2016) concept of biomediatization draws on the theories of biomedicalization and mediatization. In what follows, I will elaborate how these theories feed into the concept of biomediatization. I will do so by first establishing what mediatization is, as biomedicalization is already extensively discussed in 2.1.

Mediatization has been the basis for a major body of research in mass communication studies, media sociology and journalism studies. The term refers to ‘the meta process by which everyday practices and social relations are historically shaped by mediating technologies and media organizations’ (Lundby, 2009, p. x). According to Adolf (2017), mediatization as a research paradigm aims to explicate ‘the interdependence of media change and social change’ (p. 12), especially in relation to the techno-material characteristics of the media. Mediatization scholars thus generally are concerned with the fact that media have become more dominant in everyday and institutional life, therefore increasingly shape all kinds of aspects of life, and also steer social change.

In mediatization theory, the term media can concern both mass media, digital media, but also mediating technologies and other mediators. These mediating technologies and other mediators can be a screen, a mobile phone, or even our body, which mediates spoken communication through our speech, facial expressions and gestures (Knoblauch, 2013). Briggs and Hallin (2016) adopt the perspective of journalism studies, in which mediatization usually more narrowly refers to mass media, and understand mediatization as the ‘transformation occurring as [mass] media become increasingly central to social life’ (Briggs & Hallin, 2016, p. 9). More precisely, Briggs and Hallin (2016) understand mediatization as 1) the growing power and autonomy of media institutions and 2) the penetration of media logics in other
domains. The first element concerns what Driessens and Hjarvard (2017) call *accommodation*: the process of adjusting ‘institutional and organizational structures and norms between various social domains’ (p. 2). The accommodation of the organization and communication of political parties to the logics of news media is a well-known and much researched example (e.g. Strömbäck, 2008). The second element touches upon the fact that the power and autonomy of media institutions has grown. Consequently, they are (potentially) dominating other domains, and challenging different forms of authority, including political, and also medical authority. Briggs and Hallin’s (2016) conceptualization of mediatization resonates with Strömbäck’s (2008) four phases of mediatization, in his case analysis of politics. In the first phase, media become the most important source of information, rather than interpersonal communication. The second phase refers to the process in which media become independent of political institutions, echoing Briggs and Hallin’s (2016) first element. In the third phase, media no longer adhere to political logics, but to their own media logics; at the same time, political actors are also increasingly familiar with these media logics (Strömbäck, 2008). Finally, the fourth phase takes place when political actors are not only familiar with media logics but have internalized them and are governed by them, which is the second element in Briggs and Hallin’s (2016) concept of mediatization.

The idea of mediatization is not new and it is well-researched; Briggs and Hallin’s (2016) innovative contribution is the connection they make between mediatization and biomedicalization. They argue that, essentially, the concepts of mediatization and biomedicalization are in contradiction with one another. Biomedicalization scholars, in a nutshell (as discussed in 2.1.), assert that biomedicine and related medical and pharmaceutical stakeholders increasingly dominate social, moral and other institutional realms of life. Thus, both mediatization and biomedicalization presuppose that the respective logics of each domain dominate society, and colonize other social and institutional realms. As Briggs and Hallin (2016) point out, this cannot be true as only one institutional domain or logic can be colonizing the other. Consequently, they propose *biomediatization*, which posits that mediatization and biomedicalization are no separate domains to begin with, and that logics have been exchanged and hybridized rather than colonizing one domain or the other.

In practice, Briggs and Hallin (2016) argue, biomediatization is apparent in the increased number of PR offices and spokespersons in the biomedical domain. Nowadays, pharmaceutical and other corporate and medical stakeholders, such as public health institutions and hospitals, have PR offices and/or spokespersons whose only job is to deal with the press. These PR officers are employed to respond to journalists’ questions, but are also actively trying to get press coverage by writing press releases, holding press conferences and organizing other events to draw the attention of the press. On a discursive level, they aim to (pre)formulate (Jacobs, 1999)
complex medical information in accessible ways and provide tailored, preframed information that news professionals can easily use in the journalistic end product.

Other research confirms Briggs and Hallin’s (2016) argument that medicine, and science more generally, are mediatized. De Dobbelaer et al. (2017) report that science (including medicine) has been heavily mediatized and that this is reflected in, among other things, the growing number of press releases that academic journals and universities release. This mediatization of science and medicine is not just a theoretical notion, but has very tangible outcomes; research has shown that when journal articles are accompanied by a press release, the articles are more likely to be reported on by the media (Stryker, 2002). Dissemination, media coverage and valorization are therefore found to be increasingly important in academia, and sometimes influence funding opportunities (Jaspers, 2014). As a consequence, some of these press releases also contain exaggerations of the research results to generate more coverage (Sumner et al., 2016; Yavchitz et al., 2012). Even more remarkably, Phillips et al. (1991) found that if New England Journal of Medicine articles were picked up by the New York Times, they received 72.8 percent more citations in academic publications and outlets, than those that were not featured in the newspaper’s coverage. This clearly shows that media logics found their way into medicine.

The media, on the other hand, similarly have incorporated biomedical logics. They attract (celebrity) doctors and/or scientists to produce or feature in health stories, or they collaborate intensively with a set of biomedical expert sources to write about health. As shown in the introduction (1.2), the media also medicalized as health became an increasingly important topic in the news, and coverage has risen significantly over the past decades. Moreover, journalists have learnt how the biomedical world and research works, how to access biomedical information, and how to evaluate it (with the help of biomedical expert sources, if needed). Discursively, they have learnt to understand and interpret biomedical vocabularies, and to fluently produce biomedical discourses themselves. Sometimes, media even take this further and employ medical rhetoric and discourses to actively medicalize issues themselves. Kroll-Smith (2003), for instance, shows that the medicalization of sleep and sleepiness as excessive daytime sleepiness (EDS) partly has its roots in news and the media. Popular media tend to represent excessive sleepiness as morally inappropriate because of decreased levels of vigilance at socially inappropriate times; therefore, it requires personal and/or civil interventions. Consequently, it becomes, in these media texts, a legitimate medical disorder, in need of proper treatment. Media themselves become an alternative, rhetorical authority that fashions what counts as a health issue; ‘the idea of EDS and its accompanying symptoms is mediated more by magazines, newspapers, and the Internet than by practising physicians’ (Kroll-Smith, 2003, p. 638).
This entanglement and hybridization of practices and discourses does not mean that medicine and journalism have merged. On the contrary, both domains are still incessantly negotiating the boundaries of each domain, i.e. where journalism stops and medicine begins in the context of health news production, and vice versa. Briggs and Hallin (2016) here draw on Gieryn’s (1983) concept of boundary work, who uses the term to describe how scientists constantly attempt to ‘create a public image for science by contrasting it favourably to non-scientific intellectual or technical activities’ (p. 781). To do so, scientists select the characteristics that in a specific context are the most persuasive ones to demarcate science as science. Science can for instance be framed as empirical or theoretical, or pure versus applied. Consequently, science is not a single object, but should be seen as plural (much like journalism in section 2.2.1.), as a consequence of the different delineations and versions of science (Gieryn, 1983). These sciences have their boundaries constantly drawn and redrawn, changing over time and dependent on local contexts, in sometimes ambiguous ways. For instance, the boundaries between science and religion have long been an important site of negotiation for science, of which creationism is the most well-known boundary dispute; in the case of health, alternative medicine is an important boundary object (Mizrachi et al., 2005).

Slembrouck and Hall (2013) illustrate how the concept of boundary work also is relevant for other professions and domains than science. Every professional and every company or organization constantly draws intrinsic boundaries to delineate their authority, competence, rights and responsibilities, which are reproduced in interaction with clients, patients and/or colleagues. In Slembrouck and Hall’s (2013) case study of social work, social workers for instance negotiate who they are responsible for (e.g. only the child, not their parent(s)), or to what extent a problem is co-owned by the school, parents, grandparents and social worker(s). In the same vein, the concept of boundary work is relevant for both journalism and biomedicine. As we have seen in section 2.2.1. on media and news, academics, journalists and related stakeholders such as social media influencers constantly draw and redraw the boundaries of what journalism and news are. Another example of an older boundary object in journalism is tabloid journalism, and the boundaries between journalism and entertainment (Winch, 1997). Similarly, in the biomedical domain, biomedical professionals constantly draw and redraw the boundaries of what is health, (appropriate) medical care, and so on.

Consequently, at the intersection of health and media too, boundary work is incessant. As Briggs and Hallin (2016) also show through their models of biocommunicability, journalists, doctors and public health officials have very different ideas about how to report on health, who to address, how and to what extent to participate in health reporting, and to what extent they are responsible for informing, educating, entertaining and making decisions for patients. Similarly,
Kroll-Smith (2003) speaks of porous boundaries between medical research and popular media, to denote the growing importance of the press to disseminate medical knowledge. As we will see, the concept of boundary work is relevant for empirical chapter 4 and 9. In chapter 4, for instance, I analyze how specialized health journalists reflect on and struggle with their double expert identity – as a journalist, and as a specialist in the domain of health.

In sum, the concept of biomediatization as proposed by Briggs and Hallin (2016) aims to do away with the two cultures trope of journalism and biomedicine, in which journalists and biomedical professionals see the world differently, speak about it in different terms and produce different discourses on health and illness. In this view, in order for health news to be accessible for laypeople, biomedical discourses and perspectives need to be translated into a journalistic format, which supposedly often leads to distortions and misunderstandings (e.g. Viswanath et al., 2008). However, as Briggs and Hallin (2016) convincingly argue, this perspective ignores the complexity of the co-production processes of the many stakeholders involved in the production of health news, and the underlying hybridization of journalistic and medical logics. It is reductive to see health news production as a one-way, linear process as health news production is more complex than that, and many different, local forms biomediatization take in practice.

Biomediatization as a framework is of crucial importance for this dissertation, for several reasons. First, it provides a perspective on health news production as non-linear, but as discursive and as a matter of co-production. Second, biomediatization allows for involving other stakeholders in news production and acknowledges the importance of, in the case of health news, biomedical stakeholders. As this dissertation aims to move away from a journalist-centred approach to news production, this framework proved very useful. Third, it elegantly integrates several frameworks and concepts that were at the heart of this project from the very beginning, such as biomedicalization, news making as activity and practice, and, in terms of methodology, a linguistic ethnographic approach. Finally, Briggs and Hallin (2016) not only provide strong general and theoretical foundations, but also a more practical and applied perspective on biomediatization, in the form of their models of biocommunicability. These will be discussed in the next section.

2.3.1.2. Models of biocommunicability

As mentioned above, Briggs and Hallin (2016) propose the idea of models of biocommunicability to account for the many forms biomediatization can take in practice. Briggs and Hallin (2016) describe these models of biocommunicability as cultural models that, through their recurrence and intertextuality, resonate with us and give pointers as to who is involved in knowledge production, circulation and
reception, in this case for health matters. This conceptualization of these models is similar to Goffman’s (1974) notion of frame as described in section 2.2.3.2. Briggs and Hallin (2016) also note that the models are not mutually exclusive, but can be relevant for one and the same news story. The models thus are highly dynamic. Briggs and Hallin (2016) outline three dominant, recurrent ones: the biomedical authority model, the patient consumer model and the public sphere model. Briggs and Hallin (2016) explore these models both in the context of encounters with biomedical professionals, as well as in journalistic contexts.

In the biomedical authority model, the doctor or medical professional is an authoritative figure that knows best, as medical knowledge is seen as highly specialized, technical and objective, and therefore difficult to access and process for non-experts. The model projects patients/the lay audience as passive receivers of medical information. Biomedical information, be it in a journalistic or purely medical context, is generally formulated in a direct, didactic way, often containing implicit or explicit directives, and leaves no room to reflect on personal choice or suggestions of audiences or patients, or any other form of lay expertise. Briggs and Hallin (2016) use ethnographic and interview data to show how the biomedical authority model is present in real-life medical encounters, and how it is embodied by biomedical professionals— a dentist, in this case. The dentist explicates he feels he has to educate his patients and constantly debunk myths and incorrect information patients find online or through the media. The dentist also reports he feels it takes more time to treat patients because of what they have learnt from the media, and thus generally leaves no room for suggestions from patients. In sum, he clearly positions himself as a biomedical authority. In journalistic contexts, the biomedical authority model can take shape as articles that directly quote biomedical professionals who address audiences directly and provide didactic information, or as staged conversations in TV broadcasts between journalists and doctors. In these interactions, journalists pretend to be patients who do not know anything about a specific health matter, and ask all the questions an uninformed patient might have, from very basic to more specific and advanced ones.

The second model, the patient consumer model, projects a different relationship between health professionals and publics, and sees laypersons as patient or expert consumers who ‘make choices apart from the direct supervision of their physicians’ (Briggs & Hallin, 2016, p. 34). It draws on notions of neoliberal, well-informed patients or audiences, of freedom of choice, and agency, as described in section 2.1.2. on biomedicalization. Doctors take the role of advisors and informers, rather than the prime decision-makers and sole executors of medical decisions. Briggs exemplifies this by going back to a consultation with his general practitioner, during which they discussed prostate cancer screenings. At some point, the doctor asks whether he wants to be tested for prostate cancer, which prompts Briggs to ask what he, the
doctor, would do. His GP responds that he never gives his patients advice, and only helps patients to sort through all the information they encounter. Briggs describes his doctor as a neoliberal physician who clearly is an advocate of the patient consumer model, although Briggs also detects some biomedical authority when the doctor says 'I like to see my patients come in with ideas and not demands' (Briggs & Hallin, 2016, p. 54). In health stories, the patient consumer model is apparent in the featuring of expert patients who display knowledge of risk factors, who understand and can reproduce the discourse of medicine and/or methodology of biomedical research. Medical professionals attribute responsibility or agency to patients, and encourage patients to find more information themselves.

The final model is the public sphere model, which addresses readers not as patients or consumers, but as citizen-spectators that (have to) make judgments ‘about collective decisions and social values’ (Briggs & Hallin, 2016, p. 39). Public sphere stories often concern stories that relate to health problems that have a political dimension, such as pollution, or relate to health policy and health care, and other public dimensions of health. In the public sphere model, political or public stakeholders are the main protagonists. Laypeople regularly get to play an important role as a spokesperson and/or advocate of the people involved or affected. Biomedical authorities do not play a central role anymore as the disseminator of information, and only contribute in a secondary way when medical facts need to be confirmed. In public sphere health stories, health becomes a site for battle between interested parties. In this reporting, ‘the norm of balance is nominally followed’ (Briggs & Hallin, 2016, p. 39); both parties are heard and cited in each story, in accordance with the journalistic strategic ritual of objectivity as described in section 2.2.3.2. The value of the protagonists’ statements is not assessed in terms of scientific expertise, but in terms of sincerity, proximity, and common sense.

Both biomedical professionals, in their daily encounters with patients or the press, and journalists, when writing about health and talking to sources, can be guided by these different models, sometimes by several ones at the same time. In practice, a lot of health news is hybrid and should not be reduced to one model, as the example of Briggs’ physician shows. Briggs and Hallin (2016) also emphasize the models are meant to gain insight in the many frames, culturally shared, implicit assumptions and ideologies that underlie and shape health news. This is of particular relevance for this dissertation, as these implicit assumptions and ideologies are explored in the empirical chapters 7, 8 and 9. Chapter 7 and 8 look at the interplay of the journalistic context of soft news and how this is compatible with the patient-consumer model (chapter 7), and how the audience reacts to being projected into the role of the expert consumer (chapter 8). Chapter 9 looks at the underlying neoliberal ideology of the patient-consumer model and what its specific consequences are for journalists’ understanding of science and scientific validity.
Although not explicitly identified as models of biocommunicability, Briggs and Hallin’s (2016) approach is found in other literature as well. For instance, Ekström’s (2016) conversation analysis study explores how doctors performed expert identity and give advice in Swedish medical TV from 1983 to 2014. He shows that doctors in the 1980s claimed generic and exclusive expert identity, which mainly took form in extended monologues and lectures, reflecting a biomedical authority model of health journalism. This later shifted, Ekström (2016) found, as doctors increasingly appeared on TV in dialogues and relaxed conversations, in a more cheerful and less serious style. Doctors also increasingly recognized the value of lay expertise, and enacted more ordinariness in their conversational style, pointing to a shift in the attribution of expert identities and a more patient consumer-oriented approach.

In sum, Briggs and Hallin’s (2016) work subscribes to a social constructionist view on health news. Health coverage is not just a reflection of health issues in society, but a product of negotiation and collaboration between multiple actors who ‘define a problem, assign blame, and suggest who is responsible for addressing it’ (Gollust & Lantz, 2009, p. 1092), and who represent, reinforce or challenge social and cultural meanings of health and illness, science, biomedicine and journalism. Briggs and Hallin (2016) posit health news has ‘the capacity to produce hierarchically ordered classes of actors and forms of knowledge rather than simply to represent what is already known’ (p. 7). More explicitly, they argue that their argument

is not “social constructionist,” if this term would suggest that we believe that viruses, bacteria, cancers, and their effects are merely imagined. We are rather interested in how biologies are connected from the get-go with their media manifestations as they are dispersed via articles in biomedical journals, newspapers, television broadcasts, websites, tweets, and complex entanglements of professional logics and practices. (Briggs & Hallin, 2016, p. 13)

Biomediatization is thus aligned with the perspectives on health and news in this dissertation as described in the previous sections, in which both what (the boundaries of) health and illness and (the events and issues in the) news are seen as (co-) constructed by relevant social actors. These social actors should be seen as embodying, entextualizing and sometimes challenging and innovating the existing discourses and frames on health and news.

It must be noted that, as such, this process of co-construction is not unique to health news; as Jaspers (2014) notes in his case study of language policy and education in the news, it too is problematic to see news production as ‘a process in which experts (should) use media to transfer their expert information to a preintended audience’ (p. 588.) He proposes to see ‘news products as the mutually constituted result of an interaction between different, internally heterogeneous,
communities (of experts on the one hand, of journalists on the other’ (p. 588). However, in the case of health news, this aspect of social co-construction deserves more explicit emphasis, for two reasons. First, it counters the existing and rather simplified view on health news production as translation, as discussed above. Second, the social constructionist view allows for accounting for the many forms of specialized expertise –biomedical, journalistic, laypersons’ – and of authority that come into play, and the dynamic boundaries and validity of these expert identities, depending on the biocommunicable model and the stakeholders involved. As the discussion above shows, expertise and expert identities are essential in biomediatization, and constitutive elements in the models of biocommunicability. In the empirical chapters, expertise also turned out to be a central issue that very intricately connects with biomediatization. In what follows, I will therefore elaborate on the concept of expertise and expert identity, and foreground a number of aspects that are highly relevant to the production of health news.

2.3.2. Expertise and expert identity in health news

In the following section, I will first outline how I conceptualize expertise and expert identity (section 2.3.2.1.). I will then elaborate on the attribution of expert identities outside institutional contexts (section 2.3.2.2.), which is highly relevant for this dissertation in relation to lay expertise and health, and the notion of the patient or expert consumer. Finally, I will discuss the literature on expertise and expert identities in the media (section 2.3.2.3.).

2.3.2.1. Conceptualizing expertise and expert identity

In line with sociological, anthropological and linguistic traditions, I conceptualize expert identity not as a pre-given, static category or position, but as a dynamic, contextual social identity, and the attribution of expert identities as a relational, interactional and discursive process (Armon, 2016; Carr, 2010; Collins & Evans, 2007; Ekström, 2016; Jaspers, 2014; Kotthoff & Wodak, 1997; Matoesian, 1999; Milani, 2007). According to Milani (2007)

allegedly ‘real’ and ‘objective’ differences between individuals’ levels of expertise are less relevant insofar as they become meaningful in discursive interaction, and, accordingly, are also opened up for contestation and negotiation. Therefore, I argue that the expert should not be viewed as a pre-given and static social position an individual occupies as a result of the cultural capital he or she possesses, but as a complex discursive
construction which is constantly produced and challenged through language. (p. 102)

More precisely, Milani’s (2007) conceptualization of expertise draws on the social constructionist notion of identity as dynamic and discursively negotiated on the one hand, and on Bourdieu’s (1991) notion of cultural capital, i.e. the capital ‘an individual has accumulated by virtue of education, reading, academic titles, and so forth’ (Milani, 2007, p. 102). Carr (2010) similarly conceptualizes expertise as ‘something people do rather than something people have or hold’ (p. 18), and as a combination of 1) the process of gaining specialized knowledge and 2) getting that knowledge authorized and acknowledged as expert knowledge in interaction. More specifically, knowledge is gained through training and apprenticeship, enabling experts to evaluate, validate and authenticate the object of the expertise in an institutionalized domain. Subsequently, knowledge is validated and authorized in interaction with the objects, producers and consumers of that knowledge, as a constant process of becoming. Carr (2010) also points out that expert identities are always ideological, as the construction of expert identities also includes constructing hierarchies of what we consider valued knowledge. If the experts who control valued knowledge are constructed as authorities in interaction, they will possibly also be attributed (some) power. However, this is a complex process in reality, as we will see in section 2.3.2.3, on media and expertise. Another conceptualization similar to those of Carr (2010) and Milani (2007) draws on the notion of epistemic status (Ekström, 2016; Heritage, 2012), which is ‘the professional’s exclusive access and right to knowledge’, which is ‘articulated, assumed and negotiated in discourse’ (Ekström, 2016, p. 20). In line with Milani (2007) and Carr (2010), I will use the word expertise to refer to the relevant (specialized) knowledge or cultural capital, and expert identities to refer to the status participants are attributed in interaction, based on their expertise, when made relevant in that interaction.

How expert identities or expertise are enacted, (co-)produced and negotiated is a highly contextual process and depends on the interactional situation. First of all, for any expert identity to become relevant in interaction, experts must position themselves as experts – they must somehow mark and reveal that they have some form of relevant expertise, before interaction partners even can confirm or challenge this position (Kotthoff & Wodak, 1997). Armon (2016) showed how experts in a TV debate on ADHD enacted their expertise in different roles and positions, as the researcher (by talking about conducted research and elaborating on research methods and data sample, for instance), the advice-giver (by authoritatively

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3 Milani (2007) cites Pavlenko and Blackledge (2003), but this notion of identity is widely accepted and supported in linguistics (Armon, 2016; Benwell & Stokoe, 2006; e.g. Bucholtz & Hall, 2005; de Fina et al., 2006; Georgakopoulou, 2007; Jack & Lorbiecki, 2007).
responding to requests of information) and the public health expert (by presenting expertise on social factors), depending on what the interactional situation required. Armon (2016) concludes that

*scientific expertise should not be treated as a single and coherent category anchored in a particular source of disciplinary knowledge. This study demonstrates that science as enacted in social contexts enables its practitioners and interrogators a variety of standpoints from which claims can be made relevant to the publics to which they are addressed.* (p. 17)

Negotiating expert identities is also contextual in the sense that it does not happen in a vacuum in which it is only about judging whether the expertise is valid, based on acknowledging whether someone has accumulated enough cultural capital. In all interactions, participants bring a whole range of identities and traits to the interaction, which are entangled in complex ways and, in the case of making expertise relevant and recognized, influence and co-produce these judgements. According to Karakowsky et al. (2004), ‘external status characteristics, such as race, age, and gender can be used by group members to form initial expectations about the relative competencies of individuals’ (p. 414). For example, the role of gender in constructing expert identities is explored by Kotthoff and Wodak (1997), in their analysis of expert identities in TV debates:

*In most of the conversations, expert status is made more relevant for the men, as well in the roles of authors or psychologists, health experts, political experts, or anthropologists. However, this special status is not only enacted by the person him- or herself, but also by the other men and women participating. This asymmetrical arrangement between the sexes has a history which influences our perceptions of women and men in many respects.* (pp. 172-173)

But even taking other identities such as gender into account does not paint the complete, complex and contextualized picture of (re)producing expertise and expert identity in interaction. The section above mainly focuses on recognition and salience of expert knowledge in interaction, but expert knowledge is not always a given to begin with, in the attribution of expert identities in interaction. Myers (2003), for instance, further explores degrees of specialization and expert knowledge in science and what those mean in interaction. Scientific expertise is often a matter of acquiring (very) specialized knowledge, but scientists are not always in interaction with experts in the same specialized field, solely discussing their specialism. Rather, scientists teach modules and courses at universities also (partly) outside their very specific specialism, or, in the media, will be treated as an expert not only in their specialism, but in the whole field or discipline. Consequently, ‘experts become less expert as soon as they step outside their very limited specialism’ (Myers, 2003, p. 268). This is also
illustrated by Cotter (2010), who describes how media tend to turn to literature or communications academics with questions about language in use, language and social life or language in society, as they tend to be unaware of sociolinguistics as an academic field of enquiry. On the other hand, when media did find their way to her as a sociolinguist, she was interviewed about a whole range of different subjects, which were not always at the heart of her own expert knowledge or research. Myers (2003) notes that the experts the media talk to indeed are not always the ones with the most expert knowledge. But they are attributed expert identity in the specific context of the news-making process, as the experts’ knowledge is of a level that is high enough for this specific interaction in the media context. But also outside the realm of science and academia, expert identities are very dynamic and do not solely depend on expert knowledge, for instance in doctor-patient interactions: ‘when I go to the doctor, I treat her as an expert in medicine, but her relation to current medical research will generally be as a continuing student, not as a participant, and the medical journals have to perform a kind of popularizing function for her’ (Myers, 2003, p. 268).

Finally, the literature above considers expert identities as dynamic, but it still mostly presupposes that the attribution of expert identities happens based on institutionalized forms of expert knowledge. This draws, implicitly or explicitly, a boundary between experts and laypeople. However, there are several reasons why this is untenable, which will be explored in the following section.

2.3.2.2. Expertise and non-institutional experts

As already apparent from the patient consumer model of biocommunicability (section 2.3.1.2), and the focus on individual agency and knowledge in health discourses (2.1.2.2), expertise is not solely attributed to institutional, specialized experts. This will also be of crucial importance in the empirical chapters: chapter 4 and 7 look at how journalists construct expert identities in relation to health, and how these expert identities are in dialogue with their journalistic expert identities in relation to producing news. Chapter 7 and 8 explore how journalists construct and project the expertise of their audience, and how audiences construct their own expertise and expert identities in dialogue with the information on health provided by the editors. Non-institutional forms of expertise, and what these mean for negotiating expert identities in interaction, are therefore explored in this subsection.

As indicated above, a strict boundary between laypeople and experts is problematic. According to Collins and Evans (2007),

*it will make it seem odd and crude that anyone would ever have spoken simply of the rights of “experts” on the one hand and “laypersons” on the*
other without taking into account the many different ways of being an expert, the distribution of differing expertises among different groups, and the relations between these groups. (p. 4)

Collins and Evans (2007) explore the different forms and levels of expertise in the periodic table of expertise, in which they include ubiquitous expertise and tacit knowledge, such as how to speak a language, drive a car, but also be more abstract forms of knowledge, such as moral sensibility. From this, they build a continuum to highly specialized expertise, which also differentiates between intermediate forms and levels of expertise, including several levels of understanding of science and specialized knowledge by non-specialists.

Although Collins and Evans’ (2007) periodic table is somewhat artificial and probably not easy to work with empirically, it does raise some important awareness about the fact that even before knowledge enters interaction, it exists at many different levels and in many different forms. It also shows expert knowledge does not equal expert identity, and vice versa. This is also pointed out by Myers (2003), who says that the public is not cut off from expertise, and members of the public sometimes have surprisingly in-depth and specialized knowledge about some areas of science and technology. For instance, ‘the parents of a child with a rare medical syndrome may have a considerable knowledge of that syndrome. Opponents of nuclear power (as well as companies promoting it) have a considerable knowledge of the science of nuclear hazards and the technology or nuclear waste storage’ (Myers, 2003, p. 268). Another interesting example is Matoesian’s (1999) analysis of expert testimonies in court cases, in which a lawyer who acts as the attorney of the defendant, at some point assumes the role of medical expert. The lawyer reinterprets the medical data that is used as evidence, to eventually make new metadiagnostic deductions. Here, the lawyer constructs a specialized expert identity of lawyer to construct an extra, complementary expert identity in relation to the medical data, even though he is not trained and institutionalized in the domain of medicine.

A dichotomous view of experts versus laypersons thus is not tenable, as the literature above shows. Specifically in the context of health in the media and in society, it is a particularly important point, as also the previous sections on biomediatization and biomedicalization and the concept of the patient or expert consumer show. Nowadays, laypersons are considered to hold specific and important forms of expertise, and (sometimes) even to be (morally) responsible to act upon this expertise.

This is also confirmed by a historical example on the recognition and treatment of autism by Eyal (2013). After its existence was first established in the 1940s, autism remained a rare, underdiagnosed and undertreated condition, until the number of diagnosed children surged drastically in the 1970s. In the first part of the 20th century,
child psychiatry was based on the medico-legal concept of social incapacity, i.e. whether children were able to function socially, and whether they were a danger to society. If they were, they were institutionalized in psychiatric hospitals, and generally considered to be “feeble-minded”. This general label did not differentiate between mental retardation (MR), mental illness, and neurological and learning disorders such as autism. Rather, in this social incapacity paradigm, ‘the distinction between autism and MR was meaningless’ (Eyal, 2013, p. 879). In the 1940s, however, American psychiatrist Leo Kanner problematized this view on social incapacity in the context of child psychiatry. He started to differentiate between different forms of feeble-mindedness, and included the category of apparent feeble-mindedness, which supposed some children were not really feeble-minded, but merely non-functional in the mental health institutions. He consequently introduced the diagnosis of autism, as a form of this apparent feeble-mindedness. Kanner argued that autistic children needed therapy, which could realize their hidden potential, instead of institutionalization, which only led to this state of (apparent) feeble-mindedness.

Interestingly, Kanner’s research was induced by the parents of 11 children who were unhappy about the institutionalization and (lack of) treatment of their children, and his findings also heavily drew on reports and notes parents had written themselves on their children. Here, the parents already constructed expert identities to go against the medical and legal authority and expertise of the child psychiatry professionals at the time. In the 1960s, parents again took up an expert identity when they started co-diagnosing their children. When a book on autism was published with a checklist parents could fill in, they sent the list back to the author to get advice about their child’s condition and possible therapy. This led to the founding of the parents’ organization the National Society for Autistic Children, and parents started to exchange information about which therapies and approaches worked and which did not. This led to the emergence of a whole alternative network of expertise, of psychiatrists, therapists, psychologists, and most importantly, parents, in which ‘no single node could control and appropriate the exchange as the clinician did previously’ (Eyal, 2013, p. 886). Interestingly, one of the main psychiatrists involved, Ole Lovaas, in a retrospective account of the developments of his methodology to diagnose and treat disorders like autism, called the parents his “colleagues” and says that ‘there are no “experts” in this field’ (Lovaas, 1993, p. 626).

This new, alternative network of experts was taken to a higher level when, in the 1970s, mental health care was largely deinstitutionalized, i.e. when fewer patients were treated at or lived in psychiatrist and mental institutions, and patients were increasingly treated at home. As children with autistic or other disorders now stayed at home, the family home became the locus of diagnosis and treatment. Consequently, parents had to take up an expert role again, as they became in charge of treatment
and proper (community) treatment and early intervention to habilitate children became essential for the whole family. Thus, as the context also required to play a more active role and to (partly) provide treatment and therapy, they also increasingly acquired very specific knowledge about both the condition and about their child. In sum, they took up a new expert identity. In this role, parents continued to play a very active part in the normalization and fighting the stigma surrounding autism in later decades.

This example illustrates two important points: (1) that both the development and employment and recognition of expertise is highly contextual (in this case driven by the dynamics of (de)institutionalisation), and (2) that expertise is not only acquired or takes shape of very specialized knowledge in the classic institutional domains of science, biomedicine, and technology. In the autism case, parents hold important expert knowledge about how their child functions at home. Nowadays, with the growing number of chronic diseases, lifestyle pathologies and still decreasing institutionalization of health care, a whole range of patients and caregivers hold similar forms of expertise. And as part of the individualization of health, many people also hold some form of expertise on health and lifestyle even when not ill, as shown in section 2.1. on biomedicalization. In a biomedicalized, neoliberal view on health, this expertise on how not to fall ill becomes increasingly important. Furthermore, as Briggs and Hallin’s (2016) public sphere model also showed, laypeople also sometimes have important expertise as citizens in health matters. Myers (2003) similarly argues that, although the public will never be able to claim the same authority as scientific experts, as it does not have the same networks of support, ‘members of the public have their own persuasive resources, because they can connect the abstractions of scientific knowledge to lived experience’ (p. 269).

Myers (2003) also connects these persuasive resources to media; media indeed play an important role in confirming or denying forms of lay expertise, as the models of biocommunicability have shown. This is also confirmed by Kroll-Smith’s (2003) example of the medicalization of sleepiness, and will be further explored in empirical chapter 7 and 9. How media deals with expertise more precisely is a specific process, which will be discussed in the following subsection.

2.3.2.3. Expertise and media

Scientific expertise is important for mainstream media, for several reasons. First, on the most basic level, scientific and medical experts are important sources of information (Armon, 2016; Jaspers, 2014). Second, scientific expertise enhances journalistic credibility, and it is seen to add objective commentary on the matter discussed (Cotter, 2010; Jaspers, 2014). Third, opposing (scientific) viewpoints and conflict are often deemed to be newsworthy (Jaspers, 2014). How expert identities
are attributed in the media is, just like in the contexts and examples described above, a particular interactional process. In the context of health news production, as we will also see in chapters 7 and 9, it can be particularly complex as journalists sometimes deal with contradictory expert knowledge. In the following overview, I therefore will explore some of the literature that can tell us more about this process.

A first interesting case to consider is the auto-ethnographic account of communicating about linguistic research to the media by sociolinguist Jürgen Jaspers (2014). In two case studies, he explores how the Flemish media assigned him an expert identity which he himself did not want or support, and denied him the expert identity he did expect or want. The second case study is of particular interest, and discusses the publication and advertising of a popularizing book on non-standard Dutch (Absilis et al., 2012), written together with two colleagues—another sociolinguistics scholar and a literary studies colleague. Non-standard Dutch is a hybrid language variety that combines features of local dialects and standard Dutch. This unplanned variety has become a new lingua franca in many contexts in Flanders, including in classrooms. Research in the book showed that teachers explain theory in standard language, but switch to non-standard Dutch for examples or more personal and emotional matters, which is considered to be an efficient and productive form of code switching by Jaspers and his co-authors (Absilis et al., 2012). When this was mentioned in an interview with a newspaper journalist, this last element was picked as the headline and in the main quote. This unleashed a media storm, as the general public did not respond well to this finding. Jaspers (2014) summarizes the contents of the letters to the editors which were published the day after:

*we were called, among other things, “inexperienced” and “young” and were asked “whether we had to study for so long to say only this.” What we had said was also seen as “absolute horror,” “remarkable,” “dangerous,” “it makes one’s hair stand on end,” “grotesque,” and, symptomatic of the wider spread antagonism between inhabitants from Antwerp and Flemings living in more rural areas, “typical for Antwerpians” who think they speak Standard Dutch while they are simply speaking their city dialect (all three of us worked at the University of Antwerp at the time).* (p. 581)

The story was also picked up by other newspapers, whose doubt about the expertise of Jaspers and his colleagues was already expressed in the headlines: one broadsheet newspaper said “Non-Standard Dutch Occurs at All Schools. Even Teachers Speak It. That’s Ok, Antwerp Linguists Say. Really?” and another, more popular, newspaper reported as follows: “Why Not Simply Allow Teachers to Speak Non-Standard Dutch? Linguists Keen Supporters of Non-Standard Dutch”. More articles were published in several other media outlets; Jaspers and his colleagues were invited to national radio, and the book was even discussed in parliament.
Jaspers's (2014) case study illustrates the volatile nature of attributing expert identity in the context of news, and how dynamic this attribution can be in interaction. He accounts that ‘while the initial interview constructed us as experts, we quickly, the next day already, became “so-called experts”’ (p. 583). While their expertise was reported on, it was also immediately questioned. However, Jaspers (2014) points out that it is easy to demonize journalists after such an experience, and argues to be mindful of the more nuanced journalists and articles. More importantly, he argues that he and his colleagues need to reflect on their own communication strategies. In a country where standard Dutch historically has been (seen as) a way to emancipate from the supremacy of French speakers, and where standard Dutch, especially in educational contexts, is seen as a way to create social equality, their statement about non-standard Dutch was bound to be taken the wrong way. This again points to the contextual as well as the ideological process the attribution of expert identity is (which is further empirically analyzed in chapter 4), as well as how news both reflects and produces dominant discourses in society (which is further empirically analyzed in chapter 9).

Jaspers’ (2014) case is probably somewhat marked because of the very high level of volatility of the attribution of expert identity by the media, but other linguists have written accounts of similar experiences (Milani 2007; Cotter 2010). Cotter (2010) also has experienced that, when her sociolinguistic statements were not in line with the dominant cultural reading of the issue at hand, she has been demoted from “expert” to an “academic”. A similar process is also described in Milani’s (2007) account of language debates on Swedish television.

Another interesting case on expertise in the media, this time in the medical sphere, is the reporting on the MMR (measles, mumps and rubella) vaccine and the supposed correlation with autism (Boyce, 2006, 2007; Clarke, 2008; Holton et al., 2012). In the early 2000s, a scare developed around this vaccine because of a study, which was later found to be flawed and subsequently retracted, that reported a potential connection between getting this vaccine and developing autism disorders. During the scare, there already was a scientific consensus on the safety of the vaccine, and scientists and doctors agreed the paper did not provide sufficient evidence. In the media coverage, however, although the scientific voice was often represented, for the sake of objectivity, journalists also gave the floor to someone in the anti-vaccine camp. In Boyce’s (2006) content analysis of British coverage on the vaccine issue from January to September 2002, ‘48 per cent of stories were balanced, 32 per cent reported only the anti-MMR side and 20 per cent only the pro-MMR side’ (p. 898). Usually, the stories balanced scientists versus parents or politicians (in 47% of the stories), and they usually featured the anti-vaccine voice who challenged scientific consensus first. These claims were then used to challenge the expert, who usually was the second voice or stakeholder in the reporting. As Boyce (2006) points out, this
structure immediately frames the debate; it attributes a form of expertise to the parents and politicians, puts this expertise on the same level as scientific expertise. This allows for challenging the scientific and medical expertise, and obscures the existing scientific consensus about the safety of the MMR vaccine. This example again shows the interactional dimension of attributing expert identities, as well as the specific dynamics of this process, in which journalistic considerations such as objectivity as strategic ritual come into play.

A final insightful case on expertise and media is the reporting on climate change. Carvalho (2007) shows in her synchronic and diachronic analysis of the reporting on climate in British newspapers that the discursive construction of scientific expertise strongly depends on the newspaper’s ideology, such as political orientation, for instance, the (in)compatibility of assertions about climate change and some conservative political orientations. In her sample, the conservative newspaper *The Times*, for instance, consistently ‘cast doubts on the greenhouse effect and on human causation of the problem’ (p. 237) and uses all kinds of discursive strategies to discredit climate change researchers as “agents of unwanted knowledge”. Carvalho (2007) concludes in some media outlets, science is depicted as an objective authority that can solve problems and a trustable source of the truth. In others, science is contested and depicted as a more plural and open-ended endeavour. This is further empirically explored in chapter 9; the fact that there is so much contradictory information circulating on lifestyle aspects of health leads to journalists similarly constructing science as an open-ended, plural endeavour.

In sum, expertise is an important concept in health news, as it adds to our understanding of how expert identities of both biomedical stakeholders, laypeople and other stakeholders are interactionally constructed in the media text. As shown above, it is an intrinsic part of the news production process in which numerous journalistic considerations and values come into play, such as objectivity and balance. It is also relevant to gain insight in how audiences and their levels of expertise are conceptualized by journalists and projected into (the production of) health stories, as also further explored in chapters 7, 8 and 9. Both aspects more broadly can inform us about how all stakeholders involved think of and define health, news, journalism, and what the underlying ideologies are. Finally, it again allows to move away from a journalist- and newsroom-centred approach to news production.

2.3.3. Implications of this section

Based on the concept of biomediatization, section 2.3. has shown that health news production is not a matter of linear translation but of intense co-production by
journalists, biomedical stakeholders and audiences. The concept of biomediatization was discussed to uncover the underlying dynamics of this complex process of coproduction. This section has also shown that this co-production is strongly intertwined with the recognition of expertise and attribution of expert identities.

Furthermore, the literature provides a first indication that health news production is ideological. Health news projects and constructs what health and illness are, and who has the authority to define it; what suitable medical therapies are; and what patients and healthy individuals should do and know. This view on the general co-production process, as well as on the more specific subprocess of negotiating expert identities, are in line with the social constructionist nature of the other sections. Finally, this section confirms that studying news production also requires moving away from a newsroom-centred approach, but requires a more holistic view and the inclusion of other stakeholders as co-producers.

Having also outlined a more specific theoretical framework for the study of health news, I will now move on to the methodology of this dissertation.
3 Methodology
In this chapter, I will first outline the main perspectives of this dissertation, which are medical sociology, journalism studies and sociolinguistics (3.1). Throughout the theoretical framework, other and sometimes more specific paradigms have been mentioned as well, such as media linguistics, anthropology, communication studies, and so on. There are two reasons why I have selected (medical) sociology, journalism studies and sociolinguistics. First, they have been the primary, most predominant perspectives from which I sourced theories, concepts and analytic methods for this dissertation. The second reason is more fundamental, and is that this dissertation is a transdisciplinary endeavour, which entails that disciplinary boundaries are blurry to begin with in this research project. As transdisciplinarity is a term with multiple meanings, section 3.1.1 delineates what the concept exactly means in this dissertation. This section will also clarify why I prefer the term perspectives rather than disciplines.

This positioning effort is followed by a discussion of the core methodology of this dissertation: linguistic ethnography (3.2). In section 3.2.1, I will first situate ethnography historically, as a backdrop for explaining the more specific tradition of linguistic ethnography (3.2.2). Finally, I will provide an overview of the data collection and sample of this dissertation (3.3).

3.1. The main perspectives of this dissertation

As previously mentioned, this dissertation mainly draws on (medical) sociology, journalism studies and sociolinguistics. Sociology is a scientific field that is concerned with ‘human social life, groups, and societies’ (Giddens, 2006, p. 4). More specifically, it looks into the social forces that influence our behaviour as social beings (Giddens, 2006; Matcha, 2000), and how people embrace, challenge, bypass and enforce social forces (Ferrante, 2011). These social forces can be observed in encounters between two or three people, but also on the level of the global economy or a national political
system. According to Ferrante (2011), sociology can look into the social forces at play when people are ‘searching for work, securing food, seeking the attention of one another, adorning the body, celebrating, changing residences, listening to songs, travelling, burying the dead, and so on’ (p. 5). The wide scope of sociology is also aptly illustrated by Giddens’s (2006) example of coffee. Besides a refreshment, coffee can also be a personal routine; a social ritual and source of cosiness and relaxation; a drug, which is socially accepted in some cultures and not in others; a valuable commodity in international trade and source of wealth in some regions of the world; the source of poor labour circumstances and impoverishment in others; the result of a complex historical past of colonization; the subject of health choices; the subject of personal economic choices—whether one supports international chains or local coffee bars.

Medical sociology, more specifically, is concerned with health and illness in society, and how these are shaped by, and themselves produce, relevant social forces (Matcha, 2000). Medical sociology explores, to name a few subdomains, the history of medicine; health and illness in relation to social determinants and (in)equality; behaviours and experiences of health and illness, especially in relation to aspects such as gender, religion and other identities; health and illness in the media and public sphere; health promotion; health care as a system, on an institutional level; and interactions in health care settings between biomedical professionals and patients.

The second perspective of this dissertation is journalism studies, which is the study of journalism as ‘an arena of professional practice and a subject focus for intellectual and academic inquiry’ (Franklin et al., 2005, p. 128). According to Franklin et al. (2005), it entails analyzing how news is produced; what the institutional embeddings are of this production process, in terms of ownership, journalistic culture and national political contexts; what the contents are of journalistic texts; how these are disseminated and taken up by audiences, and so on. All of this can be understood and researched in local, regional, national and international settings. Journalism studies includes research on all possible journalistic topics, and all forms of journalism, for instance including cartoons, and more recent online forms of journalism.

Wahl-Jorgensen & Hanitzsch (2009) emphasize that studying journalism is a worthwhile endeavour for three reasons: 1) because ‘news shapes the way we see the world, ourselves, and others’ (p. 3); 2) because of the rapidly changing communication technologies and potentially changing focus of news reporting, and 3) because news texts feed into our collective memories and ‘capture the ongoing battles between the dominant ideology and its challengers’ (p. 4). According to Wahl-Jørgensen and Hanitzsch (2009), journalism studies has strong roots in the US, but it is becoming more diverse both geographically and in scope. Its interests include
journalism education, news production, news content, journalism in society (such as its relation with democracy, public relations and popular culture, journalism ethics and citizen journalism), and journalism in a global and globalized context.

Finally, this dissertation can be situated in the field of sociolinguistics. Sociolinguistics is a broad perspective that is concerned with the many social aspects of language (Bell, 2014; Gumperz & Hymes, 1972; Holmes, 2013; Hymes, 1974; Mesthrie, 2001), that came into being to complement the Chomskyan research traditions in linguistics. These traditions study language as conceptualized in an abstract, idealist way. They theorize about language as produced by ‘an ideal speaker-listener, in a completely homogeneous speech community, who knows its language perfectly and who is unaffected when applying his knowledge of the language in actual performance’ (Mesthrie, 2001, para. 8). While this perspective has added to our understanding of syntax and phonology (Mesthrie, 2001), it is agnostic about language in use, and the social reality of using language. Sociolinguistics therefore studies these aspects. Bell (2014) eloquently defines sociolinguistics as studying language

*as social fact and as identity bearer; language as interaction, as communication, as a bridge between self and other; language as expresser; language as delight. We are immersed in languages, dialects, varieties, genres, accents, jargons, styles, codes, speech acts. They eddy and swirl round us in an always-changing current of linguistic reproduction and creation. Each voice has its time and its place, its desire to be heard, its timbre.* (p. 1)

Bell (2014) also notes that all these social aspects of language are relevant on the interactional level of conversation, but also on the level of society. Social and linguistic inequities are intricately connected, and construct and reflect one another. Following Hymes (1974), Bell (2014) argues that sociolinguists should also always keep in mind that society is inherently linguistic, and that linguistics is inherently social. Sociolinguistics should therefore be concerned with social issues that have a language component and do research based on real-life data.

However, sociolinguistics is a very broad field, as also illustrated by Mesthrie’s (2001) *Concise Encyclopedia of Sociolinguistics*: it contains 305 articles which discuss a whole range of topics, such as language in interaction, language contact and code-switching, dialects and language variation, language and power, language planning and policy, language and education, and sociolinguistic theory. This dissertation mainly draws on the interactional traditions in sociolinguistics, and more specifically on interactional sociolinguistics and linguistic pragmatics. These two paradigms will be discussed more in-depth in the following paragraphs.
Interactional sociolinguistics is the study of ‘contextualised language use’ (Swann et al., 2004, para. 1), and focuses on interactional features of face-to-face spoken interaction and other forms of communication. It examines language use in relation to specific social and cultural contexts (Gordon, 2011; Swann et al., 2004). Interactional sociolinguistics is inspired by Goffman (1974) and has been fully developed by John Gumperz (1982). It is often seen as strongly related or overlapping with conversation analysis (CA) and ethnography of communication (Gumperz & Hymes, 1972; Hymes, 1968, 1974) on the one hand, and also having strong ties with discourse analysis on the other (Gordon, 2011). Gumperz (1982) himself formulates the main premise of interactional sociolinguistics as follows:

*Communication is a social activity requiring the coordinated efforts of two or more individuals. Mere talk to produce sentences, no matter how well formed or elegant the outcome, does not by itself constitute communication. Only when a move has elicited a response can we say communication is taking place. To participate in such verbal exchanges, that is, to create and sustain conversational involvement, we require knowledge and abilities which go considerably beyond the grammatical competence we need to decode short isolated messages.* (p. 1)

Interactional sociolinguists have done important research on multilingual and cross-cultural (differences in) communication, on gender and communication, power and solidarity in talk, and identities (Gordon, 2011). Interactional sociolinguistics typically makes use of CA as an analytic tool, and focuses on micro-linguistic aspects to analyze the intentions of the speaker (Holmes, 2013). However, interactional sociolinguistics also takes the wider sociocultural context into account, which is not the case for core CA.

The second perspective within the linguistic approach that this dissertation draws on is linguistic pragmatics. Pragmatics is a functional perspective on language that focuses on language in use (Verschueren, 1999) and more precisely looks at how language is used to study ‘the full complexity of its cognitive, social and cultural (i.e. ‘meaningful’) functioning in the lives of human beings’ (Blommaert & Verschueren, 2014, p. 370). One of the central assumptions of pragmatics, similar to interactional sociolinguistics, is that words and structures have no meaning in themselves, and cannot be considered to be communication as such. Rather, meaning is made in relation to the social and interactional context, by drawing on and manipulating language resources that are (supposedly) shared by all interactants (Franck, 2017). This central tenet in pragmatics is described by Blommaert and Verschueren (2014) as follows:

*One of the basic premises of a pragmatic approach is that every utterance relies on a world of implicit background assumptions, supposedly shared or*
presented as shared, which combines with what is explicitly said in the construction of meaning. (p. 370)

It is these implicit background assumptions that allow for endless possibilities in terms of meaning making, including implicit ones. The social and interactional contexts, which both construct and reflect meaning making, can be analyzed in terms of in micro-pragmatic and macro-pragmatic processes (Verschueren, 1999). Micro-pragmatic processes are the processes that play a role in day-to-day communication between individuals or small groups, which can be studied by analyzing the use of particles, the role of word order, and performativity, for instance. Macro-pragmatic processes go beyond ‘the here-and-now of small-scale linguistic interaction’ (Verschueren, 1999, p. 228), and concern intercultural and international communication, discourse and ideology, and the pragmatics of wider societal debates and global meaning constructs.

Pragmatics thus sees the meaning-making process as an essentially social process, and language in use as a form of behaviour and/or social action. Consequently, pragmatics is also a transdisciplinary endeavour by default, in order to be able to address the social, cognitive and cultural dimensions of language in use and meaning making. This means that pragmatics should be seen as a perspective on human life and interaction (on all levels), rather than an aspect of language or grammar (Franck, 2017; Verschueren, 1999).

There is considerable overlap between the theories and methods of interactional sociolinguistics and linguistic pragmatics, like between many specific subparadigms in sociolinguistics. These traditions were partly developed by the same group of scholars, and these scholars shared the mission of bringing the social aspects of language to the fore. Consequently, there are no strict boundaries between many of these subparadigms. Moreover, the two specific subparadigms, as well as sociolinguistics in general, are intrinsically transdisciplinary endeavours. Scholars in these fields thus have always been in close contact with (scholars of) other disciplines, such as sociology and psychology. This again makes it difficult to draw disciplinary boundaries, and to avoid overlap. Although I do not consider this to be problematic, I believe it does raise questions about what transdisciplinarity exactly means and what its advantages are. These questions will be addressed in the next section.

3.1.1. A note on transdisciplinarity

As apparent from the section above, and from the literature in the theoretical framework, this dissertation draws on multiple disciplines. However, there are different ways of doing research that somehow includes more than one discipline. In
what follows, I will therefore delineate what transdisciplinarity means in this dissertation.

The three most common terms to discuss research that somehow relies on more than one academic discipline are interdisciplinarity, multidisciplinarity and transdisciplinarity. Choi and Pak (2006) performed a literature review and analyzed dictionaries, research articles and Google results to come up with unified definitions for these terms:

*Multidisciplinary, being the most basic level of involvement, refers to the different (hence “multi”) disciplines that are working on a problem in a parallel or sequentially, and without challenging disciplinary boundaries. Interdisciplinary brings about the reciprocal interaction between (hence “inter”) disciplines, necessitating a blurring of disciplinary boundaries, in order the generate new common methodologies, perspectives, knowledge, or even new disciplines. Transdisciplinary involves scientists from different disciplines as well as non-scientists and other stakeholders and, through role release and role expansion, transcends (hence “trans”) the disciplinary boundaries to look at the dynamics of whole systems in a holistic way.*

(p. 359)

Furthermore, a problem-based approach is often considered to be central in transdisciplinary research (Balsiger, 2004; Ly, 2016). This entails that real-life problems as identified by scientists or by the public are what instigates research. A consequence of this is that research practices must match the real-life complexity of the issue at hand, and where needed, researchers must develop new theoretical structures, research methods and modes or practice.

The definitions by Choi and Pak (2006) are also similar to Van Leeuwen’s (2005) three models of interdisciplinarity: the centralist, pluralist, and integrationist model. Although he uses just the one term of interdisciplinarity, the three models can be considered to be similar or equal to Choi and Pak’s (2006) categories.

First, in the centralist model, research draws from one main discipline which is seen as the centre, and at the heart of the project. This central method or theoretical framework of this discipline is the point of departure for a study. Other disciplines are conceptualized in terms of the distance to this central discipline. These other disciplines are mainly used to delineate the boundaries of a project and contextualize research in literature overviews (for instance, by drawing on history research to contextualize synchronic discourse analysis research). In the centralist model, contributions from different disciplines might be included in one and the same edited volume or other collection of papers with multiple contributions. However, within these separate contributions, authors still (mainly) draw on the one discipline they
deem central for their research. This ties in with Choi and Pak’s (2006) concept of multidisciplinarity.

In the pluralist model (van Leeuwen, 2005), research is not based on method or a theoretical framework, but starts from a problem or issue, and it is recognized that several disciplines can provide valid and complementary answers to this problem or issue. Disciplines are still autonomous but are equally valued and considered to be equal partners in providing an answer to the research question. In practice, pluralist research often makes use of triangulation: the same data set is analyzed several times using different perspectives, to provide stronger evidence. As a consequence of this, new fields of enquiry sometimes emerge, such as visual communication in the case of Van Leeuwen (2005). The pluralist model very much resonates with Choi and Pak’s (2006) concept of interdisciplinarity.

Finally, Van Leeuwen (2005) proposes the integrationist model, which also focuses on problems or issues rather than methods, but in which disciplines become interdependent and are combined in one and the same analysis. It is fully recognized that ‘no single discipline can satisfactorily address any given problem on its own’ (p. 8). Disciplines are narrowed down to interpretative and analytic skills that can contribute to interdisciplinary research projects. In this sense, integrationist research often challenges disciplinary boundaries. Van Leeuwen’s (2005) integrationist model matches Choi and Pak’s (2006) notion of transdisciplinarity.

In this dissertation, I subscribe to this latter integrationist, transdisciplinary approach. My focus of enquiry is problem-based: health news is impactful and ubiquitous, but we do not know much about how it is produced. As demonstrated by the eclecticism in terms of disciplines and sources in chapter two and as discussed above in this chapter, I combine linguistic, sociological and journalism studies literature and theory to establish the research design, the research questions, theoretical framework, and the general orientation of the findings and conclusion. The linguistic ethnographic method is also transdisciplinary, as I will argue in section 3.2.2, I side with Verschueren (1999) and Van Leeuwen (2005), who argue that monodisciplinary or centraliser research rarely answers all the questions that arise, and/or often neglects certain dimensions of the issue at hand, even when it uses a well-developed and validated framework. Methodological unity can be a strength in that it provides access to validated methodological tools, but also often a weakness in that it narrows the scope. Following Verschueren (1999), I therefore do not see the fields listed above as disciplines, but as perspectives: as gateways to access reality and research the issue that is under scrutiny. For instance, a sociological perspective highlights social forces at work, while linguistic perspectives highlight the role of language, and/or uses the analysis of language to understand dynamics such as social forces. Perspectives thus can be combined, and the sociological and the linguistic
perspective are, as illustrated in section 3.1. very compatible. Similarly, pragmatics is a perspective on interaction and human life on all levels, and thus more than just a discipline in linguistics dedicated to the aspect of language in use (Verschueren, 1999).

A transdisciplinary approach thus means choosing the perspectives and analytic methods (or skills, in Van Leeuwen’s (2005) words) that are most appropriate for a specific research question. For this dissertation, this means that not all chapters of this dissertation are very clearly, predominantly and explicitly linguistic, despite my being formally trained as a linguist and this dissertation being one in linguistics. In some chapters of this dissertation the sociological and journalism studies approaches will be more dominant than in others. This is illustrated by the following diagram, which situates each of the empirical chapters in (the intersection of) these perspectives:

A diagram like this might be considered problematic from a transdisciplinary perspective, as it still draws boundaries between the different perspectives. I therefore want to emphasize that the diagram should be understood as a merely reflexive, heuristic tool. It is meant to illustrate that in a transdisciplinary approach, the most appropriate combination of perspectives and the weight of the contribution of each perspective is variable. The exact configuration of perspectives is not steered
by finding some kind of preconceived balance, but by the data, and by what the analysis needs. This explains why the diagram is not fully balanced.

Furthermore, the diagram makes use of dotted lines to indicate that the boundaries are flexible, permeable, and not always clearly delineated. For me, this also means that technically, the empirical chapters could emigrate to other sections if the boundaries are drawn differently; the diagram only shows how I understand the positions of the empirical chapters. As also mentioned in the section on boundary work in 2.3.1.1, the boundaries of science, and of scientific perspectives have always been, and still are, drawn and redrawn all the time. Especially in transdisciplinary times, other scholars will likely draw the boundaries of the relevant perspectives in this dissertation differently too.

When combining (medical) sociology, journalism studies and sociolinguistics, this opens up a very broad range of possible analytic methods and ways of designing a research project. Sociology classically draws on participant observation, surveys, interviews, experimental research, case studies, and secondary data analysis (Ferrante, 2011). Journalism studies too makes use of interviews, surveys, observation, but also more specific methods, for instance content analysis (used in chapter 8), frame analysis and network analysis. Sociolinguistics and interactional approaches also make use of a whole range of specific methods, such as conversation analysis, narrative analysis, discourse analysis and all its more specific approaches. In line with the transdisciplinary orientation of this dissertation, linguistic ethnography was chosen as a transdisciplinary methodology. In what follows, I will first discuss this methodology by turning to what ethnography is and exploring its history. I will then elaborate on linguistic ethnography as a more specific, but at the same time highly transdisciplinary paradigm.
3.2. (Linguistic) Ethnography

3.2.1. Ethnography

Ethnography is an inductive research methodology ‘involving direct and sustained contact with human agents, within the context of their daily lives (and cultures), watching what happens, listening to what is said, and asking questions’ (O’Reilly, 2008a, para. 8). In short, ethnographers go *out* in the field, descending from the supposedly ivory tower of academia, to learn more about their research topic by immersing themselves in relevant environments and communities. On site, ethnographers rely on a plethora of methods, such as different forms of participant observation and interviewing. However, it is more than just a method of data collection, but a methodology or paradigm that has specific theoretical-ontological, epistemological and methodological foundations (Blommaert & Jie, 2010; O’Reilly, 2008a). This also means ethnography is not an *anything goes* method; as in any other discipline, researchers ‘still follow certain procedures and have to follow them’ (Blommaert & Jie, 2010, p. 1). I will explore these ontological and methodological underpinnings by discussing the emergence of ethnography and its historical background.

Ethnography has its main roots in British social anthropology, American cultural anthropology, and, most famously, in the sociology research done at the University of Chicago (Atkinson *et al.*, 2001; O’Reilly, 2008a). This early ethnographic work from the beginning of the twentieth century, which mostly took place in exotic settings (Atkinson *et al.*, 2001; Hammersley & Atkinson, 2007), is still quite well-known outside the academic world, as its premise and methods found its way into (TV and movie) journalism and documentaries (like the Slovakian documentary *Pygmies: The Children of the Jungle*—currently available on Netflix), as well as into popular culture (like the *Tarzan* books and films, the films *Avatar* and *Pocahontas*, or, more recently a very literal representation: the Norwegian movie *Kon-Tiki*, about ethnographer and adventurer Thor Heyerdal). The most famous representative of these early ethnographic endeavours is Bronislaw Malinowski, and his research in the Pacific Ocean, mainly on the Trobriand Islands (e.g. Malinowski, 1922). In the first chapter of his book eloquently titled *Argonauts of the South Pacific*, Malinowski establishes the importance of going beyond “amateurish”, and of avoiding incomplete and anecdotal accounts of other cultures and *armchair theorizing* (O’Reilly, 2008b) and outlines the theoretical foundations for ethnography as a scientific theory and methodology. He advocates for applying the fundamental principles of natural sciences to social enquiry, which, for him, result in the following three aims: 1) to
come up with detailed, dense description of communities’ daily life; 2) to thoroughly and exhaustively explore all aspects, not only looking at peculiarities, but including more mundane aspects; and 3) to contextualize all of these aspects by trying to uncover what societies’ shared perspectives on the world and on life are (O’Reilly, 2008b).

Since Malinowski, however, ethnography as a paradigm has undergone quite some changes as it was further developed throughout the 20th and 21st century. Especially from the 1960s onwards, ethnography found its way in other countries as well as in a broad range of disciplines, such as psychology, human geography, cultural studies, linguistics and discourse analysis (Hammersley & Atkinson, 2007). The coming of age of ethnography included a growing awareness that a lot of early ethnographic work was problematic, for several reasons. First, the early ethnographic accounts were increasingly found to be orientalist. Orientalist accounts ‘reduce the East to a wild, disorganized, and exotic locale, where the mysticism of the Orient is set against the putatively superior reason and detachment of the Occident’ (Calhoun, 2002, para. 1). Marcus (2007) describes orientalism as the tendency to construct the orient’s characteristics and people as ‘(the) other’, which entails that ‘when speaking about the orient, one is also speaking about the identity and characteristics of the West. The comparison may be unspoken, but it is always there’ (Marcus, 2007, p. 109). Orientalism often was, and still is, a way to morally justify Western imperialism. In line with this, early ethnographies are critiqued because of the often asymmetric power relations between the observer and observed, as a result of colonialism, class, ethnic and gender differences (Atkinson et al., 2001).

A second problem is the naturalism of the early ethnographies. Naturalism proposes that, ‘as far as possible, the social world should be studied in its ‘natural’ state, undisturbed by the researcher. Hence, ‘natural’ not ‘artificial’ settings, like experiments or formal interviews, should be the primary source of data’ (Hammersley & Atkinson, 2007, p. 7). This naturalist perspective more specifically requires that 1) any theory researchers develop or anything they find to be true, should be testable by observation or experiment, and that 2) recurring patterns can be stated as universal, scientific laws. Based on these scientific laws, researchers must try to predict further occurrences of the phenomena this law describes (Hammersley & Atkinson, 2007; O’Reilly, 2008b). By adhering to these principles to develop factual statements rather than value judgments, researchers can attain scientific objectivity and neutrality.

However, this naturalist perspective is problematic from the current social constructionist point of view, which considers the social world as being constantly constructed by people, their actions, and their own interpretations of their own and others’ actions. Ethnographers therefore now advocate a different perspective on doing ethnography. Ethnography still is about participating ‘in people’s daily lives for
an extended period of time, watching what happens, listening to what is said, and/or asking questions through informal and formal interviews, collecting documents and artefacts – in fact, gathering whatever data are available to throw light on the issues that are the emerging focus of inquiry’ (Hammersley & Atkinson, 2007, p. 3). People, communities and their daily lives, practices, ideas and beliefs are still central (Blommaert & Jie, 2010); ethnography explores ‘meanings, functions, and consequences of human actions and institutional practices, and how these are implicated in local, and perhaps also wider, contexts’ (Hammersley & Atkinson, 2007, p. 3). However, the perspectives on data, data collection and analysis have changed. Now, it is commonly accepted that objective, fully systematic and structured, holistic and exhaustive accounts of communities are impossible, and should not be the goal of ethnographic research. Ethnographies are now considered to be always partial. According to Agar (1996),

ethnography is really quite an arrogant enterprise. In a short period of time, an ethnographer moves in among a group of strangers to study and describe their beliefs, document their social life, write about their subsistence strategies, and generally explore the territory right down to their recipes for the evening meal. The task is an impossible one. At best, an ethnography can only be partial. (p. 91)

Moreover, rather than objective, observations are seen as shaped by the researcher; by their values, sociohistorical relations, research interests and the fact the researcher is part of the world s/he is studying, and, more practically, by the researcher’s physical presence in a setting, and their relation to the informants (Agar, 1996; Blommaert & Jie, 2010; Hammersley & Atkinson, 2007). According to (Agar, 1996), ‘biases exist, it’s not about whether they exist, but about how they enter in ethnographic work and how they can be documented’ (p. 92).

As a consequence of this partiality and interpretative nature of ethnographic accounts, ethnographic data collection is not a structured and systematic process. Rather, it should actually be largely unstructured and not fully systematic from the outset, in two ways: first, data collection does not happen through a fixed and detailed research design, but ad hoc, while the fieldwork takes place. Second, categories for interpretation are not predetermined or built in the data collection, but emerge in the process of data construction and analysis (Hammersley & Atkinson, 2007). In Agar’s (1996) words:

the variables and operationalizations and sample specifications must grow from an understanding of the group, rather than from being hammered on top of it no matter how poor the fit. You can’t specify the questions you’re going to ask when you move into the community; you don’t know how to ask questions yet. You can’t define a sample; you don’t know what the range of
This is not considered a weakness, but a strength; it allows for an open-minded perspective on what data is or could be, an emerging understanding of what is relevant to the community, and thus for including data and insights that might be overlooked with other methods. It also allows for less biased interpretations of the data, and including informants’ understanding of and reflection on the processes and elements under scrutiny.

All the elements above mainly relate to the initial state of (thinking about) data collection, but also have consequences for how researchers write up ethnographies. Just like data collection, the written accounts are not systematic, holistic and exhaustive, but small-scale and in-depth, generating a few cases or rich points that are examined extensively (Agar, 1996; Blommaert & Jie, 2010). (Social) reality is considered too chaotic, complex and dynamic to be grasped in definitive, overarching, generalizing statements about the observations and/or about (communities within) humankind. A good ethnography ‘describes the sometimes chaotic, contradictory, polymorph character of human behaviour in concrete settings’ (Blommaert, 2007, p. 682), and moves beyond ‘essentialist accounts of social life’ (Creese, 2008, p. 229). Moreover, it takes the dynamic nature of communities into account, as communities are not ‘frozen in time, neglecting history, process, and social change’ (O’Reilly, 2008c, para. 6).

All of the factors above may potentially discourage researchers to choose ethnography as a method, as it could make it seem that it is not possible to come up with validated, well-supported statements about what has been examined. However, it is possible on the condition that reflexivity is built into the research process. This includes reflexivity about the researcher’s own position and own assumptions, about the research process (Blommaert & Jie, 2010), about the dynamic nature of any community that is subject to research, and about the status of ethnographic knowledge. Such a reflexive attitude addresses the intricacies discussed above. Ethnography thus does not need to clash with the fundamental project and rationale of scientific research; ‘ethnographers need not abandon any attempt to write with authority, or to write in the accepted style of their genre. [...] The legacy of the reflexive turn is the demand to think consciously about writing styles and the nature of argument’ (O’Reilly, 2008c, para. 7).
3.2.2. Linguistic ethnography

As the theory and methodology of ethnography developed, several more specific forms of ethnography emerged. Some of these specific forms did so because they are motivated by political and ideological considerations, and because their research specific communities, like feminist and critical ethnography. Others emerged because they make use of specific research methods or because they take place in new, particular settings, which also bring in a new, specific set of theoretical assumptions, such as auto-ethnography and online ethnography. Finally, some were developed as transdisciplinary researchers felt that introducing new methodologies from related and complementary fields could enhance ethnographic research, which is the case for linguistic ethnography.

The main assumption in linguistic ethnography is that language and the social world are mutually shaping (Blommaert et al., 2003; Creese, 2008; Gravengaard, 2012). On the one hand, meaning, language, discursive practices and discourse result from a community's social and cultural practices and beliefs, ‘within specific social relations, interactional histories and institutional regimes, produced and construed by agents with expectations and repertoires’ (Rampton, 2007, p. 585). On the other hand, language, discourse and discursive practices reflect someone’s community’s social and cultural practices and beliefs, as they signal ‘biography, identifications, stance and nuance’ (Rampton, 2007, p. 585). Based on this ontology, linguistic ethnographers argue that ‘language in all its spoken, written, signed, or symbolic variations is an important means to communicate, linguistic analysis is a condicio sine qua non for virtually any of the social sciences’ (NT&T, 2011, p. 1846), and propose to take a linguistic approach or at least pay more attention to language in ethnography.

Consequently, linguistic ethnographers study language to understand the context, and study the context to understand the language (Jacobs & Slembrouck, 2010; Rampton, 2007). Context is not assumed, but is a subject of analysis. The two-way interaction between context and interaction is considered to be a complex process, and this complexity is a central concern in linguistic ethnography (Blommaert, 2007). Linguistic ethnography therefore is also concerned with methodological reflexivity and the status of ethnographic knowledge, in line with the general perspective in ethnography discussed in 3.2.1. It is considered to be a continuous challenge to respect the uniqueness, variability, momentary character of the micro-event and local (inter)action, while at the same time look for patterns of its more structural, stable embedding in a wider social world, especially because the social world is also subject to change (Blommaert, 2007; Creese, 2008).
Linguistic ethnography thus combines and merges perspectives from anthropological and sociological traditions, as well as linguistic ones. It is inherently transdisciplinary in nature. More specifically for the linguistic side, it has its roots in interactional sociolinguistics, linguistic pragmatics and related perspectives. One of the founding fathers is Dell Hymes and his ethnography of communication (Gumperz & Hymes, 1972; Hymes, 1983). Ethnography of communication advocated to study language in use and in society, as ‘an active notion and one that situates language in a web of relations of power, a dynamics of availability and accessibility, a situatedness of single acts vis-à-vis larger social and historical patterns such as genres and traditions’ (Blommaert & Jie, 2010, p. 8).

Because of its highly transdisciplinary nature, linguistic ethnography is a multiple, exploratory, even experimental platform, or site of encounter, where all these different lines of research interact, rather than a school or paradigm (Blommaert, 2007; Rampton, 2007). It is thus an appropriate methodology to study health news, as it allows for combining and merging relevant theories, concepts and analytic methods from medical sociology, journalism studies and sociolinguistics.
3.3. Data collection and settings

In the following overview, I will discuss the four data collection efforts that constitute the data set of this dissertation, which are 1) exploratory interviews with journalists and press officers, 2) fieldwork at a pharmaceutical company, 3) fieldwork at the editorial board of a TV show about food, and 4) interviews with journalists writing for a women’s magazine. The subsets will be discussed in terms of what kind of data was collected, where and when, as well as the motivation to select each setting and in which empirical chapters the data were analyzed. When relevant, the motivation will also be further explored in the epilogue that wraps up each empirical chapter.

Phase 1: Exploratory interviews with journalists and press officers

The first data collection phase took place between January and March 2015 and consisted of 13 interviews with health journalists and press officers. The goal of this series of interviews was to explore which stakeholders are relevant to the production of health news in Flanders; to get a first impression of the dynamics of health journalism in Flanders; to contextualize and motivate further research; and to establish a network of potential gatekeepers and explore fieldwork opportunities. In line with the aim to move away from a newsroom-centred approach to news-making, I opted to interview not only a diverse pool of journalists, but also other stakeholders such as university and sickness fund PR officers. These interviews were crucial for me to earn some experience in contacting professionals, negotiating data collection, asking the right questions, and asking them properly, thinking critically about data and thinking about further, more specific research areas I wanted to pursue.

The data set more specifically consists of interviews with eight health journalists (of which two were interviewed in one duo interview), two university press officers, two sickness funds press officers, and two online journalists/content creators who wrote content for health websites. Of the eight health journalists two worked for a popular newspaper; other two for a broadsheet newspaper; one for a monthly science magazine; another one for a magazine targeting people over fifty, with a strong focus on health; and finally the other two for a weekly women’s magazine, which did not have a particularly strong focus on health, but still tended to include health or health-related topics in every issue. This data collection effort resulted in 15.1 hours of interviewing, with an average of 69.8 minutes per interview.
Access was negotiated through email; interviewees were emailed directly when possible, or via the general information email address of the media company or institution. All the interviews were recorded and transcribed. All interviewees signed an informed consent that summarized the research project and aims, guaranteed confidentiality and in which they consented to being recorded.

An interview guide was developed for the interviews (and refined during the first few exploratory interviews), which remained the basis of all general, introductory interviews with informants throughout the other data collection efforts. The full interview guide can be found in appendix 2. In fieldwork phase 3 and 4, the interview guide was almost completely the same; in phase 2, a number of questions were added, revised or left out because of the non-journalistic context, as also clarified appendix 2. The topic list covered the following subjects: 1) the journalist’s professional background and their job contents; 2) their views on and definitions of health and illness, and how these relate to their work as a health journalist or press officer; 3) their view on (the quality and quantity of) health journalism in Flanders; 4) their production process, from choosing and negotiating a potential subject to conceptualizing an article, choosing an angle, selecting sources, writing and editing an article; 5) the journalist’s views on and definitions of people over fifty, in general and in relation to their work as a journalist; 6) the journalist’s view on and definitions of their readership; 7) a case study, in which an article written by the journalist was presented had, and in which the production process was reconstructed through retrospective think-aloud protocol (Charters, 2003). In this case, the interviewees were asked the same questions about the production process as in section 4, but now applied to the case article. The questions on people over fifty resulted from a focus of the bigger project this PhD was part of.

Although the interviews were intended to be purely exploratory, they proved to be interesting in themselves. A rich point that emerged from the data was the complex expert identity work the specialized health journalists in the sample exhibited throughout the interviews. This identity work is reported on in chapter 4.

Phase 2: Fieldwork at a pharmaceutical company

The second phase of data collection took place at a Belgian pharmaceutical company, between May and July 2015, during 15 non-consecutive fieldwork days. This fieldwork setting was chosen for several reasons. First, as discussed in the first two chapters of this dissertation, news is not only produced by the journalists, but by stakeholders that are relevant in an economic, politic or other way in relation to a particular journalistic topic. I therefore conducted fieldwork not only in the
newsroom, but also in other settings that are relevant for, in this case, health news production. As discussed in 2.1 and 2.3, a relevant stakeholder is in the case of health news is the pharmaceutical industry, who plays a crucial role in shaping health policy, health care (Clarke et al., 2010; Daue & Crainich, 2008; Hofmarcher & Durand-Zaleski, 2004), and the dominant discourses and our understandings of health and illness (Abraham, 2010; Clarke et al., 2010). At the same time, the industry is struggling with a rather negative reputation, as I will argue in chapter 5, and cannot always fully counter accusations, or comment on issues, as they are legally very restricted in their communication in Belgium (FAGG, 2018). They are only allowed to advertise over-the-counter treatments, and not prescribed ones; they are penalized if they communicate about their prescribed treatments in any kind of promotional fashion. The specific company was chosen because of its strong local and international embedding (the company was founded in Belgium, but has become part of an international US-based mother company since) and the existing network connection.

Access was negotiated through this connection, a communication director at the company, which is more extensively explained and explored in the reflexive methodological chapter 6. This gatekeeper scheduled 21 exploratory interviews on the first three fieldwork days (see below, in the data set description), which allowed me to learn more about the company and explore options for further fieldwork. After these interviews, I selected a main informant, Theo, to do further observations with. I chose Theo because he was the main spokesperson of the Belgian branch of the company, and his position and job responsibilities were most relevant to my research questions.

The data set consists of these 21 audio-recorded, semi-structured exploratory interviews, 23 audio-recorded meetings, further recorded open-ended interviews and unrecorded informal conversations, field notes, and written and virtual documents collected on site and the website. The interviewees from the exploratory interviewees included all 11 employees in the Belgian communication department (which dealt with both external and internal communication), and comprised copywriters, managers and the graphic designer. The other 10 interviewees were scientists and research managers from different research departments and who were involved in both the practical management of specific research projects, as well as in the coordination of research efforts on a more strategic, international level. For these interviews, the interview guide developed in phase one was used; when needed and/or relevant, the guide was tailored and adapted to fit the profile of the interviewees (see appendix 2).

In this case, both Theo and the gatekeeper signed the informed consent that summarized the research project and aims, guaranteed confidentiality and in which
they consented to being recorded. All data were anonymized accordingly. This fieldwork phase has resulted in chapters 5 and 6.

Phase 3: Fieldwork public broadcasting channel and social media data

The third fieldwork phase took place at the editorial board of a TV show about food and nutrition, produced by the current affairs department of the Dutch-speaking part of Belgium’s public broadcasting channel. The fieldwork consisted of 31 non-consecutive observation days in March-May 2016. This fieldwork setting was chosen because the first phase of the fieldwork, as well as the existing literature, showed that lifestyle aspects of health such as eating, fitness and wellness are becoming increasingly important (Crawford, 1980; Henderson et al., 2009). However, journalism research still tends to focus on harder health news (see section 1.2 of the introduction and section 1.3 in chapter 7).

I read about the show in the newspaper and realized it provided an interesting opportunity to fill these gaps in the literature. Access was negotiated by first emailing the general public broadcasting helpdesk, which provided the editor-in-chief’s email address. I contacted him via email and was invited to present my research to him, after which he talked to the editorial team about my request to do fieldwork.

The fieldwork yielded the following data set: 11 audio-recorded semi-structured interviews with editorial crew members (using the same interview guide that I used during other fieldwork efforts); 5 short interviews with the on-screen experts invited by the editors; informal audio-recorded oral updates about the show’s production; 9 audio-recorded meetings; audio-recordings of shooting days; field notes; the eight broadcasts of the show; and a collection of the press materials on the show. As the show’s production was a team effort, no main informant was chosen. The fieldwork took place in the editorial room, on shooting locations, and in the studio where the interviews were recorded. The editor-in-chief, who also acted as a gatekeeper, signed an informed consent that summarized the research project and aims, guaranteed confidentiality and in which they consented to being recorded. This fieldwork phase resulted in chapter 7.

As this fieldwork effort raised questions about the audience (see the epilogue of chapter 8), and as the audience is an important stakeholder in news production as well (see chapters 1 and 2), this fieldwork effort was complemented by a social media
analysis, for which Twitter and Facebook data were collected. The technicalities of this data collection can be found in the methods section of chapter 8.

**Phase 4: Interviews with women’s magazine journalists**

The last data collection phase was a series of eight interviews with the editorial team of journalists who wrote and produced a Flemish monthly women’s magazine on health, psychology, relations and lifestyle, collected in January 2017. The magazine’s team, and thus the group of interviewees, consists of one editor-in-chief, one subeditor, and six general journalists. I selected this setting because, similarly to the TV fieldwork, allowed to focus on the softer side and lifestyle aspects of health and health-related media coverage, and bring in another media outlet, i.e. a women’s magazine. Access was negotiated through emailing the editor-in-chief, who was already interviewed before by a project colleague and already knew about our research.

The data set consists of 8 interviews which are between 34 and 63 minutes long, resulting in 391.5 minutes of total interview time, with an average interviewing time of 49 minutes. The interview guide again was (largely) the same one as the one described in phase 1. A few questions on women as a target group were added.

All interviewees signed an informed consent that summarized the research project and aims, guaranteed confidentiality and in which they consented to being recorded. The interviews are analyzed in chapter 9.
A NOTE ON HOW TO READ THE
EMPIRICAL CHAPTERS

It happens to be the case that the empirical chapters are included in the order in which they have been written. This was not intentional; the chapters are in this order for several other reasons. First, it would have been possible to group journalist-centred, audience-centred and biomedical stakeholders-centred chapters together. However, I have decided against this because, in line with my perspective on news as outlined chapter 2, I wanted to move away from a linear perspective on health news. Second, both chapters 5 and 6, and chapters 7 and 8, respectively use the same data set, and thus were written in tandem. I wanted to keep them together for that reason. Third, the chapters are now in order of increasing analytic complexity—this of course does partly relate to the order in which they have been written. This is why chapter 4 is the first empirical one—because it was always intended to be, and still is, to me, explorative. Chapter 9 is the last one, as this chapter brings together several more complex aspects that have already been explored in the chapters before. In bringing together these different threads, this chapter also anticipates the conclusion.

However, the current structure does take the reader into different directions per paper. It means there is a more methodologically-driven chapter in between otherwise purely empirical chapters, for instance. I therefore propose a number of alternative ways of reading the empirical sections:

- If one likes to (more or less) stick to the division between methodology and empirical work, the methodologically driven chapter (chapter 6) could be read first as a transitional chapter between the methodology chapter (chapter 3) and the other empirical chapters.
- If one prefers reading about one stakeholder at the time— if only for reasons of thematic focus— one could see chapters 4, 7 and 9 as one module that is journalist-focused, chapter 5 as the biomedical stakeholder-focused module, and chapter 8 as the audience-centred module.

An alternative route thus would for instance be 6-5-4-7-9-8.
Constructing Expert Identity as a Health Journalist: A discursive analysis

ABSTRACT

This chapter analyzes how specialized health journalists construct and negotiate their expert identity in relation to reporting on health, medicine and science. Health journalists have been heavily criticized in academic literature for bad and inaccurate reporting, but little research has considered factors like identity and journalistic roles, to gain a better understanding of their daily practices. In this paper, a fine-grained analysis was conducted of three semi-structured interviews with health journalists who have various degrees of specialization, and different backgrounds and working circumstances. The analysis considers 1) how journalists explicitly refer and construct their expert identity when discussing their profession and the news production process, such as talking to expert sources, and 2) how expert identities are more implicitly constructed when discussing health topics.

The analysis shows that the construction of the journalists’ expert identity is very diverse across interviews, but also dynamic within one and the same interview. The analysis shows journalists struggle with the fact 1) that they are experts in the newsroom and towards the public, but not in the institutional domain they report on and 2) that they are journalists in the first place, which means their journalistic expertise must remain their dominant field of expertise. The journalists’ identity practices show they are aware of the complexity of reporting on health, and are reflexive about their own work.

KEYWORDS: health journalism; news production; expert identity; expertise; interview analysis
1. Introduction

Nowadays, most research in sociolinguistics, linguistic anthropology and ethnography is firmly rooted in the idea that identity is not a stable structure fixed in social categories or in the psyche of the individual, but a dynamic phenomenon that is actively and discursively constructed in social interaction (e.g. Bucholtz & Hall, 2005). The construction of identities takes place in numerous interactional settings and on various levels, for instance on the work floor:

Discursive practices are used by members of a profession to shape events in the domains subject to their professional scrutiny. The shaping process creates the objects of knowledge that become the insignia of a profession’s craft: the theories, the artifacts, and bodies of expertise that distinguish it from other professions. (Goodwin, 1994, p. 606)

More recent research on professional identities, and more specifically on expert identities, also supports this line of thinking, as noted in Carr’s (2010) literature review: ‘Expertise is something people do rather than something people have or hold […] Expertise is inherently interactional’ (p. 18). Expertise is the process of employing specialized knowledge, gained through training and apprenticeship, to become an authorized voice in a certain institutionalized domain. This expert identity allows for evaluating, validating and authentificating people, products or processes that are somehow object of the field of expertise in question. As the authorization can only happen in relation to others, expertise is an ongoing, interactional process. Therefore, the expert must be able to phrase and prove his/her determinations, through what Matoesian (1999, p. 518) calls the mastery verbal of performance; the correct and specialized use of certain linguistic and metalinguistic resources, like jargon, acronyms, and certain narratives.

Inspired by Urban (2001), Carr also notes that ‘experts are people who make it their business to become intimate with classes of culturally valuable things that are relatively inaccessible or illegible to laypeople’ (Carr, 2010, p. 21). However, such a binary opposition between laypeople and experts is not always tenable. It is not required to be an institutionalized, formalized expert to partially, or completely construct an expert identity in social interactions, both on the work floor as well as in other settings. An interesting example is Matoesian’s (1999) analysis of a lawyer who, as attorney of the defendant, takes up the identity of a medical expert during his defence. He reinterprets the medical data that is used as evidence in court, to make new metadiagnostic deductions. Similarly, many conversational interactions will show discursive traits of expert identities if one interlocutor considers him or herself to hold some form of expert knowledge, considers it viable to take up an expert identity, or when he or she is put in that position by other interactants.
In this article, I examine the construction of expert identities of journalists who were interviewed on their work as health reporters. This study is part of a broader ethnographic project on the dynamics and discursive practices underlying elderly-related health news. To prepare further ethnographic research, we believe studying interviews can provide us with interesting insights, as the dynamic nature of any identity will always be amplified in the interview setting. An interview is, by its nature, a pre-eminent form of social interaction in which the participants are invited to actively construct and manage their identity and self-representation through discourse and rhetorical devices. Yew-Lin Lee and Wolff-Michael Roth consider the interview and what is being said ‘as an outcome of the activity ‘doing interviews’’ (Lee & Roth, 2004); and identities will be reinforced, modified or discarded during the activity.

The reason I am interested in the expert identity of specialized health and science journalists is because this identity has not always been accepted by critical scholars. Health journalists are facing a widespread critique in the field of journalism studies, as they are being accused of inaccurate, sensationalist and biased reporting, and failing to engage publics in a meaningful dialogue, etc. (e.g. Amend & Secko, 2012). However, Amend and Secko’s (2012) metareview shows that this critique is strongly rooted in research that mainly or exclusively considers sourcing practices and the relation between scientist and journalist. Amend and Secko (2012) therefore argue for giving more attention to external factors in journalistic practice, to journalist identity, and science literacy, and that the critique should be reconsidered in the light of these three elements.

Similarly, Hallin & Briggs (2014) criticize the linear-reflectionist perspective in journalism studies in which news media are considered to be merely a means by which scientific information is transmitted to the mass public. They argue that we need to seek ‘a wider understanding of health journalism as a social institution and as a practice of knowledge production’ (Hallin & Briggs, 2014, p. 97).

Examining the discursive construction of specialized expert identities of health as outlined above can help to come to this wider understanding. Specialized journalists are not necessarily formally part of the institutionalized domain they write about, but are still considered experts in the interaction with the other journalists in the newsroom and their public. This results in a tension: their expertise is inherently part of their identity of a specialized journalist, but they cannot really interactionally construct it because they lack formal education and/or a formal, authoritative position in the institutionalized domain. Their expertise can only exist by relying on other experts, and giving these other experts a voice in their news stories. Moreover, to do proper reporting, whether specialized or not, it is also paramount to draw on their journalistic expertise. Thus, specialized journalists have to keep a constant
balance between these two kinds of expertise: the expertise concerning their field of specialization, and their general journalistic expertise.

By examining the discursive construction of the expert identity of health journalists in qualitative research interviews and analyzing the dynamics of these constructions, we can learn more about how journalists handle these tensions. In sum, the research questions we aim to answer are as follows:

- How do journalists discursively construct their (relative) expertise on health in the context of research interviews?
- How do they explicitly reflect on and evaluate their expert identity?
- Which implicit traces of expert identity construction do we find in their language when talking about health topics and about writing about health?

2. Profile of the interviewees

The three interviews used for this analysis were part of a larger sample of seven interviews with newspaper and magazine journalists, of which one was a duo interview, resulting in eight interviewed journalists. The journalists were all working on health, science and/or medicine, with varying profiles in terms of experience, education, level of specialization and focus on health in the magazine or newspapers. The journalists were selected because they were working for one of the four major newspapers or a major specialized magazine in the Dutch-speaking part of Belgium, and because they were considered to be the journalist in the newsroom who worked on health most. The interviews were semi-structured and conducted in the tradition of Mortelmans (2007), between January and March 2015. They covered a wide range of topics and elements influencing or connected to their daily practice, like work floor structure, writing, sourcing and framing practices, the concept of health, and being healthy/ill. A health news story they had recently written was also always discussed, to retrospectively reconstruct the underlying production processes. The journalists were aware that the interviews were part of a research project on elderly-related health journalism. The three selected interviewees and the magazines they work for have the following profiles:

- **Jill** works for a magazine targeting Belgian people over fifty. The magazine is mainly dedicated to health, law and finance. The magazine is published

4 For privacy concerns, the names are fictional.
both in Dutch and in French, with a common editor-in-chief and journalists from both language regions producing content in their own language.

- **Ben** works for a monthly science magazine targeting a highly educated Belgian, Dutch-speaking audience that reports on natural sciences, medicine, social sciences and technology.
- **Uma** works for a popular newspaper, targeting a broad Dutch-speaking Belgian audience.

Jill, Ben and Uma were selected because they have different profiles and displayed different constructions of expert identity. By analyzing research interview fragments and comparing these analyses, we can gain a deeper understanding of the diversity in their discursive constructions, and the dynamics behind this diversity.

### 3. Analysis

#### 3.1. Jill’s identity as an expert

Jill has been working for the same magazine for 21 years, of which she dedicated 15 years solely to health reporting. She is currently in charge of the website and covers a range of different, but still writes about health. She has a degree in physiotherapy and in hospital science and management, but she has always worked as a (health) journalist and as a translator of medical texts. However, when she introduces herself to me, she immediately presents herself in her position of a health professional, when I ask her to confirm whether she has worked solely as a health journalist for most of her career:

(1)

1 Jill
   ja ja absoluut vele jaren
   yes yes *absolutely many years*

2 Interviewer
   en en hoe
   *and and how*

3 Jill
   en en euh ik ben eigenlijk van opleiding licentiaat kiné
   *and and uhm I actually am trained as a physiotherapist*

4 Interviewer
   ah ja
   *oh yes*

5 Jill
   en ik heb nog een licentie ziekenhuiswetenschappen gedaan
   *and I also have a master’s degree in hospital sciences*

6 Interviewer
   ah oké
While I did not ask her about her education or background, she does mention it immediately, and points out that she became a journalist “quite accidentally”, putting her identity as a health professional above her identity as a journalist. This indicates that Jill seems quite confident about her identity as a health professional. Another quite explicit way of her legitimizing her expert identity can be found in the following fragment. Jill explains why she hardly ever sends her final text to the experts she interviews. She only does so only when the interviewee asks to read the text. Her younger colleague, however, always sends her text to her interviewees:

(2)

To support the claim that her articles do not need proofreading, she argues that she gained (part of) her expert knowledge at home, being surrounded by health professionals, which makes it easier for her to handle all the medical terminology.
In turn 3 to 6, she indicates she sometimes does need help interpreting articles in medical journals; she does not consider herself a full-blown expert at all times. But then she mitigates this statement by explaining how she sometimes discusses medical issues with her ex-husband. The translation of the expression “een boompje opzetten” (“we have a long conversation about it”) in turn 14 does not fully convey its full meaning: the expression means having an informal, cozy and long discussion. This again suggests that she and her ex-husbands are peers who can informally discuss health topics.

In the following fragment, she talks about an interview she had with a gynaecologist for an article on the topic of menopause:
Jill mentions twice that she has talked with the gynaecologist for over an hour, explaining that they were “straying off a bit”. This expression also implies that Jill’s contact with this expert was casual, informal, as between (close) colleagues or friends.

Negotiations of her expert identity like in extract (3) are very frequent in the interview, and occur in different ways. In the following fragment (5), she answers the question why health is an important topic to write about:

(5)

1 Jill omdat dat ook heel belangrijk is in het leven van een mens
because that also is very important in someone’s life
2 Interviewer ja
yes
3 Jill gezondheid
health
4 [two turns omitted]
5 Jill hoe ouder de mensen worden, hoe meer dat dat naar voor komt
the older people get, the more it becomes apparent
6 in alle enquêtes die we doen, dat gezondheid eh
in all the surveys we do, that health uh
7 Jill eh je mag rijk zijn je mag geld hebben om op reis te gaan je mag eeh
uhm you can be rich you can have money to travel you can uh
8 een schitterend kinderen die goed terechtgekomen zijn enzovoort
a great have kids that grew up fine and so on
9 als je begint te sukkelen zeggen ze
if you start getting troubles they say
10 dan is het gedaan want dan word je terug afhankelijk
then it’s over because then you become dependent again
11 dan dan ben je met al de rest niets meer
then then the rest is worth nothing anymore
12 [two turns omitted]
13 is echt de hoofdangst
really is the main fear
14 [two turns omitted]
15 16 17 Interviewer ja
yes

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Jill’s answer is quite a strong statement; to back it up, she refers to evidence she has, in the form of the surveys they have conducted, and does so twice. This on the one hand can confirm her expert identity: like a researcher would, she interprets data and uses it as evidence, and makes generalizing claims. On the other hand, it may be a way to convince me of her expert identity: she may want to clarify that she is not making this up, but that what she says is backed up by evidence. Similar examples can be found in the interview, for instance when she argues how environmental factors influence our health; she refers to scientific evidence, saying that “it is proven”, to make her statement authoritative. Furthermore, there are no markers of tentativeness or subjectivizers like “I think”; her entire answer is assertive.

However, some of her answers in which she discusses health issues are more tentative. But mostly, she constantly moves between a tentative and an authoritative tone, for instance when we are discussing the meaning of “being ill”:

(6)

1 Jill dat is een afwijking en een probleem maar
that is an anomaly and a problem but
2 alé ik ik voor mij is het ook belangrijk dat dat mentale aspect
well I I for me it is also important that the mental aspect
3 Interviewer ja
yes
4 Jill euh daarbij bekeken wordt
is considered as well
5 want lichaam en geest zijn denk ik wel alé beïnvloeden elkaar
enorm
because body and mind are I do think well influence each other
enormously
6 Interviewer hm
hm
7 Jill en ehm in de geneeskunde wordt wordt heel vaak alé
and uh in medicine very often does does well
8 Interviewer ja
yes
9 Jill artsen hebben zich altijd maar meer en meer en meer
gespecialiseerd
physicians have been specializing more and more and more
10 maar kijken daardoor ook meer en meer alleen maar
but because of that also they look more and more only
11 naar hun stukje vakgebied en
at their field of study
en ik denk dat gezondheid echt alleen maar gezien worden
and I think that health can only be seen

in dat gehele plaatje
in that entire picture

Initially, Jill’s answer contains subjectivizers (“for me it is also important”, “I think”). However, she then critically starts describing the changes in medicine as a general trend, without any of these markers. By uttering such a critical, strong statement expressed in such a factual and assertive way, she takes up a combined expert identity again, integrating her expert knowledge as a health professional and as a critical journalist. But then she softens the coerciveness of her statement, in the following sentence, by reformulating it as a personal stance, again using “I think”.

In several fragments, Jill also positions herself as an expert on health in her relationship to her readers. The following fragment is part of a discussion in which Jill criticizes the sometimes inaccurate health reporting in newspapers:

(7)

ja en dat is spijtig, want dan kan jij jaren geprobeerd hebben van
yes and it’s a pity, because you may have tried for years to
doen educatief en dat wordt dan door door door
do some educational work and that then all gets undone by by by
ergens een journalist die veel te snel op een onderwerp gesprongen is
a journalist somewhere who jumped on a topic way too quickly

ja
yes

teniet gedaan en dat duurt opnieuw maanden om terug
and then it takes months
tenig vertrouwen te te kweken
to gain a bit of trust again

Her identity of educator is something that came up a lot during the interview, and is emphasized here as well. Being an educator, of course, presupposes holding a certain level of expertise. Moreover, in this fragment, she also connects it to trust, saying that the audience must trust her so that she can take up this educational role. Trust is, just like expert identity, relational and co-constructed (Pelsmaekers et al., 2014) and a relation of trust is based on the ability, benevolence and integrity of the trustee. Ability is defined as having ‘a group of skills, competencies, and characteristics that enable a part to have influence within some specific domain’ (Mayer et al., 1995, p.
Moreover, trust is the background condition for all meaningful action in a society (Garfinkel, 1963). So, only when Jill is considered to be and trusted as an expert, her writing can be meaningful. In order to be trusted and be credible, the readers must find her skilled and competent; i.e., an expert. Jill is aware of this and indicates in the fragment that the audience co-constructs her credibility as an expert through (not) trusting her, and that she finds it important that they acknowledge her expert identity.

In fragment (8), she discusses giving advice to the readers. She has just explained that the magazine receives a lot of emails from worried readers:

(8)

1 Jill want ik steek eigenlijk toch wel behoorlijk veel tijd because actually I do put a lot of time
2 in het beantwoorden van mails ook in answering emails too
3 Interviewer ah ja oké oh yes, okay
4 Jill ja ja yes yes
5 zonder euh medisch advies te geven hé without uh giving medical advice you know
6 Interviewer ja ja yes yes
7 Jill het eindadvies blijft altijd spreek erover met uw huisarts the final advice always is talk about it with your GP
8 maar dürf hem dat en dat en dat vragen, dürf eh but dare to ask him this or this, dare uh
9 Interviewer ja yes
10 Jill durf een stap zetten naar een dokter dare to go and talk to a doctor

In this fragment, Jill again negotiates her expert identity. She has explained earlier in the interview that she finds it important to responds emails and says that she puts a lot of effort in her responses. But she seems to realize she is actually not qualified to give actual medical advice and immediately mitigates her statement. She emphasizes that she is not the expert and does not give actual medical advice, and that the real expert here is the general practitioner.

In sum, Jill presents herself primarily as a health professional and considers it legitimate to construct a degree of a health expert identity. She indicates she feels comfortable being around and talking with medical experts like doctors and researchers. She also strongly emphasizes her expert identity as a journalist, referring
to her many years of experience, her senior role in the newsroom, and critically evaluates her peers. However, she seems to realize that in this interview setting, she cannot fully represent herself as a real health expert; that would not be socially acceptable because she is not in the right institutionalized domain (biomedicine or medical research) to do so. Therefore, she constantly negotiates her expertise and always mitigates statements in which she may sound as a real medical expert like a doctor, by using markers of tentativeness or subjectivizers, or by explicitly stating that she is not in the position to give real medical advice. However, she does feel confident in her expert identity and expresses this to the extent that it is socially acceptable.

3.2. Ben’s identity as an expert

Ben is a science journalist who has been working for a science magazine for about six years, and has a degree in both bio-engineering and journalism. Because of his background in bio-engineering, he can rely on certain skills, like being able to interpret difficult statistical data, which can be considered as a form of expert knowledge which other journalists without his kind of background do not have access to. Furthermore, he is a specialized journalist who very often writes about health, in a specialized magazine. He has a lot of time to really dig deep into the topics he covers, to read dozens of articles and reports, and to interview several sources face to face for about an hour or more, for just one article. But interestingly, throughout the interview, it becomes clear he does not construct a health expert identity whatsoever, as the following fragment illustrates:

(9)

| 1 Interviewer | en als ik dat zo hier op tafel goo gezondheid en vijftigplussers |
| 2 | and if I put on the table like that health and people over fifty |
| 3 | aan waar denk jij dan aan |
| 4 Ben | what do you think about |
| 5 | ja, waar krijg je dan last van ((lacht)) |
| 6 Interviewer | uh yeah, what do you actually suffer from then ((laughs)) |
| 7 Ben | osteoporosis hart- en vaatziekten euh Alzheimer |
| 8 Interviewer | osteoporosis cardiovascular diseases uhm Alzheimer’s disease |
| 9 Ben | ou Alzheimer ((lacht)) hebben we wel al een keer iets gehad |
| 10 | about Alzheimer’s ((laughs)) we have had those before |
| 11 Ben | ja |
| 12 | yes |
| 13 Ben | euh nu niet dat ik want ik zit hier te zeggen we schrijven niet zoveel |
In this fragment, Ben argues that many medical problems mainly happen to older people. The interviewer hedges the question by saying the question is difficult to answer without time to think, and says that he should not be afraid to answer the question in an associative way. However, there are many clues in the answer that Ben is uncomfortable making authoritative allegations on this topic, or any kind of allegation. He starts his answer with a rhetorical question (“Uh yeah what do you actually suffer from then?”) followed by laughter, which indicates he is feeling uneasy. When he has named some diseases, he laughs again. The metapragmatic comment (“because I’m just saying all this”) is a form of self-correction: he feels like he has given the impression that it is one of the magazine’s goals to focus on or be an authority on elderly-related health issues, which he then realizes is not what he wants to say.

From turn 15 onwards, Ben explains that he and his colleagues actually do not want to write about the elderly as such, but that it is something that happens along the way. At the same time, the explanation allows him to talk about the magazine and to not make general statements about the actual topic of discussion, but to confine his expertise to the level of the magazine, and to potentially implicitly point out that he is not the right person to answer this question.
This fragment already points to a very different expert identity construction than Jill's; while she is confident and tries to sound like a health expert as much as possible, Ben avoids this. When the use of academic journals as a source is discussed, Ben comes up with the following reflection:

**(10)**

1 Ben euh ja over het algemeen  
*uhm yes in general*
2 goh en zeker voor iemand die die geen geneeskunde  
*well and especially for someone who who who hasn’t studied medicine*
3 ge gestudeerd heeft, euh is het allemaal nogal ingewikkeld he  
*ehm it is all quite complicated isn’t it ((laughs))*
4 hé dus je je moet eigenlijk euh vaak de hulp van van experts inroepen  
*so often you have to ask experts for help to be really able*
5 om echt te kunnen uitmaken eh of of dat wat er wat er instaat  
*to be really able to find out if it what it what it’s about*
6 Interviewer ja  
*yes*
7 Ben en misschien zelfs als medisch geschoolde in een ander domein  
*and maybe even as a medical professional in another domain*
8 Interviewer zeker ja  
*sure yes*
9 Ben om daar eh om daar iets van te maken  
*domain to uh make something of it*

By referring to the fact that he is not part of the institutionalized domain of medicine, he confirms he lacks expertise to properly interpret the literature. He later adds that, even for medical experts, it may be difficult to interpret literature that belongs to another subfield. This can be interpreted as an explanation why he is fine with asking for help, and telling this to the interviewer: even for experts, it can be hard. The fact that he does not mind not being in an expert position, and that he is therefore obliged to ask for help when reading journal articles, is also supported in the following example (11). In this fragment, he is asked about whether he likes doing interviews with researchers and doctors:
Ben puts himself in the position of a student, which is contrary to that of an expert, and says he enjoys being in that position. This is opposite to Jill, who considers herself to be a peer of the doctors around her. Many other instances in the interview indicate that Ben writes his articles based on what he wants to learn more about, which also points to the fact that he feels comfortable in this student identity. The following fragment, in which I ask him about his personal opinion on an article we have just discussed, illustrates this once more:

Before giving his opinion, he laughs when he hears the question, and then explicitly states he “of course” is not an expert, implying he is not able to properly judge the article and form a solid opinion. When actually telling what he thinks, he uses the phrase “I do have some sympathy for”, which makes his statement personal and tentative.

Although Ben could claim a certain degree of expertise on health issues – because of his background as a bio-engineer, his personal interests, his six years of experience
in investigative, extensive health and science reporting – he constantly avoids constructing an expert identity. In opposition to Jill, he does not feel comfortable making authoritative statements on health issues and emphasizes his non-expert identity.

3.3. Uma’s identity as an expert

Uma is a domestic reporter, with four years of experience, who is informally specializing in health reporting. The newspaper does not officially work with specialist journalists, but informally, some journalists do specialize. In opposition to Jill and Ben, she has no background in health or science whatsoever, which she seems to struggle with:

(13)

1 Interviewer 1\(^5\) en u heeft niets eh u specifiek in de gezondheidssector als als achtergrond
        and you have nothing eh specifically in the health sector as as a background
2 Uma
        nee nee nee Wel een interesse ehm
        no no no I do have an interest uh
3 mijn vader was topsporter en mijn broer is osteopaat
        my father was an elite athlete and my brother is an osteopath
4 dus er is bij ons thuis wel altijd ehm mja
        so at home there is always uhm well
5 daar wel altijd de aandacht voor geweest
        always been attention given to it
6 maar eigenlijk heb ik geen
        but I have to say really I have no
7 ik heb zelfs eigenlijk geen wetenschappelijke opleiding om
        I even have no scientific background to
8 Interviewer 2
        de de journals te lezen of of, maar goed, dat kan ik wel
        read the journals but okay I can do that though
9 Uma
        dus alé ze kijken daar natuurlijk ook wel een beetje naar
        so, I mean, they took that into account too a little of course
10 ik heb wel veel statistiek gedaan, alé gehad in het middelbaar

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\(^5\) Some of the interviews were conducted with fellow researchers.
so I have actually done a lot of statistics I mean taught in secondary school

11 ehm ja door de juiste experts te bellen denk ik in het begin
uohm yes by calling the right experts I think in the beginning

die u kunnen uitleggen van ja dit is dat, dat dat onderzoek is wel goed,
who can explain to you yes this is that that research is actually good

dat onderzoek is niet goed
that research is not good
ehm door dat veel te lezen zijde daar wel mee bezig
uhm by reading a lot you are spending a lot of time on it

Uma is careful when constructing her expert identity, as she knows she is not in the right institutionalized domain to call herself an expert. However, she somehow wants to prove she does hold some form of expertise. Her caution becomes apparent as she goes back and forth between claims and counterclaims that affirm and claims that deny her health expert. Her answer to the first question about her background in health is negative (turn 1-2). She then counters it by referring to her family situation (turn 3-5), which can give her some credibility as an expert on health and medicine. However, she herself seems to consider not to be a very legitimate claim, as the following sentence counters this again with a confession-like statement; she admits that in reality she “even has no scientific background to read the journals” (turn 7). This is immediately countered again, when she says that she actually can do interpret the journals, and she supports this saying that the editors of the newspaper check whether someone is able to do so when someone is going to become a specialized reporter. By referring to the editors’ authority, she can legitimize the claim which she herself found somewhat unstable.

When she is asked how she has eventually learnt to read academic journals, she mentions several elements. Again, she shifts between claims that prove she was already capable to do the interpretation, to statements that mitigate or reframe these claims; first, she tells us about her education in secondary school, which has prepared her to understand difficult statistical data (turn 9). In Belgium, eight hours of math is the highest possible number of math lessons you can take per week in secondary school, and therefore is the highest level of math you can do. But then she mentions that she had to call the right experts in the beginning to help her out (turn 11). She eventually refers to her experience, saying that she has learnt a lot by just spending time on it. This final claim balances out what she is trying to say: it comprises both the fact that she’s lacking formal education, but does give her some credibility as an expert, as she is self-taught and gathered some expert knowledge through experience.

The issue of formal education returns later in the interview:
1 Uma en ik denk dat het eigenlijk niet slecht zou zijn om inderdaad and I think that it actually wouldn’t be bad indeed
2 wat opleiding te hebben in to have some training in
3 euh alé alhoewel moest ik nu een dokter zijn, zou dat zoveel meer uhm I mean although would I have been a doctor would it
4 ik weet dat niet ik kijk nu natuurlijk I don’t know of course I now look
5 naar gezondheid zoals iedere mens naar gezondheid kijkt at health like every normal person does
6 ik denk als je daar iemand met echt een vooropleiding heeft daarin I think if you put someone there with a degree out here
7 ik weet niet of dat nodig is I don’t know if that’s necessary
11 ik denk dat een goede interesse en en I think that a proper interest and and
12 een beetje slim zijn alé om daarmee om te gaan genoeg zijn and some intelligence, I mean, to that to go are enough
13 om het te kunnen doen to be able to do this
14 want anders zit je veel te specifiek in bepaalde onderwerpen otherwise you’re way too involved in certain subjects

The argument that being too specialized obscures a journalist’s ability to judge the newsworthiness of a beat recurs in several of the interviews in the larger data set. Uma here explicitly constructs herself an a non-expert in the realm of health, arguing that being too specialized and too much of an health expert impairs or invalidates her expertise as a journalist. This tension between her journalist identity and her health expert identity occurs a lot during the interview, like when she talks about objectivity as the most important goal of a journalist:

15
1 Uma goh ik denk zo breed mogelijk zo objectief mogelijk zo juist mogelijk uhm I think as broad as possible as objective as possible as correct as possible
5 ik ga nooit beginnen met met een fixe idee op voorhand van I will never start with with a fixed idea beforehand like
6 ik wil hier iets negatiefs hierover, of ik wil iets positiefs daarover I want something negative about this or something positive about that
7 ik ga het altijd laten afhangen van de mensen I will always let that depend on the people
The fact that she is not able to actually interpret and judge scientific data herself is explicitly mentioned or alluded to several times: other relevant instances in the interview are “Just me is not enough to judge or explain something”, and “I am not a doctor”. Moreover, when discussing which sources she uses most, her answer is “experts”, “because those are the people who have information, the most factual information, and knowledge to interpret it or verify it”.

At the same time, she grasps this moment as an opportunity to explain that her expertise lies in summarizing and extracting the essence of what actual experts tell her (turn 10), in being objective and correct as possible (turn 1-7), and in raising awareness (turn 12-15). All these elements are typical journalistic values (Carpentier, 2005; Cotter, 2010; Deuze, 2005), and she feels confident about these (“that is what I’m good at”). Her confidence in constructing an expert identity as a journalist contrasts with her unstable, hesitant construction of her health expert identity. This contrast occurs several times during the interview:
Here, Uma constructs her expert identity as a health reporter, rather than as a health professional. She talks about her ability to judge newsworthiness and to spot possibilities for framing, the know-how of how much has been written about a subject before, which are also typical journalistic skills.

The importance of journalistic values such as being correct, being objective, being relevant, being able to judge newsworthiness, and being able to construct proper and interesting stories, are not only found in the interview with Uma, but are present in all interviews. However, they are constructed in different ways. For Jill, for instance, journalistic expertise is not connected to her health expert identity; expertise in journalism and in health issues exist separately and are both very developed. Uma, however, tends to connect these and define the one through the other. She cannot describe herself as a health expert like Jill, so she ascribes herself some traits of a health expert through her identity of specialized health journalist. Ben does not explicitly connect traits of health expertise to his journalistic expertise. He uses his journalistic identity to avoid taking up a health expert identity (like in (9)).

Finally, when Uma is asked to define and discuss the meaning of the concept of health, we find the same uncomfortableness like Ben’s:

(17)

1 Interviewer hoe zou je dat definiëren how would you define that
2 dus niet zozeer in termen van nieuws of van een stuk schrijven so not in terms of news or writing an article
3 maar hoe zou je gezondheid als mens definiëren but how would you define health as a person
4 Uma dat is een heel moeilijke open vraag dus eh
that is a very difficult open question so uhm
amai je had mij misschien beter wat wat vragen doorgestuurd op voorhand
wow you maybe had better send me some questions beforehand
((lacht)) maar het is alé het is niet erg dat het associatief 
((laughs)) but you know it’s no problem if it’s associative
hoe zou ik dat definiëren
how would I define that
is alé het is gewoon het is geen gemakkelijke vraag
I mean it is just not an easy question
er is ook geen antwoord op dus eh
there is no real answer to it
alles wat dat te maken heeft met
everything that has to do with
voor mij is dat alles wat te maken heeft met
for me that is everything that has to do with
dat mensen zich al dan niet goed voelen geestelijk fysiek ehm
people feeling good or not mentally physically uhm
ook wat meer misschien
also a bit maybe
alé ik ben ook wel geïnteresseerd in wat meer zo lifestyle-achtig
well I am also interested in a bit lifestyle kind of stuff
wat daar dan ook wel zo wat op kan aansluiten maar ehm ja
which ties in with that but uhm yeah

Just like Ben, Uma tries to win some time and expresses uncomfortableness, in this case by saying that she would have liked to have the questions sent to her before the interview, indicating that she needs time to think about it, and also by adding a rhetorical question (“how would I define that?”). When she actually answers, she starts phrasing an assertive statement, but corrects it to an opinion, by rephrasing it and adding the subjectivizer “for me”. Then, just like Ben, she avoids making further general statements and transfers the topic of her answer to what she considers interesting and what she likes to write about. The discussion goes on a bit beyond this fragment and includes many markers indicating personal opinion and tentativeness, like the subjectivizers “I think”, “I believe”, “I find it interesting”, “for me” and the use of conditionals.

When talking about her background, Uma knows that she cannot claim an expert position in health and/or medicine, but she does try to legitimize a certain level of expertise. However, she realizes that she must be careful, and constantly mitigates and negotiates her expert identity. Where Jill and Ben are (relative) extremes on the continuum of expert identity construction, she seems to be somewhere in the middle. Moreover, Uma constructs journalistic expertise as more valuable and more useful than expertise on health. When we consider her answers on health questions, she avoids constructing an authoritative expert identity.
4. Conclusion

This paper examined three interviews with health journalists to examine whether and how they construct their expert identities in relation to (reporting on) health. By looking both at explicit reflections and evaluations, and implicit markers in discussion on the topic of health, the data point to a number of interesting trends.

Most notable is the diversity in the constructions of expert identities; even though the three reporters all fit in the broad category of health reporters, there are big differences in how they perceive and construct their own level of expertise. Interestingly, the differences in their constructions do not necessarily correlate with their background and education. While Ben and Jill both have certain qualifications which gives them the credibility to claim and defend a certain level of expertise, Jill does construct a strong expert identity, while Ben constantly avoids sounding like an expert. And while Uma does not really have any of these qualifications, she does come up with reasons why she has some level of expert identity. Educational background thus is not the only factor determining how someone constructs and perceives their own expert identity and level of expertise. There are many other factors that should be taken into account; first, whether journalists are formally recognized as specialized health or science journalists in the newsroom, or whether they are only informally covering health topics, is likely to play a role. As expert identity is socially constructed, how the journalist is perceived and treated by other colleagues may influence their identity construction.

Second, journalists are supposed to gain expert knowledge through self-education, often in their leisure time. This is a perpetual, irregular and non-formalized process and as there is no formal evaluation of their expert knowledge. Journalists thus can only evaluate their expert knowledge themselves, which they most likely do differently.

Third, the journalist’s identity as a health and/or science specialist is very personal, because journalists always have their own preferences in terms of practice, and a personal opinion on what health reporting should entail (e.g. Amend & Secko 2012). This is illustrated by Uma’s opinion on the balance of journalistic expertise versus health expertise. As any specialized journalist, they have to find a middle ground between their identity as a journalist and identity as a specialist. Uma and several other interviewees believe that when a journalist is thinking and working too much as a specialist, s/he may no longer be able to perform their journalistic task of judging the level of newsworthiness of a beat; because s/he will consider everything to be important.
Yet, regardless of this diversity, there is one general tendency in all three interviews: the expert identity is extremely dynamic, and it becomes very apparent that journalists struggle with the fact 1) that they are experts in the newsroom and towards the public, but not in the institutional domain they report on and 2) they are journalists in the first place, which means their journalistic expertise must remain the dominant field of expertise. The identities are constantly negotiated, modified, attenuated and then amplified again, often in the same answer, and even in the same sentence. The journalists also seem to be aware that they have to be careful identifying themselves specifically as a health expert. Being part of the right institutionalized domain is important in any profession, but is probably even more crucial for people in the domain of medicine. Doctors and medical researchers are attributed a lot of status for the long training they have gone through and the work they do, which concerns the health of people and has a direct influence on the quality of their patients’ lives. Moreover, most of the journalists are aware of the critique on health reporting, and are probably careful because of this critique as well.

In that regard, this analysis can put the critique on health reporting in a new light; by understanding that journalists struggle with their expert identity on health, we can re-evaluate their journalistic reporting and help practitioners understand this often tacit struggle. To completely understand and explain where the observed differences in expert identity originate from, and to understand the impact of their expert identity on their practice, many more elements have to be considered: the newsroom structure, the relation with editors and colleagues, standards and means of self-evaluation, the relation and interaction with expert sources, the writing and source selection process, et cetera. As many of these elements can only be observed in the field, an in-depth ethnographic study and a product-oriented analysis is needed to come to a deeper understanding of the interplay of these elements.
By examining the dynamic attribution of expert identities, and the role these expert identities play in the news production process, this chapter provides a first empirical exploration of the concept of biomediatization. First, it shows how well-acquainted journalists are with the dynamics of specialized expertise in biomedicine, and the authoritative status of this expertise. This familiarity is a first indication of the hybridized nature of practices and logics of biomedicine and journalism. However, it is also clear that, at the same time, the journalists struggle to deal with the specialized, institutionalized nature of biomedical expertise. This shows that the production of health news is a specific and intricate form of news production, because of this highly specialized knowledge the journalists have to deal with.

This chapter also shows that, as a result of the journalists’ hybridized practices, biomedicine and journalism are never totally separate domains, and that there are no fixed boundaries between the two. Rather, the journalists are constantly negotiating these boundaries, on which side of these boundaries they are, or how close they think they can get to them, or where they can (temporarily) be crossed. The journalists are also aware of this, of their co-producing function in the production of knowledge through media.

In line with this, the chapter also shows how journalists juggle several models of biocommunicability not only in their writing, but also when talking about and reflecting on their work as a health journalist. They sometimes act like expert consumers and construct their relation to biomedical professionals as (almost) equals. At the same time, they see themselves as pupils or laypeople, that need to be taught or explained health information by biomedical professionals, that act as authorities. We see the biomedical authority model in Ben’s identity work, while Jill’s identity work is more expert consumer-oriented. Uma’s identity work is very mixed, and shows that different models of biocommunicability can indeed be present at the same time. The presence of the dynamic and mixed models of biocommunicability also confirm the dynamic nature of (the attribution and negotiation of) expert identities, and the added value of examining these from a linguistic perspective.

Finally, this chapter provides insights into the journalists’ norms of good newswriting and journalistic values. The journalists consider their journalistic, layperson’s perspective as crucial in order to write about health in an accessible, clear and objective way. This idea resonates with Cotter’s (2010) and Randall’s.
(2000) lists of principles of good newswriting, and with other literature on journalistic values such as objectivity. However, this perspective on good newswriting as taking a laypeople's perspective is likely also unique, or at least more relevant, to journalism that deals with highly specialized expertise, such as health news.
“It’s such a great story it sells itself”? Narratives of vicarious experience in a European pharmaceutical company

Jana Declercq & Geert Jacobs

ABSTRACT

This chapter analyzes how narratives contribute to the multiple and sometimes conflicting corporate identities of a pharmaceutical company. Stories are important for all communities and for individuals, and also for companies; they enable its employees and members to legitimize internal decision-making, and to represent themselves towards new employees and clients, as well as within the company. In corporate settings, these narratives are often stories of vicarious experience, i.e. “stories about other people engaged in actions that the tellers did not witness”, as a result of the collective nature of corporate identity.

Drawing on linguistic ethnographic fieldwork, we demonstrate how two dominant narratives of vicarious experience, the founder’s narrative and the so-called Bad Pharma narrative, serve as shared resources that are strategically mobilized by different tellers. We examine how these contradictory stories constitute the company’s identity discourse. To account for this coexistence, we examine 1) the retelling: what tellers include in (re)tellings of and reflections on the narrative; how they account for and mitigate certain narrated events; how they establish epistemic authority; and 2) how they position themselves in relation to the narrative by mobilizing personal and collective identities in different ways, including or excluding themselves as protagonists and/or as original tellers of the different identity narratives. Our analysis shows that the narratives can coexist as identity narratives through closer (in the case of the founder’s narrative) or more distanced (in the case of the Bad Pharma narrative) positioning and through a complex and strategic foregrounding and obscuring of epistemic authority and several (professional, corporate, current and past) identities. Based on these findings, we finally reflect on the notion of narratives of vicarious experience, and posit that narratives of personal and vicarious experiences are not always clear and separate dichotomous categories.

KEYWORDS: Corporate identity; narratives of vicarious experience; pharmaceutical industry; linguistic ethnography; narrative analysis
1. Introduction

Narratives are fundamental to our lives. We dream, plan, complain, endorse, entertain, teach, learn and reminisce by telling stories. (Schiffrin et al., 2010, p. 1)

The importance of narratives for sense-making, identity construction and in our social lives has long been recognized (Lawson, 2016; Özyildirim, 2009; Thornborrow, 2009; Wertsch, 2008), and its many dimensions have been well studied across disciplines (Schiffrin et al., 2010). Both for individual identities and collective, organizational identities, stories are crucial. A currently small but growing field in narrative studies aims to explore the role and dimensions of narratives in these organizational identities (Linde 2001; Brown, Humpreys, and Gurney 2005; Brown 2006; Shapiro 2016). In the case of organizations, narratives have been shown to (co-)construct organizational identity, agency and reputation, and help motivate and legitimize internal decision-making (Linde, 2001; Shapiro, 2016). In corporate settings, more specifically, they help companies to represent themselves towards new employees, clients and citizens, as well as within the company, internally.

Identities are multi-dimensional, layered, and dynamic (Bucholtz & Hall, 2005; de Fina et al., 2006; Jack & Lorbiecki, 2007), and discursively constructed in interaction (Benwell & Stokoe, 2006). In the case of corporate identities, this means that members of organizations do not passively reproduce the company's identity as represented in official documents or as envisioned by the management, but actively reconstruct it, add to it, and potentially contest it (Coupland & Brown, 2004). To (re)construct organizational identities, narratives are useful instruments for company members. By retelling pivotal moments in the history of the company, members of organizations commemorate their past and reconstruct the company's core values (Linde, 2001). Stories about defining moments of crisis or success contribute to corporate identities, as they resonate long after the narrated events took place.

In this paper, we present linguistic ethnographic work to explore how different narratives are employed in the corporate identity construction of a European pharmaceutical company, and how they are retold and referenced. To do so, we turn to the concept of narrative of vicarious experience (Norrick, 2013a, 2013b). Norrick (2013a) defines NoVEs as 'stories about other people engaged in actions that the tellers did not witness’ (p. 385). The concept is particularly relevant to corporate identity construction, as, in companies, the majority of the stories that are (re)told on a regular basis to construct corporate identity

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inevitably cannot be stories of personal experience; the collective nature of corporate identity construction makes it impossible to only rely on narratives of personal experience. There must be narratives that the employees can relate to, and can retell if the interactional situation requires so. Various scholars have been aware of the existence and use of stories that do not refer to personal experiences, and have labelled them second-hand stories (Özyildirim, 2009), or narratives of vicarious experience (Norrick, 2013a, 2013b). NoVEs differ from narratives of personal experience in various ways, e.g., in terms of teller's perspective, the story's introduction, epistemic authority, and function (Norrick, 2013a, 2013b). These functional differences are important in relation to identity building; in the case of narratives of personal experience, ‘I can tell a story about my childhood and immediately establish a feature of my identity (reporting on my relationship with parents or siblings), but I cannot do this with a story about someone else’ (Norrick, 2013a, p. 386). Norrick’s (2013a) statement is true for individual identity, but for corporate identity, NoVEs are crucial. Therefore, we believe it is interesting to explore how Norrick’s (2013a) concept can be used to examine the role of narratives in corporate identity construction.

In our case, the main identity narrative of the company under scrutiny draws on the story of the founder, more specifically about his work and how he started the company. As our analysis will show, it is used to (re)construct the company’s core values. However, in the case of organizations, including companies, it is not only the organization’s members that are telling stories to shape the organization’s identity. Coupland and Brown (2004) argue that we cannot consider institutions as a microcosm in which homogeneous, hegemonic identities are built, but that organizational identity is constructed in interaction with outsiders. It is a complex interplay of internal actors (the management, the employees), and external factors (the employees’ personal identities, dominant societal values, images from external stakeholders and the press). Coupland and Brown (2004) accurately summarize this as identities being ‘authored in conversations between notional ‘insiders’ (p. 1325), like the management and the individual employees, whose identity constructions can be conflicting, and between notional ‘insiders’ and ‘outsiders’, like the CEO and the media. This ties in with Hatch and Schultz’ (2002) view on organizational identity; they point to the growing interest of news media in thoroughly investigating the daily workings of organizations, and finding discrepancies between corporate images and their actions. The revelation of certain (mal)practices in the press can heavily affect the relation with shareholders and, as a consequence, their financial health. Hatch and Schultz (2002) define organizational identity as ‘an ongoing conversation or dance between organizational culture and organizational images’ (p. 991). The media is just one constructor of these organizational images, or, what Coupland and Brown (2004) would call a notional outsider: fiction and non-fiction books, TV shows,
films, the Internet and blogs can also contribute to organizational images. In sum, as a company is always part of society, other identity narratives may be constructed and propagated that do not match with the organizations' internal identity construction.

Thus, to fully understand the identity construction of the company under scrutiny in this paper, we will not only consider the founder's narrative in order to examine the company's identity construction, but we also aim to explore an important outsider identity narrative, to which we will refer as the Bad Pharma narrative. Some sectors are extra sensitive to having plural, sometimes conflicting identity narratives, when their production process, product or service is susceptible to critique, like oil exploitation companies (Livesey, 2001; The Harris Poll, 2012). The pharmaceutical industry too has been battling a reputation issue, as the public sentiment towards the industry is rather negative (McLaren-Hankin, 2007; The Harris Poll, 2012). During our fieldwork, it became clear that the reputation issue strongly preoccupied the employees and that a more negative identity narrative had found its way into the company and was reproduced in the employees' corporate identity constructions. This Bad Pharma narrative evokes certain events and stories that critical outsiders like the media often reproduce when discussing the pharmaceutical industry.

In this paper we will examine how these two different and seemingly incompatible NoVEs are retold, but also referenced and reflected upon in relation to the company's identity. In practice, there were more relevant narratives that fed into the identity work being done at the company, but these two narratives were the dominant ones, appearing many times in the data in different forms—e.g. fieldwork interviews, meetings, written documents, the company's website, and speeches. Moreover, they are particularly interesting because of their contradictory and explicitly dialogic and intertextual nature. Before exploring our data and how these narratives contribute to corporate identity and how they are retold, we will discuss how we operationalize narrative.

2. Operationalizing narrative

As mentioned above, the importance of narratives in human lives has long been recognized, and consequently, there has been a long tradition in narrative analysis across different academic disciplines (Stapleton & Wilson, 2017). Some of these traditions and scholars go back as far as Aristotle's ideas, or the Russian formalists' work. More recently, in the 20th century, Labov and Waletsky’s (1997) work on the formal features and the referential and evaluative functions of
narratives has been of major influence and has led to a substantial body of work on the structure, form and content of narratives. In the 1990s, scholars, especially in CA and pragmatics, started paying more attention to stories in interaction. Sacks (1995) pointed to the interactional aspect of storytelling, and emphasizes that stories are told differently when told to specific recipients (Thornborrow, 2009). This led to a new body of influential work (Benwell & Stokoe, 2006; e.g. Blum-Kulka, 1997; Norrick, 2000) that explored the conversational (re)telling of stories, focussing on the social dynamics and functions of stories. This lead to the introduction of a new paradigm and a new term: small stories (Bamberg, 2006; Bamberg & Georgakopoulou, 2008), to refer to different forms of ‘under-represented narrative activities, such as tellings of ongoing events, future or hypothetical events, shared (known) events, but also allusions to (previous) tellings, deferrals of tellings, and refusals to tell’ (Bamberg & Georgakopoulou, 2008, p. 351). Storytelling is seen as a mode of action (Georgakopoulou, 2007, p. 6), in which storytelling is messier, and in which stories often are not entirely retold, but referred to, for instance in the form of a punchline. Therefore, narrative (re)telling in interaction must be seen as a continuum, with full-fledged (re)tellings on the one end, elliptical, skeletal (re)tellings somewhere in the middle, and what Georgakopoulou calls mini-tellings on the other end, in the form of one-liners, punchlines or brief references (De Fina & Georgakopoulou, 2012, p. 109; 2007, p. 53). The small stories perspective also foregrounds the social functions of narratives, and see narratives as shared resources for communities such as groups of friends of (corporate) organizations:

They [the narratives] are expected to be inflected, nuanced, reworked, and strategically adapted to perform acts of group identity, to reaffirm roles and group-related goals, expertise, shared interests, etc. (Georgakopoulou, 2007, p. 10)

Consequently, when narratives serve as shared resources, both the narratives themselves, and the identities they construct, are dynamic in nature. Members of a community can recontextualize the narrative, or employ it for diverting identity constructions. Consequently, narratives are potentially contestable resources (Georgakopoulou, 2007, p. 10). Narratives thus commemorate, construct and potentially contest the history of communities at the same time (De Fina and Georgakopoulou, 2012).

This concept of narratives as shared resources also ties in with Wertsch's (2008) and Stapleton and Wilson's (2017) work on narratives as shared templates, which are ‘abstract forms of narrative representation [which] typically shape several specific narratives’ (Wertsch, 2008, p. 210). Wertsch (2008)
and Stapleton and Wilson (2017) respectively look at Russian accounts of World War II and at accounts of the Belfast Agreement. In both analyses, different tellers yield different tellings of the events, in terms of register, the amount of description of actual events, what is left out, and the tellers' positioning. Stapleton and Wilson (2017) notice that

*linguistic studies of narrative have mostly examined one-off tellings, focussing on structural or social features, with a related concern to define narrative discourse per se. Consequently, there is little empirical examination of how shared templates are realized in different settings, nor of how such templates structure everyday understanding within communities.* (p. 60)

In line with Georgakopoulou (2007) and Stapleton and Wilson (2017), we too operationalize narrative as shared resources or templates, from which the members of the community, in our case the company, freely draw to retell, reference or reflect on them, leading to different retelling performances, and different dynamics of sense-making and identity work. Like Wilson and Stapleton (2010) and Phoenix and Sparkes (2009) posit, this does not exclude or oppose the existence of and potential analysis of structural Labovian features. Rather, the two perspectives are compatible, as Wilson and Stapleton (2010) illustrate: they find Labovian features in small stories, and as well as important interactional and contextual elements in big stories that feed into an understanding of these stories in terms of social practices and identity work. However, as we are mainly interested in the social and interactional aspects, and more specifically identity work, we will limit our analysis to these aspects. In order to do so, we will first describe the resources or templates the employees draw on. We will then analyze retellings, references and reflections of these resources, focussing two elements: 1) which values/story elements from the shared templates are retold, referenced or reflected upon, and how, by looking at strategies for establishing epistemic authority and mitigation, and 2) the positioning work done by the employees, in line with other work on positioning in narrative analysis (Bamberg and Georgakopoulou, 2008; Stapleton and Wilson, 2017).

### 3. Data and context

This analysis draws on a data set collected in May–July 2015 at a European pharmaceutical company, with about 3000 employees on the local campus. The company was integrated in a bigger American parent company in the 1960s. The
company thus has been embedded in the global pharmaceutical landscape and industry for a long time, but still has strong local roots.

The fieldwork was part of a research project on the production processes and discursive practices underlying health news. The company was selected because of one of the researcher's existing connection with the gatekeeper, and because of its interesting position in both the global and local pharmaceutical landscape. The fieldwork was overt and consisted of participant observations and interviews. The data was collected over the course of 15 days and consists of 21 audio-recorded semi-structured interviews (Mortelmans, 2007), conducted during the first three days of the fieldwork; 23 audio-recorded meetings and more open-ended interviews and informal conversations; field notes; written and virtual documents collected on site and extracts from the website. All was conducted or collected by the first author. Based on the first set of 21 interviews, main informant Theo was chosen. Theo was selected because he was the main spokesperson of the national campus, and, as a consequence, he was most involved with news media, writing and launching press releases and managing crisis communication, which strongly related to our research questions. Further fieldwork days were scheduled together with this main informant. However, for this analysis, data from different interviews and recordings were used, and more participants were included.

All the data excerpts used in the analysis are from audio-recorded units, which were first transcribed verbatim and then translated from Dutch into English. All the participant’s names are fictionalized and the company name is not mentioned as part of the confidentiality agreement. Both the main informant and the gatekeeper signed an informed consent agreement after being informed about the project’s scope and privacy procedure.

The data collection took place using a linguistic ethnographic approach (Jacobs and Slembrouck, 2010), as this allows to uncover the processes underlying identity construction. A substantial body of research has scrutinized how companies construct their identity by analysing publicly available documents (e.g. Bhatia, 2011; Ruiz-Garrido and Ruiz-Madrid, 2011). However, when considering corporate identity as internally constructed, multiple, dynamic and potentially conflicting, the processes behind these constructions deserve closer scrutiny. By doing fieldwork, we can examine these multiple identity constructions and their complex dynamics, rather than just the one the company propagates towards the outside world.
4. Data analysis

First, we will describe the founder's narrative and examine how the narrative is retold and referenced, and how it is actively managed by employees to construct the company's identity. Second, we will contrast this with the instances from the data of the *Bad Pharma* narrative.

4.1. The Founder’s story

In our data, the founder's story emerged as the central NoVE in the company's identity construction. The company was founded in the 1950s by Dr. Tom; he retired in the early nineties and died some ten years later. Only some of the older employees have known Dr. Tom in person, and there are no employees left who were employed when the company started. The current employees were thus not present when the narrated events took place, and the majority has never met Dr. Tom. However, in our data, the founder’s story serves as one of the most important and well-known shared resources of the company's identity construction, and is omnipresent on the company site: the founder's biography can be found in the lobbies of the campuses, available for every visitor to browse through; there are pictures and quotes on the walls in many of the buildings; he is featured and mentioned in all kinds of external and internal communication, and mentioned often during the interviews. The shared resource of the founder's narrative is a collection of shorter and longer fragments and anecdotes on his life and work, the founding of the company, and his personality. Due to this slightly scattered form and presence of this narrative resource and to the fact that it is so well-known, more or less complete retellings are rare in our data set. Therefore, we decided to summarize and structure these heterogeneous materials under the umbrella of three core values that emerge from the anecdotes and (re)tellings, which act as a shared template, i.e. an abstract narrative that can be retold in different ways (Wertsch, 2008; Stapleton and Wilson, 2017): humanity and the paramount importance of the patient; exceptional science and innovation, and leadership and entrepreneurship. This account is based mainly on the biography and the website, but also draws from different booklets, speeches and interviews.

The first value, humanity and the paramount importance of the patient, can be illustrated with the anecdote of his sister who fell ill with a then-incurable disease and died at age four; this is cited as life-changing event and as Dr. Tom’s main motivator to go into research and to develop treatments for patients whose lives are being endangered by disease. The company website uses phrases like
“human lives at stake”, propagating the idea of a game or battle between health and illness, even life and death. Sentences like “the patients are waiting” express a strong sense of urgency, and are connected to the idea it's a race against time. This idea is also reiterated in the anecdote that Dr. Tom had a clock that was always set at 5 to twelve in his office, which playfully adopts the Dutch proverb “het is vijf voor twaalf” (“it's five to twelve”), meaning one is running out of time, that measures must be taken very quickly, because otherwise it will be too late.

The value of exceptional science and innovation is reflected in descriptions of Dr. Tom as a man who “had an irresistible urge to push limits”, who “had an original way of thinking”, who believed that transdisciplinary research was key to new breakthroughs in life sciences, and for whom research was synonym to “bliss, intensity and challenge”. His biography also reports that he had a sixth sense for discrepancies in research results and constantly challenged his employees and co-workers to take their research to the next level. This is illustrated with the anecdote that he liked bringing recent journal articles to work, then giving them to one of the researchers in the morning, to discuss it with them later that day. The unexpected nature of such an action creates the idea that working with Dr. Tom was always exciting, stimulating, thrilling even, and that he always was on top of new developments in the field. One employee explained during an interview that Dr. Tom first got a degree in chemistry and then decided to study medicine; combining both fields, the employee said, was visionary back in the days; Dr. Tom knew that, in order to innovate medicine, he needed to combine both perspectives.

The value of leadership and entrepreneurship is found in his depiction of an accessible man “who was no lone leader at the top, no ivory tower manager”, but someone who liked working with and among his employees, to stay involved in research, and to motivate and challenge them. He did not go for impressive CVs, but “a healthy dose of common sense and for hard-working employees”. This again reflects his humane and down-to-earth approach that we also find in the first value, here in relation to leadership. Furthermore, he is praised for his business talent and for the fact that he locally built a company with only a few people at the start, which eventually became one of the leading corporations nationally and internationally. At the same time, Dr. Tom kept the company to be strongly locally rooted, contributing to the region’s strong economic position with the thriving company. Because he knew how to do business, he also managed to keep the research viable and high-level.

Now, we will examine how this founder’s narrative is retold, referenced and reflected upon in interaction. We will analyze two extracts from a meeting with the communication managers from the local campus. The managers are
discussing what should be included in the press release on a prize that one of the company’s treatments has won. In fragment (1), the group asks R&D communication director Philip what should be highlighted in the press release. In Philip's response, we see two interesting dynamics: he tells a story that strongly draws upon the shared template of the founder's narrative, and also references the founder's story:

(1)  
1 Philip  
  ahja ik zou zeggen eh de unique selling proposal  
  *oh yes well I would say uhm the unique selling proposal*  
2 het is eigenlijk een uh verhaal dat zichzelf verkoopt omdat het zo fantastisch is  
  *it is actually an uhm great story that sells itself because it is so amazing*  
03 alé vind ik en ik ben er inderdaad eh euh fier op en content mee dat ik  
  *well that's what I think and I am indeed uhm proud and happy that I*  
4 van in den beginne eh erbij was en met eh Lou en zijn team ((hh))  
  *was part of it from the very beginning with uh Lou and his team ((hhh))*  
5 de initiële wetenschappelijke communicatie heb mogen doen euh  
  *and that I did the initial scientific communication uhm*  
  (one turn omitted)  
7 dus het is een verhaal wat eigenlijk eeh en en oorspronkelijk zelfs nog so actually uhm it is a story and that originally even  
8 weer start met eh Dr. Tom die eh die Lou toch wel eh  
  *starts uhm with Dr. Tom who uhm who Lou actually uhm*  
9 en dat bewijzen ook ja de foto's en eh en eh de compounds die ze samen ontwikkeld hebben  
  *and yes the photos and uhm and uhm the compounds they developed together prove that*  
10 eh zeer hoog in het vaandel droe  
  *held him very dear*  
  (four turns omitted; Philip explains which universities and companies collaborated to develop the treatment)  
15 het is zo'n mooi verhaal van 'made in [regio] with help from some nearby friends'  
  *it is such a nice story of ‘made in [region] with the help from some nearby friends’*  
16 ehm en een compound die ook een paar keer op de schop stongestaan heeft  
  *uhm and a compound that was almost abon-abandoned a few times*
and then because uhm of the perseverance of Lou and some other people

*it did make it and now yes it actually has incredible uh effects*

for people who are beyond treatment, for who there's nothing left that works

and that is of course uhm the fantastic story of our South-African paediatrician Carrie

which really is uhm the uhm amazing icing on the cake so

there are so many angles

Although Philip is asked what to highlight, Philip reflects on the function of the stories that can be included in the press release (turns 1–2); these narratives are considered ‘unique selling proposals’, commodities that can help the company sell itself towards the outside world. This immediately provides the legitimation of Philip's retelling of a story of vicarious experience; one that is unique to the corporate context.

In turns 3–5, Philip explains how he was involved in the project, being responsible for its communication, although he was not part of the research process. He also clearly positions himself in relation to the story, before it is even told, as “proud and happy”. Although his story is vicarious in nature, Philip seems to draw himself in as much as possible, both as an actor and a (re)teller; the proud and passionate tone of the entire fragment suggests he feels a strong, personal connection to this story.

In turn 7–10, Philip references another NoVE, i.e. the founder’s narrative within the bigger framework of the NoVE that he already established, i.e. the story about Lou’s compound. He includes Dr. Tom in the story by saying he held researcher Lou very dear. As the founder is such a central figure in the company, this reference can add authority and even a sense of mystique or legend to the story, as well as enhancing Lou's credibility and status as a researcher. Philip here mobilizes the founder's narrative that depicts Dr. Tom as an exceptional scientist.
and who worked only with the best researchers, with which Philip might have aimed to imply Lou must have been a great researcher too, working closely alongside Dr. Tom. Philip also provides explicit proof for this fact by referring to pictures and the treatments Lou and Dr. Tom developed together. By being able to provide this evidence, he consolidates his epistemic authority to tell the NoVE, although he was not part of the team then yet.

From turn 15 onwards, Philip starts retelling the story and while doing so, evokes all three core values from the shared template of the founder's story. In turn 15, he summarizes it as “made locally with the help of some nearby friends”, evoking two important values that are also strongly reflected in the founder's narrative: that fact that the company is firmly locally rooted, but also on top of international developments and strongly represented in the global landscape. In terms 18–19, Philip comes to the actual core of the story by explaining why it is such an important treatment, but not before adding a dramatic complication (turns 16–17), highlighting the researchers' difficulties and perseverance. This ties in with the value of exceptional science and innovation: pharmaceutical research is difficult and has to be innovative, and only by persevering, Dr. Tom and his successors made/make the company so successful and were/are really able to help patients. In turns 20–23, Philip lists other possible angles for the story and refers to a more specific anecdote concerning paediatrician Carrie (see extract (2)), and again introduces this narrative by emphasizing its marketability and dramatic effect, saying that it is “the amazing icing on the cake”.

In short, this fragment shows how strongly (the values of) the founder's story can be internalized and mobilized by employees, in this case both as an explicit reference to legitimize Lou’s authority, and more implicitly, echoing the core values of the founder's narrative. Further explanation or a full retelling of the role of Dr. Tom seem to be unnecessary; brief references to the founder's narrative seem to suffice for the employees to recognize and recall the narrative that acts as a shared resource. This actually reaffirms their collective corporate identity: when assuming that everyone is familiar with the founder's narrative as resource, the company's history is established as common, collective, and well-known by all employees. Full-fledged retellings can therefore be risky, as stories have to contain a new element (Thornborrow, 2009); if not, they might be ignored or cut off (Norrick, 2000; Polanyi, 1981). In this case, they also might imply that the communications team is not familiar with the founder's narrative, which is most likely not acceptable in their position as communications professionals. Moreover, according to Georgakopoulou (2007), it is exactly through these innovative adaptations and entextualizations that narratives (re)generate a community's social cultures and identities, as they keep narratives relevant and topical. In this fragment, Philip adapts the two NoVEs by making the story as personal as
possible, which helps him establishing epistemic authority, as well as strongly embeds his personal professional identity in the company's identity.

Later in this meeting, Philip is asked by his colleagues to elaborate on the story of paediatrician Carrie:

In this fragment, Philip again mobilizes all the values from the founder's story to construct the company's values and identity. First, he describes the paediatrician's work and consequent sickness and suffering in turns 1–4, which depicts her as a Good Samaritan or a modern Father Damian, who relentlessly worked to help the poor and sick, even if the personal sacrifice was big. This is especially salient in turn 2, when Philip says she worked with patients "herself", emphasizing her personal involvement. In describing the paediatician as someone who works closely with patients in a non-European country where proper treatment is not evident for the entire population, the importance of the patient is foregrounded, as well as the company's responsibility to help those who have no access to proper
health care and limited financial means. Although this is not mentioned explicitly in the extract, Carrie is part of a long-standing philanthropy project by the company on global health and universal access to proper health care. This idea of loyalty and dedication, although less magnified, is also central in the founder’s narrative.

In turn 6, Philip turns the story around by cueing the resolution, but before really retelling it, he shortly interrupts his story (turn 7), to add that this story is also retold in a movie clip that is internationally used by the CEO and other colleagues. This interjection again adds weight to the story, and establishes epistemic authority by making his story verifiable and providing a source. Finally, turns 9–11 quite literally serve as a unique selling proposal, in which he (loosely) quotes what the paediatrician has said in the movie and which concludes the story dramatically but happily. It also highlights the uniqueness and innovative nature of the treatment, and mobilizes the value of innovation in the founder’s narrative. The retelling of the story again shows Philip feeling closely connected to the narrated events and closely positioned towards the protagonist, despite the vicarious nature. Consequently, his retelling contributes to both his personal and the company’s identity.

4.2. The *Bad Pharma* narrative

In the previous section, we have examined the dynamics of the founder’s narrative, and narratives that reflect the company’s values and identity as propagated in the founder’s narrative. The company’s identity and reputation, however, is more complex and ambiguous than the founder’s story. As mentioned earlier, the pharmaceutical industry is and has been battling a reputation issue; *Bad Pharma* (Goldacre, 2012), *The Truth about the Drug Companies* (Angell, 2004), *Selling Sickness* (Moynihan & Cassels, 2006), *Pharmageddon* (Healy, 2013), *Deadly Medicine and Organised Crime* (Gøtzsche, 2013) are just a few examples of books discussing malpractices in the pharmaceutical sector. In academia, some authors support this critical stance (Gøtzsche, 2012; Newman, 2010), while others speak of conspiracy mongering and demonization (Blaskiewicz, 2013; Novella, 2010; Schaffer, 2006). The books mentioned above generally discuss the following issues:

- **Excessive profit:** exorbitant prices for treatments, especially when considering the marketing budgets.
- **Medicalization**: inventing diseases and conditions or problematizing normal social or physical processes, like female sexual dysfunction (Goldacre, 2012, p. 261), to sell more medication.
- **Bad research**: bad trial protocols, unreported and slightly adapted results, fraud.
- **Profit-driven research**: only doing research that will deliver lucrative treatments, and neglecting diseases in poorer countries that are currently still undertreated, because there will be no-one who can pay for the treatment.
- **Unethical research**: unsafe or harmful experimental testing in trials, animal testing.
- **Lack of transparency**: concerning profit and expenditures, and concerning the full disclosure of (insignificant and negative) research results.

Our data show that employees have strongly internalized the *Bad Pharma* narrative and deal with it in different ways. Our other ethnographic observations also show that the company is actively trying to manage the *Bad Pharma* narrative; in the hallways of research buildings, there are posters encouraging researchers to do their research in the best way possible, and employees are given pointers and little booklets how to react to or answer *Bad Pharma*-related questions and remarks. Fragment (3) shows how suddenly this *Bad Pharma* narrative is referenced (in a meeting, without direct or explicit prompting), while extract (4) and (5) combine (partial) retellings and reflections on it in interviews, and how the informants deal with positioning and identifying themselves and the company in this respect.

Fragment (3) is part of the same meeting discussed in the previous section. After recounting the possible storylines for the press release, communication director Philip concludes as follows:

(3)

1 Philip dat is een verhaal om te zeggen van kijk jullie
   that is a story to say well look

2 eh boze wolvenverhaal over de farma euh oké goed uhm
   uhm your bad wolves story about the pharma uhm okay good uhm

3 alle gekheid op een stukje der zijn wel eh ooit allemaal dingen gebeurd
   all joking aside, there has uh once happened all kinds of stuff

4 maar nu op dit ogenblik is het eh bijvoorbeeld wat betreft [ziekte]
   but now at this moment is it uhm as for [illness]

5 wel een heel andere insteek van ons
   we had a very different approach
Using the term “the bad wolves story” (turn 2), Philip creatively refers to the negative reputation of the pharmaceutical sector, and then passes it off as a joke (turn 3). However, he consequently admits that “some stuff did happen”. This confessional statement is immediately followed by a mitigation or even refutation in turns 4–7, as Philip explicitly mentions that this story disproves the Bad Pharma narrative. This fragment shows that even without a direct trigger, the Bad Pharma narrative finds its way into the meeting, and that employees feel the need to refute it. Philip, however, does not retell the entire Bad Pharma narrative but only refers to it, as this also is a familiar shared resource for the other employees. Moreover, as this narrative is contradictory to the company’s internal identity construction, full retellings might be counterproductive, or even taboo.

Extract (4) is from a research interview with biomedical researcher Andrew. Andrew is asked what he thinks of the news reporting concerning the pharmaceutical industry. Andrew immediately starts retelling the Bad Pharma narrative and also analyzes how it has become a salient narrative in the media.

(4)
1 Andrew ja farma schijnt erger te zijn dan de wapenindustrie heb ik euh  
   yes pharma seems to be worse than the weapon industry so I've
2 al eens begrepen  
   heard once
3 Interviewer Ja  
   Yes
4 Andrew dat is ((hhh)) dus dat is ((lacht)) dat is  
   that's ((hhh)) so that is ((laughs)) that is
5 na ja kijk farma ik ik denk dat dat dat dat  
   well yes look, pharma I I think that that that that
6 als je kijkt naar de laatste vijftig jaar ofzo dat er  
   if you consider the last fifty years or so that there
7 toch wel behoorlijk wat innovatie is geweest waar eh  
   has been quite a lot of innovation that uhh
8 mensen zeker wat aan hebben  
   people really benefit from
9 dus ik denk dat om met het volharden dat zij zeggen  
   so I think that those who persist in saying
Andrew starts with an explicit, ironic and condensed reference to the *Bad Pharma* narrative (turns 1–4), i.e. that the pharmaceutical industry is worse than the weapon industry. The effect of this reference is twofold: first, it clearly establishes the *Bad Pharma* narrative as a shared resource that needs no further, full-fletched retelling; second, it suggests that Andrew literally finds this so ridiculous that it needs no further explanation, as indicated by his laughter and his unfinished turn 4. This serves as a stepping stone for his argument in turns 5–
8 that the pharmaceutical industry actually helped patients and that these “really benefit from” what the sector has done. In turns 9–10, Andrew evaluates the Bad Pharma narrative, when he refers to those who “persist in saying ‘we don’t believe anything’ are wrong”. His negative judgement is amplified by the use of the verb “persist” and its connotation of unreasonableness, in combination with the phrase “we don’t believe anything”, which could imply this narrative is a form of conspiracy mongering. It also serves as a strong distancing from the NoVE.

In the second part of fragment (4), Andrew tries to account for the emergence of the Bad Pharma narrative. This is marked in turn 11 with the “I think”, indicating he shifts from retelling the narrative to expressing his personal stance. However, the Bad Pharma narrative is still mobilized, though more implicitly, in his word choice of “in fact” (turn 13). By adding this, his argument that there has been done good things becomes indirectly contrasted with Bad Pharma narrative. In turns 21–22, the narrative of vicarious experience becomes more explicit again, which immediately leads to the use of all kinds of linguistic markers to clarify he is quoting the narrative, like “say”, “let’s say”, and “between parentheses”.

As previously mentioned, this fragment is also interesting in relation to how Andrew positions himself and constructs his personal and the company's identity. By expressing his disapproval of the Bad Pharma narrative, and because he is working for a pharmaceutical company, one would expect he positions himself as an employee/member of the pharmaceutical company and/or industry, and as part of the company's identity. But instead, Andrew takes a very personal stance, only using the first person singular, and does not speak for the entire company. Moreover, he explicitly distances himself by saying “it is not up to me to defend this” in turn 18. So, while Andrew does construct the company's identity in this fragment, by mobilizing and (partly) refuting the Bad Pharma narrative, we also see he excludes himself from that identity by distancing himself and refraining from further explanation in turn 18.

Comparing this fragment (4) to fragment (1), which are both retellings, references of and reflections on NoVEs, it is notable they differ strongly in terms of distance to the story. While in fragment (1), Philip almost draws himself in the story as an actor on top of his role of (re)teller and promotes the story while telling, Andrew shows disapproval and strongly distances himself from the retelling, in several ways. Interestingly, he also does not try to establish epistemic authority while retelling, while Philip does so twice.

The final fragment (5) shows yet another position in relation to the Bad Pharma narrative. It is an extract from the first research interview with the main informant and spokesperson Theo:
1 Theo 

omdat het geen zin heeft om vanuit dat grote gelijk of van de grote
*there's no point in our big sense of self-righteousness or the big*
het grote mantra van we the health save lives
*the big mantra of we the health save lives*

dus waag het niet om ons vragen te stellen
*so don't you dare to ask us any questions*

we zijn hier bezig met uw gezondheid, laat ons maar doen.
*we're working on your health, so leave us be*

dat is van vroeger denk ik
*that is the past I think*

dat is de manier waarop vroeger in de sector werd gedacht denk ik
*that is the way people were thinking in the past in the sector I think*

ja die tot een bepaalde houding heeft geleid, ehm eh tot een grote
afstand ook hé
*yes that led to a certain attitude uhm uh to a big distance too*

want ik heb daarnet geduid op de de moeilijkheid
*I have just explained the the difficulty*

om rechtstreeks met de patiënt te communiceren
*to communicate directly with the patient*

dat is één van de facetten die die afstand verantwoordt
*that is one of the facets that explains that distance*

een andere is ook omdat we eigenlijk liefst alleen gelaten werden.
*another one is because we liked to be left alone*

we hadden liefst niet teveel bemoeiallen die die met ons bezig waren
*we preferred not having too many meddlers who were concerned with us*

en ja dat klinkt evident voor u en voor mij omdat wij een andere
generatie zijn
*and yes that now sounds evident for you and me because we're another generation*

denk ik
*I think*

15 Interviewer

ja ja
*yes yes*

16 Theo 
en weten dat zoiets niet kan dus die die alé
*and knowing that something like that is not acceptable so that that well*
In turns 1–4, Theo retells another aspect the Bad Pharma narrative, i.e. the moral superiority that led to a lack of transparency. He is the first one to not just refer to it, but to provide a short retelling of it. This allows him to build up to turns 5–6; he does not try to refute the events, but situates them in the past, and points the shift in the company’s perspective and reflection on its activities. In that sense, the narrative is positioned closer to the company and to Theo personally than Andrew’s very distanced retelling, because the company’s involvement is recognized, to some extent. Similarly to Andrew, Theo tries to explain the dynamics of the Bad Pharma narrative in turns 8–11, although Theo explains it by analysing the internal workings of the company, while Andrew’s account focused on the role of the media and public perception. Thus, Theo’s explanation can be seen as a confession, but a strongly mitigated one. However, Theo then distances himself, with a new argument. He now speaks of “we” (with which he includes the interviewer) are from a different generation, implying “we” would not even consider being so non-transparent these days.

In turns 16–17, his argument becomes even more ambiguous and mitigated when he says making that U-turn takes time, implying that the industry is still making that U-turn, and has not come to full transparency yet. As he uses “the industry” as subject here, it remains unclear whether Theo actually includes the company or not. The same ambiguity is found in fragment 3, when Philip brings up the Bad Pharma narrative and says that “some stuff did happen”; it remains unclear where, when and what happened.

5. Discussion and conclusion

In this paper, we have examined how different, sometimes conflicting retellings of NoVEs contribute to corporate identity construction, by analysing linguistic ethnographic data collected in a pharmaceutical company. We believe narratives are crucial to understand corporate and other collective identity work, as ‘social life is created by, and reproduced by narrative, and life within institutions is no exception’ (Linde, 2001, p. 521).

Our data show that the conflicting nature of the two narratives under scrutiny did not inhibit the internalization and retelling of both narratives by the employees. There are differences in how they are retold, referenced and reflected upon, however, and we detected several elements that account for how it is
possible that both narratives are salient in the context of identity construction, despite being conflicting in nature.

First, there are differences as to how employees position themselves towards the narratives. In fragments (1) and (2) in which the founder's narrative is referenced explicitly, and echoed implicitly, communication manager Philip uses his professional identity to make the narrative of vicarious experience a personal one, even though he was not directly involved in the narrated events. He cannot change this, but tries to establish as many personal connections as possible, by referring to his work as communication director. In other words, while establishing the company's identity, he also draws in his personal, professional identity. In contrast with Philip, biomedical researcher Andrew, distances himself from the *Bad Pharma* narrative in fragment (4). He does so using ironic, mocking references and retelling and pragmatic distancing devices like “let’s say” and “between parentheses”. He also provides reasons for why the *Bad Pharma* narrative is not justified and how its emergence can be accounted for, rather than really refuting or reacting to it. But most importantly, Andrew avoids acting like the voice or spokesperson of the company; he never explicitly makes connections with the company and uses the first person singular. He uses his personal, individual professional identity to avoid including the company in the *Bad Pharma* narrative.

Theo’s retelling in fragment (5) shows that an intermediate positioning is possible too: Theo does not mock or refute the *Bad Pharma* narrative, but mitigates it. Like Andrew, he accounts for its emergence and salience, and uses pragmatic distancing devices like quotes while doing so. Theo also plays with several identities and positions, such as the current industry's identity, the company's current and past corporate identity, and the identity of the “younger generation”, in which he includes the interviewer. Thus, our data also demonstrate the dynamic nature of personal identities, and the dynamic relation between and employment of personal (professional) and collective (corporate) identities. Different tellers draw on different identities, depending on the interactional situation and their personal opinions, to position themselves in relation to the narrated events. Consequently, they are able to –at least partly– determine how close they position themselves in relation to NoVEs.

A second difference concerns the establishing of epistemic authority and the identification of the original teller. While Philip actively negotiates epistemic authority and explicitly lists his sources when referring to the founder's narrative, this does not happen in the *Bad Pharma* cases. The sources or original tellers of the *Bad Pharma* narrative are never unambiguously and explicitly mentioned. There are also no attempts to establish epistemic authority. The epistemic
authority of the – unidentified – original tellers is even challenged, both by the refutations and mitigations, and in phrases like “those who persist in saying”, as the use of “to persist” implies (a degree of) unreasonableness.

These differences raise the question whether narratives of personal and of vicarious experience are strictly dichotomous and fixed, inscribed categories. Depending on which identities are considered and evoked (collective or personal ones), narratives of personal experience can become vicarious in nature, and vice versa. First, in Theo’s references to the *Bad Pharma* narrative, it remains unclear whether the narrative is of personal experience for the company, as Theo is ambiguous whether the company is (currently) actively involved in the narrated events, or whether the events are entirely situated in the past, and therefore of vicarious experience. Another example is Philip’s retelling of Dr. Tom and Lou; while he is actually retelling a narrative that, for him personally, is a NoVE, he partly makes it a narrative of personal experience by explicitly identifying him as a member of the company, which can be considered to be a protagonist in the story.

Second, the company sometimes is the protagonist in the narrated events, but it is not the initial teller, the original constructor of the narrative. Thus, in terms of narrated events, the *Bad Pharma* narrative is a narrative of personal experience, but in terms of the teller, the observed retellings are of vicarious experience. Therefore, we tentatively propose that, by the teller’s switching between levels of identity and through dynamic positioning and involvement, narratives can change in terms of personal-vicarious status. Further research is needed to explore this possibility.

Furthermore, our analysis explores how NoVEs are retold in condensed and adapted ways, referenced and reflected upon. The narratives act as shared resources or templates that are reworked depending on what the interactants want to achieve concerning social and interactional community building, like identity work and remembering a common past. Full-fledged retellings are not always necessary; in our case, these could even potentially undermine the employee’s credibility as communication professionals and as loyal employees who are familiar with the company’s history (in the case of the founder’s story), or be counterproductive for the envisioned corporate identity or taboo (in the case of the *Bad Pharma* narrative).

Finally, this study has some limitations. First, only two narratives were scrutinized, while there are more narratives that contribute or have contributed to the company’s identity. These includes narratives of personal experience that employees, especially in interviews, used to illustrate and confirm the company’s
identity and their own professional identities, as well as challenge these. As these stories do not serve as company-wide shared resources, we have not included these, but they are very interesting in their own right. Third, ethnographic data only allow for mid-range theorizing (Perrin, 2013). The context of this research is specific, as not all companies have reputation issues that are so present and explicit in the public sphere. Therefore, further research is needed to explore the role of NoVEs both inside corporate contexts and as contributor to (non-corporate) collective identities.
EPILOGUE

The fieldwork at the pharmaceutical company was my first fieldwork experience, and it was a rich experience in many ways. However, in the end, it did not provide me with a lot of data on how Theo and his colleagues interacted with the press and produced news or media content. I did observe a lot of other ways in which the communications team worked on external communication, for instance by informing and communicating directly with the local community about ongoing projects at the company campus that might impact the neighbours or the town. They also extensively communicated with shareholders and other partners, by working on the website, by writing a yearly CSR report and other documents that were meant to be disseminated to the public or partners and shareholders. Finally, they also worked on a global level with the international team of the parent company on more general communication strategies.

In any kind of research, qualitative or quantitative, in humanities or sciences, researchers encounter this and experience it as a problem: a data collection phase that does not provide you with the data you expected. I too felt a bit uneasy about this. But in line with the ethnographic methodology, I did not want to force my data into a paper that did not connect with my actual experience. Moreover, absences and gaps can also be very telling, as (social dynamics in) language are never completely explicit, and even usually largely implicit (Carston, 2005; Verschueren, 1999). This is what this chapter eventually explores: even though Theo and his colleagues did not interact with journalists a lot, the journalists, and especially the discourses (the communication team assumed) the journalists produced, were the elephant in the room. In that sense, the media were not absent at all. Many informants said journalists generally do not paint a happy picture of the industry, and that they are not willing to give a voice to the pharmaceutical industry if they are somehow involved in a news story.

To me, this laid bare another dimension of biomediatization than the ones that Briggs and Hallin (2016) have explored. Their book mainly focuses on how biomedical actors, like pharmaceutical companies, anticipate how journalists work, and thus how some of these stakeholders’ daily workings are impregnated with media logics. In this chapter, biomediatization additionally is manifested as a stakeholder’s awareness or perception of how (the communication team thinks) journalists and, consequently, their audiences, think of and view this stakeholder; what journalists write about the industry; and how they usually frame it. The assumptions of the communications team do not necessarily match reality; if actual coverage was researched, it might be different from what the communication team thinks coverage usually is like. But these assumptions about
the media serve as the company’s first and most important media logic; i.e. that media are unwilling to report – positively, or at all – about the pharmaceutical industry. Consequently, Theo and his team had internalized that it will be hard to get coverage, that they must anticipate that coverage is likely to be critical, and that their expertise will be regarded with suspicion.

This chapter provides some insight in both this awareness and how this impacts the reputation and identity building they do, in this case specifically through the use of narrative. While I at first expected to see the communication team put a lot of work into reaching out to the media, they were mostly concerned with recreating, reframing and recontextualizing the existing discourses about the sector in more very diverse ways (even within the company and towards their own employees). (Only) talking to journalists was considered to be (too) complex and unpredictable.

For me, this strand of my research also provided me with an important direction for further data collection efforts and analysis. It was an eye-opening experience in terms of who is actually talking to journalists, and getting media coverage: while doing my fieldwork and at the same time monitoring other health-related media coverage, I noticed that besides the classic media coverage relating to hard news such as breakthrough messages about new treatments (in which pharma usually is involved), there was a significant portion of softer news about lifestyle, food, wellness, which is the focus of the chapters that follow after this one.
Examining “Elite” Power Dynamics in Informant–Research Relations and Its Impact on Ethnographic Data Construction

Jana Declercq & Ricardo Ayala Valenzuela

ABSTRACT

This chapter explores how power dynamics between informants and field researchers shape ethnographic data construction, drawing on fieldwork at a pharmaceutical company. Pharmaceutical companies are considered to be elite settings, and informants in elite settings are often assumed to be powerful in relation to the researcher. As a consequence, it is argued, these elite informants tend to dominate the data collection process. However, such a view conceptualizes power in terms of fixed categories, in which there is a superior and subordinate position. We reconsider the impact of elite informants in the light of a constructionist, interactionist view on power, in which power is dynamic and not necessarily entailing domination. We answer the following research questions: 1) how can we observe power dynamics, as conceptualized in a constructionist and interactional orientation, in ethnographic research, and 2) how can we reflect on what these power dynamics mean for data construction, based on our experiences in elite settings?

To do so, we make use of discursive and interactional analytic methods and propose three levels of analysis: 1) the level of conversation, 2) the level of ethnography, and 3) the level of the organization in society. They respectively shed light on power in relation to 1) what is said and how, 2) the meanings attached to the ethnographic events, and 3) the meaning of the ethnography in relation to the discourses on the organization in society. With this article, we aim to provide researchers with a methodological tool to approach and to reflect on the significance of power relations in the context of ethnography and interviewing, and its impact on data construction.

KEYWORDS: methodological reflection; power relations; elite settings, pharmaceutical industry; linguistic ethnography
1. Introduction

In this article, we aim to reflect on the role of power dynamics in the process of data construction in elite settings. Although the concept of elites has a long history and rather fluid boundaries (Daloz, 2010), there is a consensus that elites are those who are involved in making high-level decisions that have an impact on large populations in society, or on the development of society, which results in a powerful or influential position (Aguiar, 2016; Goldman & Swayze, 2012; Hartmann, 2007; Hearn, 2012; Hiller, 1996; C. W. Mills, 1959; Olsen, 1980). This powerful position can be situated in governmental, corporate, and military sectors (Hearn, 2012). Scholars have devoted great attention to dealing with elite settings and informants, or studying up, as their powerful and influential positions supposedly raise specific methodological issues. These are generally concerned with gaining access (Goldstein, 2002; Hertz & Imber, 1995; Mikecz, 2012; Ryan & Lewer, 2016; Thomas, 1995), building a trustful relation and overcoming informants’ suspicion (Hertz & Imber, 1995; Mikecz, 2012), informants’ honesty, and reliability of the data (Mikecz, 2012; Morris, 2009; Ryan & Lewer, 2016), and manipulation of data dissemination (Morris, 2009). In response to these challenges, many scholars have formulated strategies and recommendations for elite interviewing and/or fieldwork (Berry, 2002; Desmond, 2004; Goldman & Swayze, 2012; Harvey, 2011; Hertz & Imber, 1995; Nudzor, 2013; Richards, 1996). Similarly, researching vulnerable informants, like ethnic minorities, children, and the elderly, and people in marginalized or weak social positions, like drug addicts and prisoners, potentially raise specific challenges. They concern the difficulty of getting fully informed consent, keeping the fine balance between objective and empathetic listening, and assessing risk and benefits for informants, as they might not be able to evaluate and speak up about potential risks and harmful consequences of the fieldwork (Jokinen et al., 2002; Munteanu et al., 2014).

When it comes to issues like access, informed consent, confidentiality, and data dissemination, groups that are clearly marked in terms of power, be they elite or vulnerable, can indeed pose specific and different challenges. Therefore, these recommendations can be helpful. However, the impact of the role of informants’ elite or vulnerable status on the actual data construction is more complex. In researcher–informant interactions, the relatively stable macro-societal powerful or powerless position of an informant is not linearly transferred to the ethnographic context, and does not automatically result in manipulation or the overpowering of the researcher (in elite settings), or in being overpowered by the researcher (in vulnerable settings). Researchers working with both vulnerable and elite informants have addressed this. Bowman (2009) explores the complexity of power dynamics in researcher–informant relations by drawing on
Nencel's (2005) ethnography; Nencel aimed to connect with prostitutes in Peru but never managed to have a meaningful dialogue with her informants throughout her fieldwork. Gaining trust turned out to be almost impossible, as the prostitutes wanted to remain in control of the situation. Bowman (2009) points to the fact that these women’s silence ‘may have been an expression of power and a form of resistance’ (p. 7). Although these women are considered very vulnerable and disempowered in their daily lives, they managed to turn this around in the research context, heavily controlling the nature of the data, and never granting real access. Russell (1999) makes a similar observation in her methodological reflection on research that focused on vulnerability of elderly, ‘whose vulnerability in the social world can readily be documented, both statistically and in their own words’ (p. 414). She argues that ‘concepts like vulnerability should not uncritically be transferred to an analysis of the research act’ (p. 414), as the elderly participating in her interviews turned out to exercise considerable power over the research. Some sabotaged the research design, while others ‘can be seen to have participated very much on their own terms’ (p. 414). In methodological reflections on studying up, researchers also report that a powerful position in society is not always translated to the ethnographic context; Smith (2006) asserts that elites can be vulnerable too. Informants often perceive the researcher as the most powerful actor in the research context; Smith (2006) says, ‘I have frequently been surprised by the level of self-reflection, uncertainty and nervousness tangible in some of the most senior (in terms of their position within professional hierarchies) interviewees’ (pp. 646-647).

The authors of this paper had similar experiences to those of Smith (2006), despite having different backgrounds (in linguistics and sociology) and researching different elite settings, i.e. a pharmaceutical company and hospitals. Despite these differences in paradigm, research agendas and settings, cooperative reflection led to finding a lot of similarities in the experiences of working with elite informants, and a similar judgment on the dynamics of power in organizations. For this paper, we will develop our views on power based on the first author’s fieldwork at a pharmaceutical company.

The pharmaceutical company can be conceptualized as a powerful corporate elite setting or even as “more” elite than other corporate organizations, for twofold reasons. First, the pharmaceutical industry’s activities relate to great life events like sickness and death; therefore, the developing, producing, and selling of their products has an essential impact on customers. Second, it also greatly impacts on health care budgets and other health care stakeholders, as in some countries, including in Belgium, where the fieldwork took place, pharmaceutical companies are involved in negotiating governmental health care policies and budgets (Daue & Crainich, 2008; Hofmarcher & Durand-Zaleski, 2004). Therefore, they can be
considered as having a greater societal and governmental impact, extending their
classic economic corporate impact. However, we also noticed this powerful
position became very dynamic as soon as the ethnography started. To illustrate
how, we turn to the following scenes on our experience of gaining access:

- **Scene 1:** For a research project on the production processes underlying
  health news, we decide to contact a pharmaceutical company to conduct
  part of the ethnography at their public relations (PR) office. One of the
  researchers is well acquainted with a communication manager from the
  company, who can help gain access and can act as a gatekeeper. We
  schedule an appointment to meet up for the first time, during which we
  introduce the project. Our gatekeeper is enthusiastic and feels it is very
  important to participate in scientific research like ours. We get his
  permission to do fieldwork right away.

- **Scene 2:** When we start emailing to plan the fieldwork, different issues
  start causing delays and postponements. Some are practical, like the main
  informant that the gatekeeper had in mind falling ill, while others relate
  to the internal preparations and negotiations of the fieldwork. Some of the
  postponements are understandable, while others cause frustration and
  produce varying degrees of uncertainty and perceived powerlessness for
  the field researcher. After four months of delays and negotiation, the
  ethnography can finally start and the gatekeeper and his assistant set up
  21 interviews with different employees from the research and
  development (R&D) and PR departments to start off the fieldwork.

- **Scene 3:** When doing the exploratory interviews, the interviewees are
  happy to participate and talk freely. For many of them, it is the first time
  someone sits down with them to talk about their work, how they construct
  the company’s image, and how they see their own role in it. Their body
  language, tone, and pace give the impression that they enjoy talking about
  these topics—which usually remain implicit in their day-to-day business,
  and to express their personal views. They are not afraid to express both
  their appreciation and the joy they have in working for the company as
  well as being more critical of the company’s work, the industry more
  broadly, and their personal professional practices and contributions.

As Scenes 1 and 2 show, the gatekeeper initially answers enthusiastically and
immediately grants his permission. However, it takes four more months to
actually start the fieldwork. The gatekeeper appears to be in a difficult position:
he wants to give the field researcher proper research opportunities, but also needs
to internally negotiate the fieldwork and needs all involved managers within the
company to collaborate and agree on the conditions of the fieldwork, including
colleagues from the US-based parent company. Eventually, the gatekeeper and his
assistant set up 21 interviews with employees from different departments. There is a particular power dynamic to this; on the one hand, it can be accounted for by the gatekeeper's willingness to secure proper research opportunities. On the other hand, it allows the gatekeeper to have a degree of control over (the first phase of) the fieldwork. This confirms that gatekeepers can perceive granting access as a vulnerable act (Smith, 2006). Their powerful position (she or he being able to decide whether to let the researcher in) is transformed to a vulnerable one (the researcher being able to access inside information and to report on it in their work). Similarly, participating in research as an informant makes one vulnerable: it entails opening up to a (relative) stranger who has a certain authority (being part of a research or similar institution) and who will report on what she or he observes as an authoritative voice in an authoritative community. In our case, the gatekeeper renegotiates these vulnerable positions to more powerful ones, both for himself as a gatekeeper and for the informants, by organizing interviews. This way, he is able to influence who the field researcher will talk to in the first phase of the fieldwork, and consequently, which voices will be heard. This empowered the gatekeeper, as well as the informants, in their initially vulnerable positions.

However, this does not lead to disempowerment of the field researcher, for three reasons. First, the gatekeeper and his assistant allowed the field researcher and first author of this article to schedule more interviews and further move around freely in the company. The field researcher chose a main informant later on and was allowed to schedule observation days with him without further permission from the gatekeeper or his superiors. Second, starting off the fieldwork with so much exploratory, structured data and having many different connections with different departments were empowering for the field researcher, as it enabled accessing reliable inside knowledge and contrast data from different sources. Third, empowerment of one interactant does not necessarily lead to the disempowerment of the other interactant(s). Inverse (dis)empowerment draws on the idea that all political and social relations are based on domination and that they are inherently asymmetrical in nature (Grillo, 2005), leading to the conceptualization of the elite informant as always being manipulative and overpowering. However, Grillo (2005) argues this is a reductive conception of power and, inspired by Arendt (1972), sees domination as 'what power becomes when considered within conflicting contexts or situations' (Grillo, 2005, p. 6). He does not deny that power can be asymmetrical and that it can lead to domination but proposes a model of power that includes a second option: power without domination. He differentiates between conflicting situations and cooperative situations. He illustrates this with knowledge building in classrooms: the relation between teachers and students is inherently asymmetrical, but still allows for collaborative, non-dominating contexts of knowledge building. A similar view on a more macro-level is propagated by Hearn (2012), who also
asserts that power is not always asymmetrical. In everyday life, there is a ‘variegated multiplicity of centres of power, with their powers waxing and waning, in a web of relations with shifting combinations and alliances’ (Hearn, 2012, p. 9).

In line with these perspectives, we postulate that we need a more dynamic concept of power to reflect on the complex processes of (em)power(ment) during ethnographic research, as the examples above show that informants’ powerful or powerless positions in society are not linearly transferred to the ethnography. We conceptualize power from a broad constructionist and interactionist perspective; participants actively construct the world of everyday life and its constituent elements (Gubrium & Holstein, 2008), including social conditions like power relations, in interaction; ‘they are perpetually in the making, as they are interpreted and employed in practice’ (Marvasti, 2008, p. 316). Power thus is understood as a relational process (Hosking, 2008), as constantly shifting, dynamic, and multi-faceted (Smith, 2006), and interactionally constructed (Diamond, 1996). In this article, we aim to explore what this notion of power implies for data construction and researcher–information relations in the case of an elite setting, based on concrete, empirical data. Our research questions are:

- How can we observe and analyze power dynamics, as conceptualized in a constructionist and interactionist orientation, in ethnographic research?
- How can we reflect on what these power dynamics mean for data construction, based on our fieldwork experiences in an elite setting?

To answer these questions, we use interactional and discursive methods. Weinberg (2006) compellingly argues that when using qualitative methods involving interaction, like focus groups, interviews, and ethnography, these interactions should also be considered in their own right. The discursive aspect has strong implications for how these methods are operationalized and understood and how the data emerging from it should be analyzed. We too assert that both in general and specifically for power dynamics, drawing from interactional and discursive traditions can be enlightening. Therefore, we want to illustrate how they provide a plethora of useful methods for analyzing power positions. Moreover, an interactional perspective prevents that seeing power as dynamic results in conceiving it as indefinable and always subjected to interpretation; it allows to see how power relations develop over the course of (different) interactions as well as isolate certain instances where a clear power position or asymmetry can be observed.
2. Method

This article draws on a fieldwork effort at a pharmaceutical company, as part of a multi-sited ethnographic research project on the production processes underlying health news. The pharmaceutical company was chosen as a fieldwork setting because of the assumption that the pharmaceutical industry is a relevant stakeholder in the health news lifecycle, as they produce content and press material about their research and products.

As a method, we opted for linguistic ethnography. Linguistic ethnography is an inter-disciplinary field, embedded in and positioned alongside anthropological and sociological traditions like Hymes’ ethnography of communication (1968, 1972) and social and interactional constructionism (Gubrium & Holstein, 2008; Marvasti, 2008), as well as linguistic traditions that focus on interaction and language in use, such as interactional sociolinguistics (Gumperz 1972; Gumperz 1982; for a critical analysis, see Creese 2008). It is a multiple, exploratory, even experimental platform, or site of encounter, where different lines of research interact rather than a school or paradigm (Blommaert, 2007; Rampton, 2007). The main assumption in linguistic ethnography is that meaning and the social world are mutually shaping (Creese, 2008; Rampton, 2007). In other words, language, discursive practices and discourse both shape and result from a community’s social and cultural practices and beliefs. Consequently, linguistic ethnographers study language to understand the context and study the context to understand the language (Jacobs & Slembrouck, 2010; Rampton, 2007). As language encodes our social worlds, linguistic analysis allows for systematic and precise analysis of those social worlds. However, the two-way interaction between context and interaction is a complex process, and this complexity is a central concern in linguistic ethnography (Blommaert, 2007). A good ethnography ‘describes the sometimes chaotic, contradictory, polymorph character of human behaviour in concrete settings’ (Blommaert, 2007, p. 682) and moves beyond ‘essentialist accounts of social life’ (Creese, 2008, p. 229). Linguistic ethnography therefore is much concerned with methodological reflexivity and the status of ethnographic knowledge, as it is a continuous challenge to respect the uniqueness, variability, momentary character of the micro-event, and local (inter)action, as well as look for patterns of its more structural, stable embedding in a wider social world, especially because the social world is also subject to change (Blommaert, 2007; Creese, 2008).

We chose this methodology for twofold reasons. First, the main research interest was the discursive processes of creating news; how informants talk about their work, how they develop news stories and press releases, and how these
stories are entextualized throughout the writing and editing process. Second, it allows for methodological reflection and for a deeper understanding of data construction, as it conceptualizes the researcher–informant relation as a series of interactions that are up for analysis in itself too.

Our data were collected between May and July 2015, during 15 non-consecutive fieldwork days. They consist of 21 audio-recorded, semi-structured exploratory interviews, 23 audio-recorded meetings, more open-ended interviews and informal conversations, field notes, and written and virtual documents collected on site and the website. Data gathering and interviewing were done by the first author. After the exploratory interviews, the field researcher chose a main informant, Theo, to do further observations with. Theo was the main spokesperson of the Belgian branch of the company and was chosen because his position and job responsibilities were most relevant to the research questions concerning health news. All data were anonymized because of privacy concerns. Both the main informant and the gatekeeper signed a confidentiality agreement. The conversational data excerpts used in the analysis are from the audio-recorded units that were transcribed and translated into English.

For the analysis of this article, the first author initially listened to a 104-minute recorded interview with Theo (for the discussion of this interview, see section The Conversation) together with a project colleague who helped negotiate access and who had collaborated on previous analyses. After this exploratory phase, a transcription was made, which was coded by the field researcher. Another recorded interview with Theo was scanned and combined with insights from the field notes.

3. Analysis

As power dynamics in informant–researcher relations are complex, we have discerned three levels of analysis to better understand its impact on data construction: the level of conversation, the level of ethnography, and the level of the organization in society. Before going to the empirical analysis, we will motivate why we have chosen to work with these levels and explain which specific phenomena we aim to analyze on each level.

First, the level of conversation is of paramount importance to understand the basic power dynamics in ethnographic research (the Conversation subsection). Conversations, in the form of informal conversations with informants and observations of conversations between informants, are the main form of data
construction in ethnography. In these interactions, we constantly co-construct meanings, activities, identities, ideologies, emotions, and other culturally meaningful realities (Jacoby & Ochs, 1995), including power positions. Thus, looking at conversations can provide valuable information about the relation between the informant and the researcher and how this relation influences what is (not) said, and how. However, this level does not provide us with information on who influences the meaning and relevance of the emerging data. This, however, is also of importance, as we see the collection of data as a social construction in itself too (Charmaz, 2008), in which meaning making is actively constructed by informants and researchers. Therefore, we discern the level of ethnography (the Ethnography subsection). Finally, the level of the organization in society is concerned with how researchers and informants construct the meaning of the ethnography in relation to the existing discourses on the organization. As we know from Foucault’s work and from Foucauldian constructionism (Miller, 2008), this is also an issue of power; organization or individuals might take up discourses, be they dominant or marginalized, ‘to strategically rework them in specific social settings to pursue their own interests’ (Miller, 2008, p. 258). In the Organization in Society subsection, we explore how the main informant mobilizes the ethnography to produce an alternative discourse to a dominant discourse on his organization.

With these levels, we do not aim to develop an all-encompassing scheme for all the possible and potential power dynamics in human interaction. They are developed for methodological reflection and must only be discriminated for this purpose. In reality, they are strongly intertwined, as we will also show in the following sections.

3.1. The Conversation

As explained above, we co-construct power positions through talk. Conversation analysis and interactional sociolinguistics have a long tradition of analyzing how interactants achieve this. The central assumption of these traditions is that, although conversations always echo and reproduce the interactional history between participants (Jacoby & Ochs, 1995), all the previously achieved co-construction (in previous or currently ongoing conversations)—be it identities, ideologies, power positions, or anything else—can be ratified or challenged (Diamond, 1996; Jacoby & Ochs, 1995). Although the term might suggest otherwise, co-construction does not always entail ‘affiliative or supportive interactions’ (Jacoby & Ochs, 1995, p. 171). Both reproducing and reasserting social order (be it symmetrical or asymmetrical), as well as attacking and
challenging it are coordinated, constructed interactional achievements. This is true for power positions as well: interactants can, regardless of institutional rank or status, ‘contest, dispute and resist the roles assigned to them’ (Diamond, 1996, p. 12). This co-construction is analyzed by looking at turn taking (who is talking and when someone is talking), topic selection, orders and requests, (im)politeness, (in)formality and familiarity, and the interplay of social roles and identities. It is beyond the scope of this article to consider all these elements, but we will explore how analyzing the most marked of these in our data—informality, identity work, and positionality—can help understand power dynamics in ethnographic settings.

For our analysis, we consider a 104-minute interview with main informant and spokesperson Theo. It was scheduled to talk about two specific cases of media stories on the company, and to learn more how the company interacts with the press, both in general and more specifically in relation to those two cases. The interview took place during one of the last days of fieldwork; by then, the field researcher had already observed Theo numerous times during his professional activities and had spent a lot of time talking with him, both on and off record. The field researcher spent her time in between observations in his office (sometimes accompanied by Theo’s assistant), which allowed for a lot of informal chatting. At this point, a trustful, informal relation and conversational style had been established, which, as we will show, is both reflected in and shaping the interview. The moment during which the interview is collaboratively started up by the researcher and the informant is particularly insightful in terms power relations:

(1)

1 Researcher ik neem het op als dat goed is
I’m recording this if that’s okay with you
2 Theo ja da’s perfect
yes that’s perfect
3 Theo euhm nee zeg maar hé het zijn drie het zijn drie interessante onderwerpen
uhhh well you tell me there are three there are three interesting topics
4 Researcher ja misschien eerst de prijs want dat is nog niet zo lang geleden
yes maybe first the award because that is quite recent
5 Theo en je hebt de kans gekregen om om wat van die materialen in te kijken denk ik hé
and you got the chance to to take a look at some of that material I think isn’t it
6 Researcher ik heb euhm de dingen voor de [magazine] gezien euhm dat is een publireportage
I’ve uhm seen the stuff for the [magazine] uhm that’s an advertorial
Lines 1–2 immediately set the tone: although almost all the interactions between Theo and the field researcher had been recorded so far, the field researcher still asks for permission to record this one. This is good practice in ethnographic research, but the question is not trivial: it allows Theo to challenge the previously co-constructed social order. He does not do so, however, and the conversation shifts to the setting of the agenda for the interview. From line 3 onward, Theo takes the lead in this, asking the field researcher what to discuss first. Usually, in research interviews, it is the researcher who takes the lead by initiating and starting the interview, by proposing and explaining the main topic, and by asking the first question. In this case, Theo is the one who asks what the interviewer wants to talk about first—the topics had been decided on beforehand, but not the order. Theo does not make the decision, but this line clearly shows that he does not take up the interviewee role in which he would passively respond to questions; both Theo and the field researcher are equal interactants in the conversation. Consequently, Theo has an equal share in selecting the topic. Interestingly, in lines 5–10, the roles are even turned around entirely; Theo starts asking questions about what the interviewer already knows about one of the cases, in order to narrow down what to discuss. By letting Theo do this, the researcher lets Theo decide what the focus will be, which puts him in a researcher-like position. The field researcher does not resist Theo's initiative because this is the conversational style and social order they had co-constructed together throughout the fieldwork,
which turned out to be a comfortable and viable way of interacting. Theo is attributed power over the data construction, but this does not disempower the researcher or leads to a conflicting situation; it merely reflects that Theo and the field researcher have developed a relation of trust and equality and that, as a consequence, roles and positions have become more complex than the classic informant-researcher dichotomy and asymmetry. During the fieldwork, Theo also sometimes took the roles of mentor, coworker, and manager. As the field researcher was new to the corporate world, Theo acted like a mentor, explaining the ins and outs of working in a company. The field researcher’s expertise was also called upon a few times by Theo, when he asked to do some online research on an event he was interested in, or give feedback on a survey the company was developing, which resulted in interactions such in which coworker-like and/or manager-coworker relations were enacted. The field researcher partly assimilated to the corporate context, and Theo assimilated to the research context, as the fragment above shows. This is not unusual; Lønsmann (2015) describes how she took the roles of student, consultant, and confidante in her fieldwork on multilingualism in workplace settings, depending on the interactional situation and on her needs as a field worker. In sum, the researcher and informant have gone beyond classic roles without any form of resistance, indicating they consider each other to be equal contributors in this conversation and that it therefore is possible to select topics collaboratively.

This fragment also shows that conversational data and discursive analysis can uncover how interactants implicitly construct their roles themselves. In line 5 (“have you got the chance to take a look at the materials”), Theo uses the phrase: “to get the chance”. This lexical choice indicates Theo sees the case study as a service he provides, an opportunity he is offering to the field researcher. This idea of assisting or accommodating the researcher is also reflected in the following extract:

(2)

1 Theo uhm dus we hebben het goed gedaan op een op een gemakkelijk terrein
   uhm so we’ve done a good job when things were easy
2 Theo we hebben het slecht gedaan (. ) als het over [crisis case] gaat
   we’ve done a bad job (. ) on [crisis case]
3 Researcher zullen we daar eens over eh naartoe gaan
   shall we take it ((soft chuckle and smiling voice)) to that
4 Theo ja met plezier
   yes my pleasure

Theo’s answer “my pleasure” suggests he actively takes a facilitating position in the context of the ethnography, offering the researcher the opportunity to explore
new data. Theo’s cheerful answer is even more striking when considering the researcher’s smiling voice in line 3, which clearly indicates she is aware that she is switching to a more sensitive topic. His service-like mindset might indicate Theo likes to contribute actively to the empowerment of the researcher. He is aware that, especially as the case is particularly sensitive, his openness and willingness to talk about it allow the researcher to collect valuable inside data. This contrasts with his egalitarian position in fragment (1) and shows that, even by zooming in on a few lines, very different and contrasting dynamics of (em)power(ment) and equality in data construction can take place, solely on the level of conversation. His service-like mind-set is not merely a conversational style, but was also manifest in other actions, as he always tried to accommodate the field researcher. For example, he actively negotiated access to particular meetings by talking to the other attendees who had not yet met the field researcher, as well as to a rare guided tour in the animal research department, and he actively introduced her to other colleagues to help expanding her network.

This shows that the level of conversation is interconnected and simultaneously shaping and being shaped by the other two levels. To further explore this, we will discuss the level of the ethnography more in-depth.

3.2. The Ethnography

So far, we have explored what conversations can tell us about power, as social order is constructed, reasserted, and possibly challenged in conversations. These elements are helpful when analyzing power dynamics, but do not reveal how these power relations and positions shape data construction. This is what we aim to uncover on the level of ethnography. A first aspect of this level is the processes of gaining access, as discussed in the introduction. Our data illustrate that gatekeepers and/or informants can be more empowered when deciding to grant access, but that they become more vulnerable once access is gained. However, they are able to (partly) renegotiate this. A second aspect of the ethnography level is which events take place, and which meanings and relevance are attributed to these events in the context of the ethnography. While co-constructing what is being said, informants and researchers actively construct the relevance and meanings of events and of what has been said. This ties in with the constructionist assumption that ‘making facts is a social enterprise’ (Monahan & Fisher, 2010, p. 2), including during research. This is a central concern in constructionist grounded theory, as not only the researched worlds are social constructions, but research practices too. This means that ‘data are a product of the research process, not simply observed objects of it’ (Charmaz, 2008, p. 402), and that data collection is interactional in
nature. Therefore, ‘the researcher as author’ (Mills et al., 2006, p. 32) and the researcher as ‘research instrument’ (Lapadat et al., 2005, p. 2), in which the researcher is central to the production of data (Charmaz, 2000, 2008), have become important notions and focal points of methodological reflection in this approach. However, informants are as important in this interactive process of producing data. They actively co-construct data on the level of conversation, by what they decide to say and share, how to say and share it, by co-setting the research agenda. On the level of ethnography, they co-construct the relevance and meaning of events and conversations in the context of the ethnography. In this process, different dynamics of (em)power(ment) take place.

A first instance of this can be found in the example from the previous section (the Conversation subsection). As mentioned above, the interview from which the extract was taken was about two cases of media stories on the company, aimed at learning how the company deals with the press. One of the stories was a positive one about a recent award the company had won, whereas the other one was the case of a big crisis that the company had gone through a few years ago. The press had been quite harsh, and many company members found that the company had not been properly represented in the debate. In the case of the pharmaceutical industry, this is not anecdotal, as the industry has been, and still is, battling a reputation issue. The public sentiment toward the industry is rather negative (McLaren-Hankin, 2007; The Harris Poll, 2012), and scientists and journalists have discussed malpractices in the sector in popular books like Bad Pharma (Goldacre, 2012), Selling Sickness (Moynihan & Cassels, 2006), Pharmageddon (Healy, 2013), and Deadly Medicine and Organised Crime (Gøtzsche, 2012). In academia, some authors support this critical stance (Gøtzsche, 2012; Newman, 2010), while others speak of conspiracy mongering and demonization (Blaskiewicz, 2013; Novella, 2010; Schaffer, 2006). For Theo, the interview created the opportunity to voice an alternative stance on the crisis situation and negative media coverage, and on the Bad Pharma discourse in general, as well as to construct this interview and its content as valuable, relevant data for the ethnography. This empowered Theo, as he was able to transform his disempowered position in this particular debate to a more powerful one, especially in his role of the company’s spokesperson.

To further explore this, we will look at another extract from the 104-minute interview. Just before the following fragment took place, Theo had been discussing the advantages and disadvantages of working with agencies that produced branded content or advertorials—advertisements that formally look like journalistic articles. He preferred not to work with these companies too often because it was costly, not always effective and, most importantly, not very credible. For him, this issue of credibility was important because of Bad
Pharma discourse: paying for content of ambiguous nature did not help to refute the accusations that the industry is not transparent. Theo believed the only way to bring real change was building good, open, and respectful relationships with journalists, and collaborating with them to produce non-branded, integer, and nuanced content. Moreover, he was annoyed by how often they called and emailed him.

This fragment took place shortly after Theo’s phone went off. Theo did not pick up and the call was automatically redirected to his assistant. A few minutes later, she came in and told him the caller was from an advertorial agency. Theo told her to send him an email, after which we had the following conversation:

(3)

1 Researcher (((lacht)) mooi toeval
((laughs)) what a coincidence
2 Theo herhaling van voorgaande boodschappen aan de voice recorder
recapitulation of previous messages to the voice recorder
3 Theo ik ben dat dus kotsbeu dat [advertorial agency] mij blijft stalken
I am really sick and tired of [advertorial agency] that keeps stalking me
4 Theo met hun commerciële dinges
with their commercial stuff
5 Researcher amai maar
wow but really
6 Theo ja je hebt het nu gezien hé
yeah you’ve seen it now huh
7 Researcher ja ze bellen echt veel hé wekelijks
yeah they really call a lot don’t they like weekly
8 Theo ja ja je ziet het hé
yes yes yes now you can really witness it
9 Researcher zot hé
that’s crazy
10 Theo ik overdrijf niet hé
I’m not exaggerating
11 Researcher nee dat is waar
no that’s true
12 Theo en je zit hier niet eens elke dag
and you’re not even here every day
13 Researcher née
no true
14 Theo en ik ook niet
and me neither
15 Researcher amai
crazy
Theo talks to the field researcher about these advertorial agencies and shares his opinion on them, but the phone call provides further evidence to his statements. Although the ethnographic context empowers him because of the opportunity to share his thoughts on the Bad Pharma discourse, he has no power over the occurrence of such an evidential phone call. It is clear that Theo is excited; by having the researcher witness this live confirmation, as lines 2–3 show, he seems to feel it enhances the credibility of his claims. He triumphantly turns to the audio-recorder to say he is “really sick” of the “stalking” and explicitly confirms this in lines 8 (“now you can really witness it”) and 10 (“I’m not exaggerating”). By explicating his excitement, Theo co-constructs the meaning of this event in the ethnographic context together with the researcher; he implies that the call is proof for the fact that the advertorial agencies are in some cases instigating the lack of transparency the pharmaceutical industry is accused of, and therefore possibly also partly responsible for it. He does not literally say this, but his lexical choices are telling in this case. The reason for not doing making literally and explicitly this claim probably is that he understands that would be a step too far; he is allowed to co-construct the meaning of the event but not to impose it on the researcher, as that would challenge the established social order. Therefore, he merely implicitly proposes a possible interpretation for this event. This established social order is also why the field researcher does not explicitly oppose this implicit meaning construction; that would undermine Theo in his position as active and equal contributor to the ethnography.

This conversation also emphasizes how the different levels are strongly intertwined. On the level of conversation, this event illustrates a degree of intimacy and informality between Theo and the field researcher, as indicated by the informal lexical choices like Theo’s “I am really sick and tired” and the researcher’s “that’s crazy,” as well as their laughter. However, this event is also important in terms of intimacy and informality on the level of ethnography; events like this create an in-crowd, an experience that the two interactants now exclusively share (and might cherish) as part of their communal history, which in turn leads to the relation of trust needed in ethnographic research. Because of the implicit connection with the Bad Pharma discourse, there is also a strong link with the level of the organization in society, which we will explore in the next section.

3.3. The Organization in Society

On the level of the organization, informants and researchers co-construct the impact and meaning of the ethnography for the setting in society, in relation to
the existing discourses on their organization, community, sector, or any other kind of social group the informant(s) represent(s). While conversations are embedded in and evoke the social reality and the interactional history of the interactants, the discourse of the ethnography is embedded in and evokes the bigger societal reality, including other existing discourses on the fieldwork setting. This has been extensively researched in the field of discourse studies, including critical discourse analysis. Drawing on Foucault and Bakhtin, Angermüller (2012) states that

_We cannot talk or write without mobilizing a multitude of voices, some of which are marked as rather “close” to us, others as “far” away. Rather than drawing on a unified source of meaning, texts let many voices speak, which turns any use of language into an interpretive balancing act._ (p. 118)

Livesey (2001) similarly asserts that the discursive space is unstable, and organizations, like all actors, have to compete in the social and political process of reproducing discourses, ‘to sustain their stories and their definitions [...] or their notions of the boundaries and legitimate activities of the firm’ (p. 63). Therefore, discursive ethnographic data are to be understood in this wider discourse context, and in the organization’s or informant’s relation to other existing, maybe more dominant discourses, which they might consider to be wrong, unfair, or shortsighted, resulting in a power struggle against more dominant discourses (see also Fairclough, 1989).

Consequently, individual informants and/or organizations that are participating in ethnographic research may attempt to mobilize the ethnography to contribute to a certain discourse about their organization or community. In our case, we identified the company’s struggle with the _Bad Pharma_ discourse as a paramount discursive struggle on the organizational level. The main informant as well as other interviewees seemed to be empowered through their participation in the ethnography, in the sense that their vulnerable, powerless position in the _Bad Pharma_ debate was reconfigured to a more powerful one as their voices were heard by the researcher. However, whether the potential of this empowerment process is fully realized depends largely on the researcher, as it is the researcher who decides whether to write about this subject or not, and which stance eventually will be taken. To explore the power dynamics of shaping the meaning of the ethnography in its entirety, we turn to the following interaction as described in the field researcher’s field notes:

_Theo has to pick up some folders in the office of an R&D colleague named Ibrahim, at the other side of the campus. The weather is nice; he proposes to take a walk on campus and go fetch the folders together. Although there is no real reason for me to come along, I agree to join_
him, being trained to be open to new experiences and potential new data. When we arrive at the office, Ibrahim enthusiastically welcomes me and gives us some candy—Ibrahim always keeps candy in his office for visiting colleagues. Theo introduces me and cheerfully explains I’ve been “shadowing him for quite a while now”, as he usually does by now. Theo then asks Ibrahim to explain to me what he does exactly. Ibrahim elaborately explains what his very technical and specialist job entails; he’s an interesting, passionate man. Afterward, Ibrahim offers me to do a full-fledged interview. I thank him, Theo asks for the folders, and we walk back to his office. While strolling back to Theo’s building on the sunny campus, he tells me he really loves to hear people talk about their work within the company so passionately. He explains: “this is really our philosophy: doing research passionately and committedly”. We also talk about how people usually do not realize how complicated a pharmaceutical product usually is: “it’s a pity that our products don’t drive or fly. The technology needed for a car is clearly visible, noticeable, while it is invisible when you’re making a tablet. Moreover, people don’t like to think about it; they prefer to be healthy. As a consequence, people don’t ask a lot of questions about what precedes to production of something silly like a tablet. There is a lot of education to do.”

This event was quite theatrical and, to a certain extent, staged by Theo. By inviting the field researcher to join him in this rather superfluous activity, the fetching of the folders becomes part of the ethnography. Moreover, he also explicitly co-con structs the relevance of the event for the ethnography: he explains how Ibrahim’s passion and scientific excellence illustrate that the company’s employees are working hard to make innovative and helpful treatments for the patients. In doing so, he implicitly refutes some of the Bad Pharma arguments on bad treatments and excessive profits. Consequently, he actively co-constructs the event itself and its meaning and renegotiates his vulnerable position in the Bad Pharma debate in the process. Theo’s main responsibility as a spokesperson is getting more positive media coverage and building trust and reputation; consequently, the Bad Pharma discourse is a crucial issue that occupies him on a daily basis. He often expressed his frustrations about how difficult it was to reach the press and produce more positive content. Theo understood that he could do more than just talk about this to the field researcher; he could actually show and illustrate it.

The staged nature of this event does not invalidate the information it conveys. Monahan and Fisher (2010) explain that when informants stage data, they often want to get a particular message across. Therefore, these events ‘reveal profound truths about social and/or cultural phenomena’ (p. 2); they show us how
informants perceive themselves, and how they want to be perceived by the researcher. Moreover, this type of performance is not unique to or induced by the ethnographic setting; Goffman (1959) already showed that all interaction is a performance, ‘shaped by environment and audience and designed to convey particular impressions’ (Morris, 2009, p. 212). We can thus interpret the staged performance of the informant’s as an act of self-empowerment, for the ethnography gives him the voice to which many people in the press —whom he tries to reach, as the spokesperson— are usually not willing to listen to.

This staged performance also served as an act of self-empowerment for Theo in relation to his position in the bigger structure of the company. Although Theo had a high-ranking position and worked closely with the CEO of the national branch, his work was still steered by many actors like the CEO, the board of directors, the legal department, and the parental company in the US. He sometimes preferred different approaches to certain PR issues and interactions with the press, but he was not always allowed to implement these. In that sense, although working in an elite setting and in an elite position in that setting, Theo was not always very powerful as an individual in his professional context. In the context of the interaction with the researcher, he was empowered as he was able to voice these frustrations and to explain and motivate the strategies he preferred.

Again, this self-empowerment does not entail that the researcher is disempowered or overpowered. Theo’s influence on the data is not an issue of domination or manipulation; he is aware of the co-constructed nature of (ethnographic) data, and explores this, as it might lead to influencing the Bad Pharma discourse and debate. Researchers, however, simultaneously actively interpret all ethnographic data and all ethnographic events to do their part in the co-construction of meanings and relevance. And eventually, the researcher decides which meanings will be foregrounded and how they will be written up.

4. Conclusion

In this article, we have examined how power dynamics in researcher–informant relations influence data construction. We have proposed three levels for analyzing power dynamics: the level of conversation, the level of the ethnography, and the level of the organization in society. They allow for a more nuanced perspective on power, and to see it as both shaping and resulting from fieldwork interactions, and as not necessarily entailing domination. Moreover, it includes the possibility of having different processes of (dis)empowerment at the different levels. For instance, we identified the company having a dual position on the organizational
level; they are rather powerful actors as high-level decision makers and economic players, but rather disempowered as opinion makers in the Bad Pharma debate, struggling with reputation issues. This leads to a rather empowered position on the level of the ethnography, when the informants were able to construct an alternative discourse for the Bad Pharma discourse. However, ethnographers also have their share in the co-construction of interactions, meanings, and events and eventually decide which elements in the data will be foregrounded, from which perspective, and how critically; consequently, the company’s empowered position on the level of ethnography in relation to the Bad Pharma discourse is not necessarily transferred to the level of the organization in society.

To conclude, we want to discuss some of the implications of this approach. First, we cannot overstate the importance of seeing the levels of analysis we propose as interconnected. For instance, a piece of data can be particularly revealing on the level of organization in society, but how informants feel about existing discourses on their organization or community can also influence and shape the interaction on the level of conversation, as Nencel’s example of the silent Peruvian prostitutes shows. Our data do so too: in his role of spokesperson, Theo was determined to be open and respectful toward media and outsiders like the field researcher, as he believed this was the only way to create transparency and to convince journalists to take a more positive stance toward the pharmaceutical industry. This is reflected in his open, informal, and egalitarian interactional style with the field researcher. Similarly, the second and third level are strongly intertwined: although individual events on the level of ethnography might call for very specific meaning constructions, these meaning constructions are best understood in relation to which discourses informants are mobilizing and/or trying to rework. Consequently, these levels have been separated for methodological reflection, and we do not presuppose that power as a social construction behaves in levels of any kind other than the ones envisioned in a particular observer’s frame.

Second, we believe ethnography merits a focus on the discursive and the interactional, and argue that a linguistic ethnographic perspective, or more applied uses of interactional methods can be a gateway to understanding how informant–researcher relations shape data construction. They are compatible with paradigms in social sciences that see the researcher as an interactant or author on the level of conversation; in the interactive process of data construction on the level of ethnography; and as co-constructor of the ethnography’s meaning for the organizations involved and for society, on the organizational level.

Finally, we want to address the implications of our analysis for the concept of elite settings and informants. We believe the term “elite” is useful to refer to those
sitting on high-ranking positions of an organization or of the bureaucratic establishment and to prepare researchers for the specific challenges that might arise when subjecting an elite organization to ethnographic research, like gaining access. However, this should not lead to the conceptualization of all informants as always manipulative or overpowering, as the ethnographic reality is more complex than this; the powerful position of elite informants is not linearly transferred to the ethnography. Informants can be vulnerable, or at least not powerful, in different ways: 1) in relation to the researcher, as the researcher has considerable power to select, foreground, and interpret data; 2) in relation to existing discourses on their organizations; and 3) in relation to the elite setting. Even when they have an elite position, they are not always powerful, elite individuals. In the case of Theo, he is still constrained by the executive management, the parental company and company traditions concerning external communication.

Consequently, it is important for researchers to not just presuppose but thoroughly reflect on the relation they build with their informants, be they vulnerable or elite, at different stages and in different forms of data construction. This fruitfully brings to the fore what is at stake for informants, and how this could lead to certain meaning constructions, attributions of relevance, or staged performances. A key step would be to explicitly report on the informants’ strategies to clarify what they think should be the takeaway message of the ethnography, and how this has influenced data construction. Another key step would be to reflect on our personal relation with our informants, to gain insight into how these relations shape our conversations and how things are said, or remain unsaid. Finally, addressing where we have felt overpowered or disempowered, overpowering or empowering can further enhance reflection, taking into account this can happen in all ethnographic setting—elite and vulnerable. By explicitly reporting on it, we can come to more comprehensive analyses of ethnographic data.
EPILOGUE

This reflexive chapter is indispensable in my dissertation, because, as discussed in the methodology (chapter 3), doing and writing up fieldwork is an intrinsically interpretative process. Data are never exhaustive, or just naturally reflecting reality out there, but co-constructed by the researcher. As the bulk of the work in this dissertation is ethnographic or draws on other qualitative methods, such as interviews, I wanted to participate in this reflection and make it an integral part of my work, as well as contribute to the growing literature on reflexivity in the (qualitative) social sciences and in ethnography more specifically.

In line with the linguistic ethnographic approach of this dissertation, I have made use of discursive and interactional analytic methods to reflect on my role as a researcher, my biases, and on the process of data construction. Using the same empirical data and the same analytical toolboxes that we usually use in non-reflexive work allows for a same degree of thoroughness and validity in reflexive work. We can go beyond intuitions, general impressions, personal feelings and retrospective reconstructions of particular moments. These forms of reflection are impossible for other researchers and readers to really access, as outsiders to the ethnography. A discursive approach, in contrast, yields a kind of concrete metadata that readers can genuinely engage with, and which allows for assessing the solidity of the analysis and interpretation. Because, also in reflective work, we have to find valid and thorough ways of providing evidence and backing up our claims.

I selected pharmaceutical fieldwork as the case for this study, because it is a powerful, elite economic actor, which is also rather underrepresented in ethnographic fieldwork (which probably also is the consequence of the fact that access can be difficult, admittedly). It consequently provides an interesting case to explore power dynamics in the context of ethnography. Moreover, the pharmaceutical industry is one with many prominent and eloquent proponents and opponents, whose discourses researchers inevitably have been exposed to in some way. So, it is a setting to which researchers likely take a few pre-given assumptions, which requires an extra reflexive attitude when analysing the data.
Balancing Journalists’ and Scientists’ Professional Practices: Producing an infotainment show about food and nutrition in the age of healthism and soft news

This chapter analyzes how health news is produced by the editorial board of an infotainment TV show on food and nutrition. Health news is on the rise, and impacts laypeople’s health knowledge, their behaviour, the public agenda and governmental policy. At the same time, it is criticized for being inaccurate, badly framed and sensationalist. This is generally attributed to the difficulty of linearly “translating” scientific findings into journalistic findings, which results in the collision between scientific and journalistic perspectives and practices. This paper examines how producing health news is more than just a matter of linear translation, and looks into how two current societal trends, the rise of healthism and soft news, are reflected in and shape the production process.

Drawing on linguistic ethnographic data from fieldwork at the editorial board of the show, two case studies are analyzed qualitatively and in-depth to gain deeper insight in the complex dynamics of producing health-related media content. The data show that producing health-related media-content is more complex than translating it from a medical to a journalistic perspective in several ways: 1) it is a matter of intense co-production of journalistic and scientific practices; 2) nowadays, it is also a matter of co-production with new, non-scientific pseudo-experts and pseudo-scientific practices; and 3) the production of the show’s content indeed is not linear, but shaped and co-constructed by how the show’s soft news orientation, as well as the editors’ healthist perspective.

**KEYWORDS**: health journalism; food journalism; news production; professional practices; linguistic ethnography
1. Introduction

The interest in and production of health news and health-related media content is on the rise (Briggs & Hallin, 2016). In the US, health-related stories ‘compete with economics and politics for top billing in terms of frequency, placement, and audience appeal’ (Briggs & Hallin, 2016, p. 1). The 1996-2002 survey of Brodie et al. (2006) found that 42% of 42000 respondents reported to follow health news stories closely. The impact of health-related media content is not to be underestimated: (news) media are important sources for health news and information, and for the dissemination of new research findings to lay audiences and care providers (Grilli et al., 2002; Lipworth et al., 2015; Matthews et al., 2016; Saini et al., 2017). Health-related media content sets the (political) agenda, frames issues and heightens their salience (Brodie et al., 2003; Collins et al., 2006; Viswanath et al., 2008; Weishaar et al., 2016). This way, it provides access to specialized biomedical knowledge to laypeople, and ways to make sense of this knowledge. Consequently, the media impacts health behaviour, influences drug and therapy compliance (Grilli et al., 2002; Matthews et al., 2016), and, on a societal level, the public agenda, policy and legislation (Briggs & Hallin, 2016; Weishaar et al., 2016). Briggs and Hallin (2016) point to the performative nature of journalism: the media do not just represent what is known; they ‘produce hierarchically ordered classes of actors and forms of knowledge’ (p. 7), or, in other words, interpret knowledge and frame how it should circulate, which actors should attend to it, and how.

At the same time, health-related coverage is criticized for being inaccurate, sensationalist, oversimplifying, biased, and unable to engage in a meaningful dialogue (e.g. Viswanath et al., 2008; Dentzer, 2009; Lipworth et al., 2015; see Amend and Secko, 2012 for an overview). The problems concerning health journalism are generally attributed to journalists’ inability to correctly select sources and remain independent, to sensationalist framing, and to the difficulty of interpreting and translating research findings into a media story. It is argued that, when this translation effort is done incorrectly, the biomedical information becomes distorted, and, more generally, laypeople’s perceptions of biomedical knowledge and reality. As the translation metaphor illustrates, this critique is rooted in the idea that good health journalism is a linear transmission of the knowledge produced by the biomedical community, into a journalistic report in laypeople’s terms, and that s are two separate cultures with different professional practices. While scientific research, (para)medical knowledge and its discourses are based on falsifiability, specialization, dialectic, methodological reflexivity and education (Schokkaert et al., 2015), journalistic practices and discourses are
based, *inter alia*, on relevance, surprise, magnitude, entertainment (O’Neill & Harcup, 2009), and accessibility and information (Reed, 2001).

In this paper, I aim to examine this idea of linear transmission, and look at the interplay of the professional practices from both realms. This is done by analyzing the production process of health-related media content at an editorial board of an infotainment TV show on food and nutrition. The analysis focuses on two societal developments: the rise of healthism and the impact of soft news, as these two developments shed new light on the idea of health news production as a linear transmission from a biomedical to a journalistic perspective.

2. Literature review

2.1. Healthism

The term *healthism* refers to the increased attention to and emphasis on healthy lifestyles (Crawford, 1980; Greenhalgh & Wessely, 2004; Turrini, 2015), and a changing perspective on ‘attitudes, behaviours, and emotions regarding disease prevention, health maintenance, and wellness promotion’ (Turrini, 2015, p. 17). Healthism conceptualizes the individual as (largely) responsible for their own health, who consequently is attributed a new form of agency. It ties in with the notion of the *expert patient* (Dumit, 2012), who is empowered by his/her access to biomedical knowledge, and, based on this information, makes free and individual decisions about health. Healthy behaviour becomes, in a moral sense, ‘the paradigm of good living’ (Crawford 1980, p. 380). Crawford (1980), who coined the term, asserts that healthism is the result of the dissemination of the medical ideology among non-experts, resulting in patients who no longer see their doctor as the sole and monolithic source of medical expertise, and ‘claim a more active role in the healthcare process’ (Turrini, 2015, p. 17). From this, we can infer that reporting on health, science and medicine is no longer an issue of

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6 I conceptualize this production process broadly and holistically as the entire process of coming up with the idea of the show, developing the format, choosing topics, doing research about these topics, talking to experts, writing scenarios, the recording, the editing, the marketing and promotional work in/with other media.
“translating” biomedical knowledge, but a way of dealing with a multitude of stakeholders and experts with different backgrounds.

Both the individualization of responsibility and the differentiation of expertise is particularly salient when it comes to diet and nutrition, which are prominent aspects of healthism: ‘healthy eating is regarded as one of the most important means of health promotion not only in political programmes and strategies, but also in public discussion’ (Niva, 2007, p. 384). Healthy living becomes an individual, personal responsibility as the citizen, consumer or patient has the power to make informed choices concerning food (Henderson et al., 2009). This is reflected in and exemplified by the increased interest in functional foods (Niva, 2007), and the increase of diet shows like The biggest Loser, cooking shows and books, and non-health professionals campaigning for a healthier lifestyle and diet, like Jamie Oliver (Gray & Leahy, 2013). However, this has led to an information landscape on food and nutrition that is increasingly complex and full of competing claims and discourses. New information and knowledge on nutrition emerges outside the biomedical field, and at the same time, as a result of new biomedical discoveries, the viewpoints on healthy eating of the biomedical field are also in transition. For both laypeople and journalists, dealing with these competing claims and their high degree of uncertainty is difficult; it may lead to an erosion of public trust in food, or at least strongly complicates food choices. According to Niva (2007), ‘food choice has become an ongoing negotiation process in which consumers are faced with diverse intentions and expectations’ (p. 385), including social and cultural aspects of eating. Thus, the literature on healthism suggests that, because of the diversification of expertise and a new view on health, the linear transmission conceptualization of health news does not take all factors of the news production process into account.

2.2. Soft news

The second trend which I believe to be important is the softening of news (Lehman-Wilzig & Seletzky, 2010; Reinemann et al., 2011). As the concepts of hard news and soft news have been used in diverse ways, I use the synthesized definition and conceptualization proposed by Reinemann et al. (2011), based on a metareview of 24 papers on the subject. They discern three dimensions: 1) topic, 2) focus and 3) style. The topic dimension (1) concerns the explicit emphasizing of the political relevance of an item and the extent to which an item is explicitly related to public affairs and societal conflicts. It also refers to whether it mentions and foregrounds societal actors, decision-making authorities, a proposed plan or program, and the people concerned by a decision. The greater the emphasis on political relevance, the ‘harder’ the news story. The focus dimension (2) relates to
the stressing of the public and social relevance, versus highlighting the personal or private aspects. Public and social foci generate hard(er) news. The style dimension (3) deals with the inclusion of ‘explicit expressions of journalists’ personal impressions, interpretations or opinions and others that do not include such personal views’ (Reinemann et al., 2011, p. 233), as well as verbal and visual style, including the use of emotion-arousing elements. The more personal and emotional the style, the softer the news.

The strand of literature discussing health news’ influence, impact, and problems focus on media outlets that produce hard news, like newspapers and daily radio or TV news broadcasts, and on analyses of hard news forms. When considering the topic dimension, health news research tends to focus on politically relevant topics like vaccination (Thomas et al., 2017), Canadian health care (Collins et al., 2006), or the H1N1 virus (Briggs & Hallin, 2016). In the survey of Brodie et al. (2003), the list includes cancer, Medicare, abortion, reproductive health and patient rights. Grilli et al.’s (2002) metastudy includes topics like myocardial infarction, cancer, and hospital admissions. Similarly, when considering Reinemann et al.’s (2011) style and focus dimensions, there is a focus on media that are associated with hard news, i.e. focussing on public and social relevance and the exclusion of personal and emotional styles, like newspapers and TV and radio broadcasts. In Seale’s (2003) metastudy on health news in non-fictional and fictional media, newspapers dominate the sample. I detected a similar focus on hard news genres like newspapers and daily news broadcast on radio and TV, e.g. Brodie et al. (2003); Collins et al. (2006); Briggs and Hallin (2016); Lipworth et al. (2015).

Soft news deserves more attention in health news research, as health news is salient in all three soft news dimensions, especially from a healthism point of view. The healthism view on health allows for, or potentially even requires, a more personal and emotional style; it will likely focus on personal and individual aspects, and is potentially less politically relevant. This focus on the individual matches with the central idea in healthism that individuals are personally responsible for their health, and the individualization increases its salience as a non-politically relevant topic. Thus, healthism matches well with soft news, or the two could be seen as accommodating each other. More generally, the concept of soft news also points to the fact that health reporting is not a linear transmission from biomedicine to journalism, but that, depending on the genre, topic, style and focus, different frames and different constructions of which actors should attend to the news, and how, are produced.

Against the background of these two trends, I aim to examine the production of health-related items as broadcasted during an infotainment show about food. I
focus on the following research question: how do journalistic professional practices and perspectives and scientific professional practices and perspectives intersect during the production of health news?

3. Methodology

3.1. Data collection

This analysis draws on linguistic ethnographic fieldwork at the editorial board of an infotainment show on food and nutrition. Linguistic ethnography is a multiple and exploratory platform, where different lines of research interact, rather than a school or a paradigm (Blommaert, 2007; Rampton, 2007). The main assumption in linguistic ethnography is that meaning and the social world are mutually shaping (Creese, 2008; Rampton, 2007). In other words, language, discursive practices and discourse both shape and result from a community’s social and cultural practices and beliefs. Consequently, linguistic ethnographers study language to understand the context, and study the context to understand the language (Jacobs & Slembrouck, 2010; Rampton, 2007).

The fieldwork consisted of 31 non-consecutive observation days, in March-May 2016. The data consist of audio-recorded semi-structured interviews with editors, presenters, the editor-in-chief, the on-screen experts invited by the editors, and camera crew; audio-recorded meetings; audio-recordings of shooting days; field notes; the broadcasts; and a collection of the press materials on the show. As the show’s production was a team effort, no main informant was chosen. The editor-in-chief, who also acted as a gatekeeper, signed an informed consent. Because of privacy concerns, the names of the informants are fictionalized. For this paper, two recordings were selected for in-depth analysis, i.e. a meeting with the editors, as well as a recording of an interview with one of the presenters and an industry representative, which was filmed and broadcasted in one of the episodes. The relevant fragments were transcribed in Dutch (as found in appendix 3) and translated to English.

3.2. Ethnographic context

The show under scrutiny was produced by the current affairs department of Belgium’s Dutch-language public broadcaster. The current affairs department
produces daily news broadcasts three times a day, several debate and information shows, and documentaries. They also used to produce a watchdog show on consumer goods for eight years; the show under scrutiny is its successor, and also focused on fact-checking and revealing potentially controversial issues relating to food and nutrition. The aim was to reach and inform a broad audience about food, both concerning health and nutrition as well as production and marketing, in an entertaining, non-preachy style. The editors wanted to provide clear and straightforward information in the sea of claims on food and nutrition. The show was programmed in prime time, on the head channel of the public broadcaster. Consequently, clarity and straightforwardness was key, as well as being accessible, entertaining, and not too doom-laden.

The editors produced eight 45-minute episodes, consisting of five items: 1) an 8 to 10-minute health-focused story, focusing on nutritional aspects of a type of food, like smoothies; 2) a day in the life of a Flemish celebrity, focusing on their food choices; 3) a visual rendition of the entire production process of certain foods, showing the process played backwards, for instance, of black pudding; 4) an 8 to 10-minute item on the production or marketing of food, for instance, on children’s marketing, and, when relevant, consequences for one’s health; and 5) a quiz question on food. The crew consisted of five editors, an editor-in-chief, a production manager, a production assistant, two presenters/hosts, a pool of freelance camera crew people, one head director, and two interns. The show had an average of 949 991 viewers (live and postponed), and an average market share of 37,9%.

4. Analysis

4.1. Case 1: PAHs

In this section, I will discuss an episode from the show on the dangers of eating severely charred meat. The risk of eating charred meat can be assessed by measuring the concentration of polycyclic aromatic hydrocarbons, abbreviated as PAHs, which are found in coal, charred food and cigarette smoke. Ingesting and inhaling PAHs is associated with increased risk of cancer (EFSA, 2008). PAH concentrations in air, water, soil and consumer products are regulated by the EU. This episode was selected for analysis because of the complexity of the scientific information, because of the interesting and highly relevant considerations the editors had to make when shaping the scenario and storyline of this topic.
In what follows, I will examine how the editors deal with bringing the complex information on PAHs and cancer risk into the infotainment format of the show. The fragments below are extracted from a brainstorm meeting that the editors held once or twice a week. The meetings were attended by the editor-in-chief, the editors, production manager, and were joined by the presenters, directors and sometimes camera crew if they were around. During the meetings, both production and content were discussed; production topics included the budget, shooting schedules and the practical preparations of these shooting days. The content-related matters included all stages of the development of the items on the show: coming up with and brainstorming about new ideas, and following up on new ideas by discussing new input. If a particular topic was considered suitable, the editors discussed how to narrow it down further and worked on formulating a core message, developing an entertaining storyline and writing a scenario, and the production of these scenarios.

During the meeting under scrutiny, the editor-in-chief (Bill), a few of the editors (Ginny, Lily and William) and the production manager (Karen) discuss possible angles for the story, and how to convey the message of the increased cancer risk. At the time of recording, the editor in charge of the episode, Ginny, was looking into doing their own lab tests on samples of charred meat, if this was not too expensive. As the production cost of doing such tests is significant, the editors already brainstorm about how these lab results could be incorporated into the story. Their hypothesization on the possible outcomes of the lab tests and their consequences for the storytelling are interesting in terms of how journalistic and scientific perspectives interact.

In the following fragment, the editors have just established that, according to EU regulation, one is allowed to ingest 100 PAHs particles a day.

In the following fragment, the editors have just established that, according to EU regulation, one is allowed to ingest 100 PAHs particles a day.

1. Bill alright
2. Ginny yes
3. Bill and if such a piece of charred meat uhm
4. Ginny contains 3000
5. Karen oh
6. Bill and how is that in that kind of number
7. Ginny no no no I’m just saying
8. Bill And
9. William and what if you have ingested only 200 PAHs
10. what can you say then
11. [five turns omitted]
12.  
13.  
14.  
15.  
16.  
17. Bill then your risk increases, of what?
18. Ginny your cancer risk
Bill with
Karen yes but how much
Ginny yes how much percent yes that I don’t know because I mean
Bill is that something that
Ginny that also depends do you smoke are you fit
William well but that is what I wanted to say just now
Ginny yes
William because that example of smoking two packs a day
then your risk of cancer is increased by one third
then you wouldn’t do it
[one turn omitted]
concretely what are we going to be able to say
say how much does your cancer risk increase
[one turn omitted]
that is a potential cause of cancer I am quite sure of
but there are a million things
that will cause a bigger increase in cancer risk
it’s going to be well it’s going to be 0.1 per cent
it’s going to be that kind of number
Ginny well because these are compounds that
Bill yes but I don’t want to hear a number I mean it’s just
Ginny the explanation is just that
Bill it’s better not to eat those anymore because
William no but we are going to present a message
we do have this message that is it cancerous, I mean
if it’s only 0.1 per cent, we need to frame that

Editor-in-chief Bill and editor Ginny brainstorm about the storyline by imagining that the number of PAHs found in the lab samples would be 3000 (lines 1-8); this is a great difference with the 100 PAHs that are allowed by EU regulation. The 100/3000 ratio reflects a journalistic line of thought: such stark differences convey a strong and straightforward message, are newsworthy and fit well with the show’s watchdog concept of revealing interesting and shocking facts. Later in the conversation editor Lily similarly states that “it would be nice if there was a huge PAH concentration in just a small piece of burnt meat”.

However, the question immediately rises whether the lab tests will yield such big numbers. Editor William points to the fact that the number of PAHs might be much lower, and asks whether the conclusion would remain the same, if the concentration of PAHs found was, for example, only 200 (lines 9-17). Ginny responds to William that risk is always relative and dependent on multiple factors (lines 21-25), like, in the cases of digesting PAHs, on factors like smoking and fitness, implying that exactly assessing the risk of ingesting PAHs is simply not possible. In doing so, Ginny adopts a scientific perspective and touches upon a major issue in research on phenomena like the relation between PAHs and cancer: in epidemiological studies, there are always other factors and variables that might
influence the research results, which make it difficult to determine whether it is the variable under scrutiny that causes a certain illness, or another one that the researchers do not know about or cannot control. It is difficult to determine what is correlational and what is causal, and how influential a particular factor actually is.

Ginny’s use of this scientific perspective contrasts with the journalistic perspective as evoked in the 100/3000 ratio hypothesis. Ginny is joined in the use of this scientific perspective by William (lines 26-37) who agrees it is difficult to talk about risk, and compares the occasional ingestion of PAHs to lifelong smoking, to point out that the latter causes a greater health hazard. Later in the conversation, William makes similar comparisons to riding your bike in the Wetstraat, one of Brussels’ main roads in the city centre, where the air is heavily polluted because of its busy traffic. He thinks it is important to compare the risk of ingesting PAHs by eating burnt meat to other, and greater, risks of inhaling PAHs, in order not to overestimate the PAH ingestion risk when barbecuing. Such overestimation would be problematic from a scientific perspective, as the editors need a correct and contextualized representation of the risk, as well as from a journalistic perspective, as, because of the infotainment format, they aim to not to be pessimistic and prefer a constructive tone and style.

The aim to be nuanced and not too gruelling thus creates a tension with another journalistic practice, i.e. of providing clear and simple information. For the journalistic sake of clarity and straightforwardness, highlighting possible stark differences like the 100/3000 ratio would be beneficial. However, William feels that if the lab test would show such a discrepancy in what is allowed and what we potentially ingest when eating charred meat, he feels this might lead to fear mongering, especially if they do not frame it in relation to other factors that influence cancer risk, as well as in relation to other cancer risks.

The discussion then takes a metalinguistic turn (line 39); Bill argues that they do not need to talk about numbers, and that it is sufficient to just say it is “better not to eat those”. William again says that the message of increased cancer risk is not to be over- or underestimated, and needs proper, more specific framing. In summary, this fragment shows the dynamic of the different scientific and journalistic perspectives and practices that come into play, which create several tensions. The editors want messages that are clear, simple, not too gruelling or scary, but also want sound biomedical proof and numbers that are impressive enough to be newsworthy and relevant, and inform the audience in a correct and simple way.

While the discussion evolves, the editors compare to another item, the high sugar levels in smoothies. Ginny argues that in the case of sugar in smoothies, the
increase of risk, for instance, diabetes or obesity similarly depends on multiple factors, and is equally difficult to assess, but that this has not excluded the topic as an item on the show. William argues that there is a clear framework for smoothies by counting calories, and that one does not need risk assessment statistics to clarify that smoothies are unhealthy; one can tell the audience how many calories they are advised to ingest daily, and how many calories a smoothie contains. The discussion goes on for a while longer, but eventually, the editors come to a solution by bringing in another journalistic practice, i.e. the news you can use frame:

(2)

1 William  those two barbecues a year when you eat a piece of meat
2          that is somewhat charred
3        I think barbecuing is a great idea to start with
4        I just envision something half-hearted
5        or a conclusion that is exaggerating
6        what it actually is all about
7  Ginny  but there are things that you I mean, that people
8          we have included tips for example
9          that you have to cut off the fat of your meat properly
10         because when the fat drips on the coals
11        and that starts to heat up
12        that also causes the releases of PAHs in it

In the fragment above, William points to their somewhat artificial hypothesizing (line 1-6): people do not barbecue often in Belgium, and thus people eat charred meat only sporadically, assuming that people only eat charred meat when barbecuing. Ginny sees another possible perspective that might make the message more relevant (lines 7-12): they can provide tips on how to reduce PAHs. This ties in with the construction of the audience as expert consumers/patients who make individual but well-informed decisions about health. A few minutes later, Bill makes a similar point:

(3)

1 Bill        but it all depends on the tone with which you tell something
2 Ginny      but that the argument you’re giving now I don’t think
3 Bill        imagine you vegetarian crap you can
4          our conclusion also wasn’t
5        it’s poison don’t ever eat it again
6        just know and do whatever you want with it
7        that’s the same isn’t it
8  Ginny     you can also like you say you can smoke all of your life
9        and not get cancer but that does not mean
10       you shouldn’t get the message every now and then
For Bill, the tone with which a message like this one is conveyed is crucial (lines 1-7). This explicitly refers to journalistic practices and the performative nature of journalism: depending on how one tells something, it will impact the audience differently, so journalists and editors must make considerate decisions on content, tone and style. He refers to another item on the low nutritional value of processed meat replacements like veggie burgers, saying that they did not tell their audience “it’s poison don’t ever eat it again” (turn 5). They simply wanted to bring this to light, and it is up to the audience to act accordingly or not. This again is an evocation of the expert patient/consumer who makes informed decisions responsibly and individually. Ginny takes a more educational stance on the importance of talking about cancer (lines 8-11); she argues that audiences often get messages about carcinogenics and that they tend to underestimate these, because of single case examples of people who do not get sick. She consequently evokes a more educational version of expert patient/consumer, and slightly appeals to biomedical authority.

The analysis above shows that the editors draw on traditional journalistic practices and values such as newsworthiness, controversy, clarity, *news you can use* frames, and entertainment, but they also discuss the difficulties of these journalistic considerations in terms of both tone and style, as well as content (for example when talking about cancer, or when working with stark contrasts, which may lead to scare mongering and exaggeration). At the same time, they bring in complex biomedical concepts and risk assessment, multi-factor analysis and the use of numbers and population statistics. They also discuss the tone and style to adopt when to discuss these scientific concepts; for example, the tentative tone needed in reporting on epidemiological research. They reflect on possible issues related to discussing scientific results: what if the statistics are over- or underwhelming, how to contextualize numbers, whether to refer to medical risks, which comparisons can be used that are correct and informative, and how didactical they should be. They thus have included several scientific(-like) practices in their discourse and decision-making process. journalistic and scientific practices and perspectives, although it takes some effort to find a middle ground, do not just work against each other, but work together when constructing the core message and the story line of the episode. Moreover, the discussions are also shaped by the editor’s idea of the audience as expert consumers and their healthist perspective.

The editors thus not only change the language and translate it; they draw on both scientific and journalistic practices. They also produce frames and interpretations, and anticipate how the audience will attend to them. Therefore, conceptualizing the production of health-related media content as the mere
translation of information reduces what journalistic practice really entails. Briggs and Hallin (2016) similarly argue that journalists are co-producers of biomedical knowledge, not mere translators or interpreters. They propose the term biomediatization: ‘the co-production of medical objects and subjects through complex entanglements between epistemologies, technologies, biologies, and political economies’ (Briggs & Hallin 2016, p. 5). They argue that the biomedical and the journalistic field have penetrated each other; the biomedical field is mediatized (Briggs & Hallin 2016, p. 11) and has institutionalized media logics and frameworks in several ways. Biomedical actors provide media training for their professionals, they have press offices and they actively build relations with journalists and mass media to get newly acquired knowledge out there. Consequently, seeing the journalistic and biomedical communities as two different cultures is no longer tenable. Rather, the two communities co-produce knowledge, drawing on each other’s professional practices, and the data above exemplify how this incessant boundary work is being done.

In the broadcast, eventually, the episode was constructed as follows: one of the presenters first went to a food safety lab to talk to a lab manager, who explained what PAHs are, including a mention of their carcinogenic nature. He then illustrated how PAH concentrations are measured. The lab results were discussed in a studio conversation with a professor in food safety and food quality, who compared eating a burnt piece of meat to smoking one cigarette, saying the meat and the cigarette contain the same amount of harmful substance. He also explains that eating a burnt piece of meat once a week will not likely cause cancer, but that it is quite certain it would if someone consumed heavily burnt every day for years in a row. His explanation is then followed by some tips, i.e. not to cut off the burnt pieces but throw away heavily burnt meat in its entirety (as the PAHs penetrate the entire piece), the warning not to undercook meat either, and tips on how to barbecue without burning meat. The episode thus reflects the consensus the editors were trying to reach in the meeting: they mention the carcinogenic nature, quantify it by using the cigarette comparison, which helps to contextualize the danger and the risk and avoids anxiety mongering. They also to go for a positive, constructive conclusion with tips on how to avoid burning meat. This empowers the audience as expert consumers, who now know how to prevent ingesting PAHs, and creating them.

4.2. Case 2: Coconut sugar

In the previous section, I have analyzed the brainstorm on an episode about PAHs. This story is, from the outset, based on biomedical knowledge and expertise, and addresses how scientific claims can be retold in informative and entertaining way.
However, the editors also regularly discussed topics that are not solely rooted in biomedical science. Knowledge on food and nutrition, and health in general, is not only provided by biomedical experts but by other expert-like, non-biomedical stakeholders. To illustrate this, I will discuss an episode from the show that aimed to answer the question: *is there a form of sugar that is healthy, or at least healthier than refined white sugar?* For this episode, the editors developed a scenario in which presenter Diane visited different whole foods stores to discuss (healthy) forms of sugar, interviewed the representative of a company that produced and sold coconut sugar, and then discussed these visits with an expert on nutrition from the Flemish Institute for Healthy Living in the studio. The interview on coconut sugar was included as this form of sugar that is often claimed to be healthy and nutritious, or at least healthier than white sugar. However, their compositions are almost identical, and therefore, coconut sugar is as unhealthy and low in nutritional value as white sugar. Below, I examine the unedited interview with one of the show's presenters, Diane, and the representative of the coconut sugar, Mary, as recorded during the fieldwork, drawing attention to how the latter constructs the discourse on the health benefits of coconut sugar.

In the first fragment, presenter Diane asks in which form the coconut sugar comes to the company, in powder form or as the juice of the flower buds, to which Mary responds:

1. Mary: *so not the juice the sap is not transported to here*
2. Mary: *the juice is actually heated there until it becomes a dry mass*
3. Diane: *oh okay so how do you get*
4. Mary: *yes yes and the sole treatment the nectar gets*
5. Mary: *is the evaporation of the sap*
6. Mary: *so all the vitamins uh minerals enzymes antioxidants*
7. Mary: *that are naturally present*
8. Mary: *are also present in the dry mass of the coconut sugar*

---

7 This organization is a not-for-profit organization that is recognized by and partnering with the Flemish government. They work from a biomedical, evidence-based perspective and are considered to be an authoritative voice on nutrition, smoking, sedentary behaviour, fitness and mental health.
Even though Diane does not ask about health benefits, Mary relates the form and production method to health, and starts listing the good elements that are found in coconut sugar (lines 6-8). In doing so, she also introduces some biomedical or biomedical-sounding vocabulary, some of which is rather technical or complex: dry mass, vitamins, enzymes, and antioxidants. Immediately, Diane questions Mary’s claim about the abundance of all these supposedly healthy elements:

(2)

1 Diane but does the nectar really contain that many vitamins
2 minerals antioxidants then
3 Mary yes yes yes uhm I have a table here and it contains of some
4 for example chrome that’s a mineral of which it is known
5 to help stabilize blood sugar
6 and of that there’s a significant amount in coconut sugar

Mary confirms this, saying she has a table for this (line 3). This frames her point using a biomedical stance: tables contain numbers and are a well-known instrument for presenting scientific data. She strengthens her point using the chrome example (lines 4-6), and again introduces words that are frequent in the biomedical and biochemical world: the chemical compound chrome, blood sugar and stabilize. Moreover, she uses the passive construction of which it is known, which appeals to the fact that this is common (biomedical) knowledge, and therefore valid.

Thirty seconds later, Diane asks whether coconut sugar are not just “empty calories”, i.e. calories that do not provide anything beneficial or nutritional, like the calories provided by classic table sugar:

(3)

1 Diane yeah so the difference is then
2 that coconut sugar is not just empty calories
3 Mary oh no, yes indeed it is actually all the prop
4 all the properties of coconut sugar combined
5 that turn it into a product
6 that adds something to our health you know
7 while refined sugars are uhm nutrient robbers
8 the digestion of sugar demands several minerals like calcium
9 and magnesium and many others
10 as sugar does not contain anything else
11 it takes away all these vitamins and minerals from our body
12 it impoverishes us
13 and that’s why sugar causes
14 the development of illnesses in the long term
Mary introduces more biomedical or biomedical-sounding vocabulary (lines 7-14), like *nutrient robber*, the compounds calcium and magnesium, and constructs a technical explanation of why table sugar has negative effects on the body (lines 8-14), while coconut sugar supposedly has not. She also takes a more explicit biomedical stance, referring to chronic diseases.

(4)

<table>
<thead>
<tr>
<th></th>
<th>Diane</th>
<th>do you dare to say that coconut sugar is actually good for our body and healthy for our body</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Mary</td>
<td>absolutely yes yes the philosophy of our company is <em>food as medicine</em></td>
</tr>
<tr>
<td>5</td>
<td>Diane</td>
<td>yes</td>
</tr>
<tr>
<td>6</td>
<td>Mary</td>
<td>and we didn’t invent that slogan ourselves</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>it was Hippocrates a Greek physician about 400 before Christ</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>who already advised his patients let food be your medicine</td>
</tr>
</tbody>
</table>

The biomedical stance becomes literal in the phrase *food as medicine* and is strengthened by Mary’s reference to the oldest medical authority, Hippocrates (lines 6-8), who is considered to be the founder of Western medicine. The historical dimension adds authority to her argument, which is amplified by her remark “we didn’t invent that slogan ourselves” (line 6), suggesting the company does not invent its own claims, but retrieves them from proper expert sources.

As the discussion continues, Mary discusses the effect of sugar on the brain, ageing of the cells and the skin, and introduces other biomedical-sounding concepts, like the ORAC scale. ORAC has been used in nutrition research, but is nowadays contested as a tool for measuring the benefits of antioxidants (Schaich et al., 2015), and the claims on the benefits of antioxidants themselves are found not valid by the EU (EFSA, 2010).

The fragments above show that Mary’s claims about coconut sugar are impregnated with vocabulary, research techniques and claims associated with biomedicine. Moreover, she speaks in an authoritative, factual manner, and strengthens her claims by situating them in history and in common knowledge. None of the fragments contain markers of tentativeness. For instance, when Diane asks whether coconut sugar is good for us with the construction “do you dare to say”, suggesting that this is a bold claim to make, Mary responds with “absolutely” (lines 1-3). Thus, Mary’s claims are embedded in a discourse that reminds us of, or imitates, the discourse of biomedical research, which makes her claims potentially credible for laypeople who are not familiar with the scientific reservations and rejections of her claims. She is an example of the diversification of health experts, how they find their way into the media, and how authoritatively they present themselves.
Although Mary sounds convincing, the editors chose to frame the item from a purely biomedical perspective, from the beginning of this episode’s conception. In the broadcast, the presenter introduces the topic by discussing our natural desire for sugar, illustrated by how babies prefer sweet tastes over sour ones, and discussing how much sugar our food contains by going to the supermarket and reading labels of clients’ purchases. She then visits the whole foods stores, followed by the interview with Mary, which was cut to 50 seconds. Mary’s claims are then discussed in a studio interview with both presenters and a nutrition expert of the Flemish Institute for Healthy Living, who debunked the coconut sugar myth by discussing the problems of the measures Mary uses, and by saying the claims about the presence and benefits of the vitamins and minerals in coconut sugar are exaggerated and negligible. The conclusion of the item is that there are no healthy forms of sugar, and that the intake of sugar, in all forms, should be limited.

This again shows that, in today’s healthist society, producing health-related media content is no longer just a linear transmission of information from the biomedical perspective to the journalistic perspective. Editors and journalists have to deal with a whole range of non-biomedical stakeholders as sources and/or experts, who sometimes sound similar to biomedical experts.

5. Discussion and conclusion

In this paper, I have analyzed how health-related media content is produced by the editors of an infotainment show about food, and how scientific and journalistic perspectives and practices intersect. I have identified two trends that influence the production process: the rise of healthism and the impact of soft news. The data show that health-related expertise in the media and is not just produced by the biomedical field: journalism and science are intertwined, and reporting on health is not an issue of translating biomedical science to a journalistic perspective, but of intense co-production, which Briggs and Hallin (2016) call biomediatization. I have also shown how the emergence of pseudo-scientific experts and their biomedical-sounding discourses are a great challenge for the editors. Both elements show that health news and health-related media content is more than just translating information from biomedicine to a journalistic genre; editors actively construct the audience and the information, and even expertise itself. These constructions depend on the type of information, and, more indirectly, on the dominant views and discourses on health in society, like healthism. For instance, the editors’ construction of the audience as expert consumers, who make
individual but informed health choices, has a direct impact on the storyline and the style of storytelling.

Another shaping force in the production process is the show’s soft news orientation. In both cases, the political relevance of the topics is not discussed, even though both topics have political dimensions. For example, sugar is a highly politicized topic in many countries, including Belgium. There have been, and still are, debates about sugar taxes, and about the extent to which the government should engage in trying to change eating behaviour and food choices. This is not discussed in this episode, as such a perspective is difficult to combine with the conceptualization of the individually responsible, well-informed and agentive audience. Consequently, the central position of and focus on the individual as found in the healthism paradigm is reinforced. In that sense, although non-political in Reineman et al.’s (2011) terms, this construction of the agentive expert consumer is not entirely apolitical. Even though implicit, it constructs an ideological stance on how both individuals and governments should deal with health and prevention, and who is responsible for staying healthy. This again points to the performative nature of journalism, and the fact that producing health-related media content is more than translating – both what is said and what is left out produces a whole range of implicit and explicit frames and ideologies.

To conclude, the data I have discussed indicate that the difficulty of producing health news is not the translating or interpreting, but the fact that it takes place in an already highly biomediatized and pseudo-biomediatized landscape. Journalists, health professionals, scientists and audiences have diverse opinions on and ideas of biomedical research, public health, and the role of the media and news. For a producer of health-related media content, be it a journalist or a health professional, producing health-related media content is not just reformulating research findings into an understandable message for lay audiences, but contextualizing it in these existing discourses. In the cases in this paper, the editors eventually come up with biomedical conclusions, because they consistently turn to biomedical authorities. However, not all editors/journalists have a network of experts that is embedded in the biomedical community: some do rely on pseudo-scientific actors. Moreover, the editors in this case had a lot of time to produce their stories. In other genres and media outlets, the time spent on one article or episode is sometimes much more limited. When addressing the (potential) problems of reporting on health and biomedical sciences, it is this complex interplay of actors, discourses and circumstantial factors in which the problems must be situated. Further research is needed to gain more insight in this interplay, and especially in how non-biomedical experts and forms of expertise gain ground in and shape health news and health-related media content.
EPILOGUE

This chapter, for me, is the heart of this dissertation, because it provides an almost live-action view on health news production: in all its complexity, as highly contextual, and further exploring the dynamic attribution of expertise as part of the biomediatized news production process. It again confirms that health news production is not a matter of linear translation, but a more complex process of reflection and reproduction by multiple stakeholders that it is shaped by its context— in this case, the soft news and entertainment orientation of the show, and the editors’ expert consumer perspective on health. It shows how news values and perspectives on good reporting are shaped by these orientations, and how they are constructed in real-life encounters between editors during the meeting. The chapter illustrates how these values and perspectives determine what is newsworthy, but also how a certain topic is going to be reported on, and that news values thus not only feed into selection of news, but also into construction, as discussed in section 2.2.3.1 in the theoretical framework.

Moreover, the chapter adds to the theory of biomediatization. It points to the dynamic nature of the models of biocommunicaibility. The editors clearly construct their audience as expert consumers. However, their own practices and the production of the show’s health messages heavily draw on biomedical authority. In the case of contradictory information, they always choose to go for validated biomedical information they received from scientists during production. On-screen, scientists, dieticians and doctors also always have the final say.

The chapter also shows that the production of health-related content takes place not only in a highly biomediatized, but also pseudo-biomediatized landscape. This is very important for this dissertation: it adds to our understanding of the complex and dynamic nature of expert identities, and how important this is for health news, as it determines who is a valid source and who determines what we assume to be true about health and illness. While Mary is constructed as an expert in the interview with the presenter in the coconut sugar case, this identity is later denied by the government expert from the Flemish Institute for Healthy Living, whose expertise is ranked higher on the ladder of expertise by the editors. It also provides a first indication that expertise in relation to health is not only found in the biomedical realm, and that there are other, alternative expert voices in the domain of expertise and knowledge on health.
The Produsing Expert Consumer: Co-constructing, resisting and accepting health-related claims on social media in response to an infotainment show about food

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ABSTRACT

This paper examines the Twitter and Facebook uptake of health messages from an infotainment TV show on food and nutrition, as broadcasted on Belgium’s Dutch-language public broadcasting channel. The interest in and amount of health-related media coverage has risen, and this media coverage is an important source of information for laypeople, impacting their health behaviours and therapy compliance. However, the role of the audience has also changed; consumers of media content increasingly are produsers (both users and producers of media content across digital and other media outlets). In the case of health, they are expert consumers (individuals that actively seek and select information provided by the media and by other sources, to make informed and tailored choices about health).

To explore how current audiences react to health claims, we have conducted a quantitative and qualitative content analysis of Twitter and Facebook reactions to an infotainment show about food and nutrition. We examine 1) to which elements in the show the audience reacts, to gain insight in the traction the nutrition-related content generates and 2) whether audience members are accepting or resisting the health information in the show. Our findings show that the information on health and production elicit most reactions, and that health information incites a lot of refutation, low acceptance, and a lot of suggestions of new information or new angles to complement the show’s information.

KEYWORDS: health journalism; food journalism; audiences; social media; content analysis
1. Introduction

Western citizens generally live increasingly longer and healthier lives (Huber et al., 2011), but the public’s interest in health (Boyce, 2007), as well as the amount of health-related media coverage (Briggs & Hallin, 2016), is rising. Media play an important role in this process; they represent issues and trends that are gaining ground in society, as well as instigate and co-construct (the interest in) such issues and trends (Weishaar et al., 2016). Journalism thus is performative in nature (Briggs & Hallin, 2016), and news and media shape how ‘we see the world, ourselves and others’ (Wahl-Jorgensen & Hanitzsch, 2009, p. 3). This is also true for health-related coverage; research shows that the media shapes the audience’s views on health and health care (Lipworth et al., 2015; Saini et al., 2017; Van Slooten et al., 2013), and that they are an important site for learning about health (Lariscy et al., 2010). Several studies show that health-related media content not only influences perceptions of and the audience’s views on health, but also affects therapy compliance and incites behaviour changes (Grilli et al., 2002; Matthews et al., 2016). Despite the rise of the Internet as an important source of information, the impact of traditional media is not to be underestimated: health information stemming from traditional news outlets is still considered more trustworthy by consumers (Van Slooten et al., 2013).

Health-related media content can have this powerful impact on audiences because of the media’s performative role, and because media do more than just represent information provided by health professionals. Rather, each health story ‘models knowledge as much as health, teaching lessons about what counts as medical facts, who makes them, who can interpret them, [...] what laypersons need to know and what they should do with this material’ (Briggs & Hallin, 2016, p. xiii). This is the result of biomediatization: health knowledge production nowadays is a process of co-production between biomedicine and journalism, in which there is a ‘complex exchange and partial hybridization’ (Briggs & Hallin, 2016, p. 11). These institutions are therefore no longer separate domains, but increasingly intertwined. In this co-production process, the media ‘produce hierarchically ordered classes of actors and forms of knowledge’ (Briggs & Hallin, 2016, p. 7); they frame issues and heighten their salience (Brodie et al., 2003; Weishaar et al., 2016).

However, although health journalism has this powerful performative role and impact, the audience can no longer be considered to be just passive receivers of the information that is carefully selected and crafted by the impenetrable mass media (Bruns, 2008; Loosen & Schmidt, 2016; Lüders, 2008). They have become produsers: (inter)active consumers and producers of personal (online) content.
More specifically in relation to health, audience members are becoming patient consumers (Briggs & Hallin, 2016), or expert consumers. Expert/patient consumers use information provided by the media and by other sources to actively make individual and rational choices about health. This article examines how these changing dynamics of power and knowledge production affect the uptake of health information as presented by the mass media. To do so, we conducted a quantitative and qualitative content analysis of audience reactions (April 2016 to January 2017) on Twitter and Facebook, in response to claims about food and health in an infotainment show on Belgium’s Dutch-language public TV channel. We believe this show provides an interesting case because of its infotainment format, as there is a potential tension between the media’s entertaining role and the dissemination health information (Seale, 2002). First, we will discuss the theoretical background of this article and introduce the concepts of the produser, the expert consumer and infotainment, and how they are relevant in relation to health and nutritional news. We will then discuss our methodology, as well as a few key insights from another part of this study, which was ethnographic in nature, before going on to the analysis and discussion. We believe the ethnographic insights can contextualize and deepen the results and insights in the discussion.

1.1. Produsers and expert consumers

As discussed in the Introduction, audiences are interested in and influenced by health-related media content, but are no longer passive receivers of such information. The rise of new communication technologies, such as blogs, wikis, social media and instant messaging, has changed the role of mass media as the sole providers of information, as there no longer is a distinction ‘between mass communication and interpersonal communication, and therefore between mass media and interpersonal media’ (Lüders, 2008, p. 683). Loosen and Schmidt (2016) similarly state that new information technologies have blurred ‘the boundaries between news producers and consumers as well as between production and consumption’ (p. 3). Consumers nowadays also produce content on online platforms, and actively engage with any media content, both user-generated or mass media-generated, by taking part in interpersonal follow-up communication within smaller networks (Loosen and Schmidt, 2016), which Bruns (2008) labels as produsage. A similar concept is Schmidt’s (2014) personal public, which refers to a new kind of publicness that has emerged; produsers produce content they deem relevant on a personal level (rather than on a societal level), which they communicate with audiences with which they have explicit ties (rather than with anonymous mass audiences), and in a conversational way
(rather than one-way publishing). In doing so, they manage identities, relationships and information, in complex interplays with one another (Schmidt, 2014).

According to critical scholars, the omnipresence of new communication technologies and its new form of publicness have led to “the cult of the amateur” (Keen, 2008), in which ‘trivial babble dominates over thoughtful knowledge of the experts’ (Schmidt, 2014, p. 12). This potentially results in a critical stance towards experts and mass media organizations and other institutions such as the government. More optimistically, Schmidt (2014) sees it as a potential site for inclusion and participation. Bruns (2008) also sees these opportunities when exploring the consequence of produsage for democracy, pointing to the fluid heterarchy (as opposed to traditional, strictly hierarchical organizations). However, fluid heterarchies have also changed knowledge production; classic experts are not automatically accepted as experts in digital produsage spheres, but need to re-earn and re-establish their expert position (Bruns, 2008). Consequently, ‘we are moving from the established, taxonomic, expert-driven paradigm into a new and uncharted territory’ (Bruns, 2008, p. 222). As experts are no longer at the heart of knowledge production, this may change knowledge and production processes in ways we cannot yet fully anticipate, which we need to explore and research.

This concept of the produser is connected with a concept that is more specific for the consumption of health-related media content: the expert patient (Dumit, 2012), or the patient/expert consumer (Briggs & Hallin, 2016). An expert consumer uses information provided by mass media and other sources to actively make individual and rational choices about health, apart from the supervision of their physicians. She or he is the expert about their own situation, personally constructs what is relevant and adequate knowledge, and becomes empowered because of ‘the genuine potential for making choices’ (Andreassen & Trondsen, 2010, p. 281), that is, to make informed, personal choices. In doing so, she or he tries to not only minimize the risk of illness, but also maximize well-being and freedom. However, the concept of the expert consumer and the idea of empowerment is also contested, for not taking into account factors such as health literacy and social conditions and determinants, which might impede making informed, empowering decisions (Greenhalgh, 2009).

In any case, similar to the produser who blurs the boundaries between mass media as an omniscient, authoritative producer of information, and the audience as a passive consumer, the expert consumer blurs the boundaries between authoritative professional biomedical experts and laypeople, between who develops and who receives knowledge. Both concepts also raise the question of
new forms of expertise and to what extent these forms really change power
dynamics (between mass media and audiences, or between health professionals
and patients), and what their impact is on knowledge production and reception.

The concept of the expert consumer is also highly relevant for our analysis
with respect to nutrition. Food is increasingly promoted as a means to stay
healthy, in which people have a high level of autonomy in making their own
choices. In Huovila and Saikkonen’s (2016) analysis of Finnish dietetic blogs,
readers are encouraged to prioritize an individualistic understanding of food,
bodies and knowledge, over the traditional population-based recommendations
concerning nutrition. In the traditional media too, it is a salient view on health; in
British and German newspaper coverage on obesity, self-control and individual
responsibility are the most frequently used frames (Atanasova & Koteyko, 2017).
Consequently, healthy eating is nowadays constructed as a personal, moral
responsibility (Henderson et al., 2009; Huovila & Saikkonen, 2016; Sukhan,
2012). This is also reflected in and exemplified by the increased interest in
functional foods (Niva, 2007), and the increase of diet shows, cooking shows and
books, and non-health professionals campaigning for healthier diets, like Jamie
Oliver (Gray & Leahy, 2013).

However, food choices are more complex than nutritional and health
considerations, for two reasons. First, the great interest in food has led to an ever-
growing supply of information, which is increasingly competing and contradictory
(Aschemann-Witzel & Grunert, 2015; Huovila & Saikkonen, 2016). Second,
although health might be an important, even moral, imperative, food choices are
also surrounded by many other incentives, like taste, peer pressure, ethical
considerations (Deliens et al., 2014), financial, religious, ethical and emotional
ones, often in complex interplay with one another. Mass media take up different
discourses on food and, in doing so, prioritize different incentives; in MasterChef
Australia (which has also been broadcasted in Belgium, as well as produced in a
local Flemish version), for instance, the dominance of considerations about taste
makes nutritional discourses appear irrelevant, implicitly sending confusing and
contradictory messages to the audience about which foodstuffs to limit in a normal
diet (Phillipov, 2013). De Backer and Hudders (2016) similarly argue that food
shows on TV, Belgian and other ones, are nowadays about entertaining and for
instance emphasize the pleasurable, fun aspect of cooking, or focus on exploring
uncommon ingredients or different food cultures. In Sukhan’s (2012) analysis of
Canadian weight-loss shows (which are similar in format to several shows about
weight and diet that were broadcasted or produced in Belgium, like Je bent wat je
eet (“You are what you eat”)), on the other hand, food is reduced to ‘an
instrumental necessity that is robbed of both pleasure and positive identification
of the self’ (p. 199). In sum, nowadays, ‘food choice has become an ongoing
negotiation process in which consumers are faced with diverse intentions and expectations’ (Niva, 2007, p. 385). These intentions and expectations can be social, cultural, ethical, religious, and financial and health-related. As a result of being so diverse, they are likely to contradict one another at some point. Consequently, individuals will have to constantly negotiate with themselves, and with their environments, which ones to prioritize. Moreover, media take part and complicate this process as they produce different, contradictory messages on how to prioritize. This complexity of food choices thus is challenging for the audience, who has these many considerations to include when constructing what is adequate and relevant nutritional knowledge. Moreover, there is a possible tension between this complexity and the infotainment format, which we will further explore next.

1.2. Infotainment

Infotainment has incited long-standing debates among scholars, as this increasingly popular format in the commercialized media ecology is often seen as a form of tabloidization (the trend of increasingly bringing media content and news in popular, entertaining and supposedly more artificial formats). Criticasters are concerned that tabloidization leads to a loss of journalism’s watchdog function, and the loss of the audience’s access to important sociopolitical information (Hauttekeete, 2005). Infotainment genres have also been assumed to generate a different and worse understanding of media content in the audience, mainly in relation to comprehension and the capacity to retain and remember information later (Nguyen, 2012; Prior, 2003). Tabloidization practices, especially in political media content on television, have also been associated with media malaise, eroding trust in institutions, and political cynicism (Norris, 2000).

More optimistic scholars argue that dichotomizing entertainment and information and content and style is a simplistic rendition of the media landscape (Hartley, 1996; Hauttekeete, 2005), and that there is no uniform, strong and linear trend towards tabloidization (Hauttekeete, 2005). Recent research has also shown that a different understanding of infotainment content is an effect on attitudinal changes, rather than factual knowledge (Kim & Vishak, 2008), that infotainment can even have positive effects on recall, and do not significantly affect comprehension (Mujica & Bachmann, 2016).

In the case of health journalism, both scholars and practitioners have different takes on to what extent media and media content is or should be entertaining, and whether this is positive or negative. Entertainment is often listed as a news value (O’Neill & Harcup, 2009), but health journalists have different takes on what the
main aim of health journalism ought to be. Some see it as a form of health promotion and public health, while others see entertainment as its primary function, not the potential public health effects (Briggs & Hallin, 2016).

Among health professionals, a similar debate on the role of media in health promotion, and on how to reconcile media logics with health promotion logics, especially in the case of entertaining genres, has been going on. For a long time, health professionals considered health and entertainment as irreconcilable opposites, and health-related media coverage was believed to be health damaging (Seale, 2002). However, health promoters and educators have reached out to the media to reach a wider audience, and have shown to be willing to compromise and accept ‘the pleasure principle that drives most mass media organizations’ relationship with their audiences’ (Seale, 2002, p. 6), and adapt and incorporate such and other media logics. At the same time, media have reached out to biomedical professionals to produce health-related content (Briggs & Hallin, 2016), incorporating biomedical logics and increasingly co-producing health-related content in close collaboration with biomedical professionals.

2. Research questions and methodology

The two tensions identified in the literature review, being 1) the audience as produsing expert consumers and 2) the tension between information and entertainment, are put forward for further investigation in this article. We aim to answer two research questions:

- **RQ1**: Is the audience inclined more to react to information or entertainment aspects of the show?
- **RQ2**: Is the audience inclined more to accept or resist the health information in the show?

To answer these research questions, we set up a quantitative and qualitative content analysis of audience reactions to claims about food and nutrition as presented in the infotainment show, by looking at Twitter and Facebook reactions (N = 2917). We conceptualize the audience in this analysis as the social media users who respond to the show via Twitter or Facebook, because of the editor’s choice to use these platforms, and in light of our focus on the active produsing audience or expert consumer.
2.1. Data collection and coding

We collected tweets associated with the hashtag of the show as broadcasted in 2016 through an exhaustive search. Because the free Twitter application programming interface (API) only returns a selection of tweets corresponding to a search term, we collected tweets by searching for the hashtag on the Twitter website, and then programmatically extracting tweets from the search results. A comparison with tweets returned through API calls revealed that our method retrieves a proper superset of the tweets found through the API, that is, all tweets the API returned were also in our data set (which were 1192 tweets). After data collection, we manually removed unrelated tweets that did not concern the TV show, for example, Twitter bots, from the data set, which resulted in a final set of 1181 tweets.

Facebook data were collected using the Pattern Python package (Smedt & Daelemans, 2012). We opted to collect reactions to posts made by the official Facebook page of the infotainment show in 2016, selecting all posts that related to the eight episodes of this season. We manually looked up the ID of the page of the show and scraped all posts from the page. Following this, we extracted all comments associated with each post and all replies to comments. This resulted in a set of 4787 comments. We manually verified that the extracted set of posts to ensure comments were exhaustive.

One of the posts on the Facebook channel consisted of 2638 comments. Of this post, only the first 160 comments were coded (to match the number of reactions of the second biggest post) to avoid that one post would distort the findings for the total sample. In addition, some comments to other posts were excluded from the analysis when foreign languages were used, or when the post featured only emojis (and no text) of which the meaning was unclear (e.g. hearts, thumbs-up and smiley faces were included; other ones with less canonical meanings were excluded). Other comments were deleted because they merely tagged another person and did not contain a reaction to the show. These alterations resulted in an analyzed data set of 1736 Facebook reactions. Our final combined data set consisted of 2917 items, produced by 1054 unique Facebook users and 693 unique Twitter users, resulting in 1747 unique users in total.

The codebook for the content analysis was partly predefined but further inductively developed in a first wave of qualitative content analysis of the first 250 tweets in the data set. New categories were added in a collaborative process of conventional coding (Hsieh and Shannon, 2005). In a second wave, the finalized codebook was applied to the complete data set (N = 2917), including the first 250
tweets, resulting in a descriptive overview of the frequency of use of the different categories and variables in the codebook. Ambiguous cases were marked by coder 1 (the first author) and co-coded by coder 2 (the third author). For those cases, in a next step, the two coders decided together which category was most appropriate to ensure the reliability and validity of the coding procedure. Statistical analysis was carried out using SPSS 22. Finally, the third wave of the analysis was again qualitative, but this time summative coding, which allows for interpretation of the context associated with the use of these categories and variables, which we illustrate in the article with concrete examples of tweets and Facebook posts (Hsieh & Shannon, 2005).

The codebook consisted of three main categories: actors, topic of reaction and evaluation of the information. The actor subcategories were based on a validated codebook from previous studies on health journalism (Deprez & Van Leuven, 2017), and included media, ordinary citizens, government organizations, academic experts and so on.

The topic categories coded the topic of the reaction (RQ1). The first three categories (food/nutrition health, food/production and food/marketing) were predefined based on the ethnographic fieldwork, as they mirror the categorization used by the editors to talk about the different kinds of items they were working on. As we expected reactions on format and entertaining elements, we included these as categories, and an other category. During the conventional coding process, we added categories for (self-)promotion (when someone advertised the show and/or told the audience to watch it), the interactive responses to questions to the audience, general evaluative comments on the show, ethics and comments on recipes.

With the evaluation categories, we aimed to capture the users’ attitude towards the information as presented in the TV show (RQ2). We predefined codes for refutation, doubt, acceptance, and as a result of the conventional coding process added suggestions, general resistance, reported intentions to change behaviour and taste. General resistance concerned reactions of users who did not refute a claim, but generally resisted looking at a claim from the particular angle the editors used.

2.2. Ethnographic data collection

As mentioned above, we want to add to the understanding of the results by contextualizing them with a few insights from another part of this study, which was linguistic ethnographic in nature. Linguistic ethnography is a specific form of
ethnography based on the assumption that language and meaning on one hand and the social world on the other hand are mutually shaping (Creese, 2008; Rampton, 2007), that is, that language and a community’s social and cultural practices both shape and result from one another. Consequently, linguistic ethnographers study language to understand the context, and vice versa (Jacobs & Slembrouck, 2010; Rampton, 2007). For this study, the fieldwork took place on 31 non-consecutive observation days (March to May 2016). The data set comprises audio-recorded interviews with editors, presenters, the editor-in-chief, the on-screen experts invited by the editors and camera crew; audio-recorded meetings; audio recordings of shooting days; field notes; the broadcasts and a collection of the press materials on the show. The editor-in-chief, who acted as a gatekeeper, signed an informed consent. Because of privacy concerns, the names of the informants as well as the name of the show are anonymized.

3. Ethnographic context

The show was produced by Belgium’s Dutch-language department of the public TV broadcaster, more specifically by the current affairs department. The department produces multiple daily news broadcasts, several debate and information shows, and documentaries. Being a state-funded public broadcasting channel, the department has the explicit mission to provide all Dutch-speaking Belgians, regardless of age, ethnicity and other demographic factors, with high-quality programs that contain good information and stimulate public debate. In the same vein, the aim of the infotainment show was to reach a broad audience and properly inform them, in an entertaining way, about all aspects of food: health, nutrition, and diet, as well as food production and marketing. The show’s season under scrutiny consisted of eight 45-minute episodes that were programmed in prime time; consequently clear, accessible and straightforward information was key. This became increasingly clear during the ethnography, as the editors construct their audience as (potential) expert consumers, in the web of ever-increasing supply of information on food and health, which is increasingly competing. In the interviews, the editors say that they aim to be a trustworthy source of correct and practical information, to support their audience in making adequate food choices. They are aware of the complexity of these choices. Consider the following extract from an interview with a newspaper, which was part of a larger marketing campaign to promote the show, as it was the first season of the show. In this extract, one of the presenters formulated the unique selling proposition of the show as follows:
We are not conscious enough of what we eat, as a result of the abundance of food. We used to eat to stay alive, now we eat just to fill us up, out of boredom, or because it’s comforting.

The presenter constructs food and eating as belonging to different aspects of life: as a basic physical need, as social and psychological processes and experiences and as a pastime. He consequently claims that we have neglected the most important aspect of food, the basic physical need to stay alive. The editors then argue that, to stay alive and healthy, we need to understand what food does to our bodies, and therefore consider food from a biomedical perspective. This way, we can become expert patients (Dumit, 2012), critical consumers who are actively learning and adapting to nutritional advice and knowledge, and food is constructed as a moral responsibility to stay healthy.

The editors are also aware of the complexity of nutritional information in itself and fear that, because of this double complexity, the focus on nutrition and health could easily become boring, overly didactic or preachy. They aim to avoid this in two ways. They acknowledge that the produsing expert consumer wants, in the words of Domingo et al. (2008), a conversation with, rather than a lecture from the media. Therefore, they address the audience as an active participant in the show, actively monitoring Facebook and Twitter and using them to interact with the audience, for example in the form of quiz questions.

Second, they opt for an infotainment format. This, for example, involves a weekly item with celebrities talking about their food choices and behaviour, or playful interactions between the two presenters. The editors believe an entertaining style was key to reaching a big audience, as it keeps the messages accessible. It avoids sounding preachy, and having the produsing consumer expert resisting the information, or not watching the show at all. Consequently, although the editors construct the main aim of the programme as informing the audience about nutrition and health (and food marketing and production), they often do mention or foreground social and psychological, or more entertaining lifestyle aspects, of eating. For example, the presenters regularly discuss their guilty pleasures or weaknesses in terms of eating habits on-screen. In the final episode, in which all items are centred around barbecuing, they filmed and used shots of the crew drinking wine and going for seconds. The editors aimed to highlight that food is not all about making healthy choices, but also about enjoying the food and the company of the people you eat with.
4. Results

First, we will discuss the results of the actor analysis, to contextualize the data. Approximately 87.9 per cent of all Facebook comments and tweets are posted by audience members who could be identified as ordinary citizens, with no institutional link. The second most present actors are media actors (6.0% in total, 6.9% on Twitter, 5.4% on Facebook). This includes mostly self-promotional material: all Facebook posts and tweets posted under the official account of the show and posts published by media professionals linked with the broadcaster. Some other members of the show’s audience posting comments and tweets were identified as industry actors and pseudo-experts (both 1.6% presence in the total sample).

4.1. Topics of reactions (RQ1)

To answer RQ1, whether audience members react more to information or entertainment aspects of the show, we take a look at Table 1, giving an overview of to which topics the posts and comments are linked.

<table>
<thead>
<tr>
<th>Link with programme</th>
<th>Twitter (n = 1181)</th>
<th>Facebook (n = 1736)</th>
<th>Total (n = 2917)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about food/health</td>
<td>258 (21.8%)</td>
<td>292 (16.8%)</td>
<td>550 (18.9%)</td>
</tr>
<tr>
<td>Information about food production</td>
<td>193 (16.3%)</td>
<td>436 (25.1%)</td>
<td>629 (21.6%)</td>
</tr>
<tr>
<td>Information about food/marketing</td>
<td>43 (3.6%)</td>
<td>44 (2.5%)</td>
<td>87 (3.0%)</td>
</tr>
<tr>
<td>Response to (quiz) questions</td>
<td>106 (9.0%)</td>
<td>153 (8.8%)</td>
<td>259 (8.9%)</td>
</tr>
<tr>
<td>Formal aspects of the show</td>
<td>59 (5.0%)</td>
<td>26 (1.5%)</td>
<td>85 (2.9%)</td>
</tr>
<tr>
<td>Entertainment</td>
<td>179 (15.2%)</td>
<td>70 (4.0%)</td>
<td>249 (8.5%)</td>
</tr>
<tr>
<td>(Self-)promotion</td>
<td>103 (8.6%)</td>
<td>62 (3.6%)</td>
<td>165 (5.7%)</td>
</tr>
<tr>
<td>Evaluation of the show as a whole</td>
<td>106 (9.0%)</td>
<td>120 (6.9%)</td>
<td>226 (7.7%)</td>
</tr>
<tr>
<td>Ethics</td>
<td>31 (2.6%)</td>
<td>163 (9.4%)</td>
<td>194 (6.7%)</td>
</tr>
<tr>
<td>Recipe</td>
<td>4 (0.3%)</td>
<td>85 (4.9%)</td>
<td>89 (3.1%)</td>
</tr>
<tr>
<td>Other link with programme</td>
<td>132 (11.2%)</td>
<td>316 (18.2%)</td>
<td>448 (15.4%)</td>
</tr>
</tbody>
</table>

*The sum of all categories can be more than one hundred because some posts contained more than one link with the programme.*
The most discussed topics are the factual information as put forward by the editors: most comments and tweets relate to information about health (18.9%), food production (21.6%) and marketing (3.0%). If we look into the division of reactions to the information categories, we see that these correspond with the division of the information as found in the TV show for Twitter, and that Facebook reactions correspond with the topic of the Facebook posts. Of all items in the 8 episodes, 11 related to health (28.2%), 14 to food production (35.9%), and 6 to marketing (15.4%). A similar distribution is visible in the tweets; tweets mainly relate to information about health and nutrition (21.8%) and food production (16.3%), and only to a lesser extent to marketing (3.6%). In the case of Facebook, although most of the 83 posts on the official account of the show were self-promotional or related to quiz questions (45, or 54.2%), we find a slightly different but similar tendency. Twelve posts (14.5%) presented food information related to health, 12 posts (14.5%) presented food information related to food production and 3 posts (3.6%) presented food information related to marketing. This is reflected in the distribution of reactions (N = 1653), which are mainly focused on food information in the show about production (25.7%) and health (16.9%), and to a lesser extent marketing (2.5%). Nonetheless, when taking into account that the exceptionally big Facebook post, where we only coded the first 160 reactions, discussed food information about production (more specifically about colour additives), we expect that the number of Facebook audience reactions in terms of production are in fact higher. Consequently, Facebook users react to information on production relatively more than on Twitter, and relatively more than put forward by the show’s editors.

With respect to entertainment aspects of the show, formal aspects elicited few reactions: only 2.9 per cent of comments discussed issues such as directing style, music and language; 8.7 per cent were comments discussing the celebrity presenters, the celebrities featured in the show and purely entertaining elements (e.g. footage of peeling an apple with a drill). Both these commenting practices were found relatively more on Twitter. However, for both platforms, these results suggest that the entertaining style does not greatly distract the audience from the actual information on food in the show, and that about half of the reactions are directly prompted by the actual, factual information in the show. Moreover, the reactions to the different informational subcategories (nutrition/health, food production and marketing) are distributed similarly to the show’s items and Facebook posts.

Furthermore, during the first coding round, we observed that many users, especially on Facebook (9.4%) (vs. 2.6% on Twitter), started discussions on ethical aspects of eating, mainly on the environmental aspects of eating and not eating meat. However, the show hardly ever discussed these ethical aspects; just once, a
vegan celebrity briefly touched upon the ethical motivations of his choice. It thus is remarkable that, especially on Facebook, ethics discussions account for 9.4 per cent of reactions, while these were not prompted or elicited by the show itself. It confirms that food choices are complex, and that people actively bring other aspects into the picture than the ones the editors highlighted.

4.2. Evaluation of information (RQ2)

To answer RQ2, Table 2 gives an overview of the users’ evaluations of the claims on health, food production and marketing (for this analysis, we only included the 1229 comments and tweets in the informational categories). 34.3% of all reactions accept the information presented in the show, about equally divided between Twitter and Facebook; 10.9 per cent of the users report they will change their lifestyle, confirming or following what they learned from the show. Yet, in most cases, audience members present themselves as doubting (4.7%), refuting (14.3%) or resisting (5.9%) the presented food information. Twitter reactions contain more refutations (17.4% vs. 12.3%), and express more doubt (4.9% vs. 4.6%) and resistance (9.4% vs. 3.5%) compared with Facebook reactions. In a quarter (25.3%) of all reactions, users make further suggestions adding to the information presented in the show; this is especially the case for Facebook (31.3%, vs. only 16.2% on Twitter).

Table 2. Evaluation of information versus platform (n = 1229).

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Twitter (n = 488)</th>
<th>Facebook (n = 741)</th>
<th>Total (n = 1229)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refutation</td>
<td>85 (17.4%)</td>
<td>91 (12.3%)</td>
<td>176 (14.3%)</td>
</tr>
<tr>
<td>Doubt</td>
<td>24 (4.9%)</td>
<td>34 (4.6%)</td>
<td>58 (4.7%)</td>
</tr>
<tr>
<td>Acceptance</td>
<td>172 (35.2%)</td>
<td>249 (33.6%)</td>
<td>421 (34.3%)</td>
</tr>
<tr>
<td>Suggestion</td>
<td>79 (16.2%)</td>
<td>232 (31.3%)</td>
<td>311 (25.3%)</td>
</tr>
<tr>
<td>Resistance</td>
<td>46 (9.4%)</td>
<td>26 (3.5%)</td>
<td>72 (5.9%)</td>
</tr>
<tr>
<td>Intention to change behaviour</td>
<td>58 (11.9%)</td>
<td>76 (10.3%)</td>
<td>134 (10.9%)</td>
</tr>
<tr>
<td>Taste</td>
<td>24 (4.9%)</td>
<td>39 (5.3%)</td>
<td>63 (5.1%)</td>
</tr>
</tbody>
</table>

Interestingly, some reactions take a different perspective by focusing on the importance of taste (5.1%). For instance, an item on the use of carmine, a pigment extracted from a scale insect, elicited a lot of disgusted reactions, including many reactions of users stating they would no longer consume products containing carmine. However, some users expressed taste took precedence over considerations concerning food production or health, stating for example that they would keep consuming certain products because they are tasty:
(1) Don’t give a fuck, it tastes good so I’ll keep drinking it [Facebook] 

In other cases, some users suggested the tastiness of healthy products as a secondary incentive to consume them:

(2) Light and tasty [Facebook reaction to a recipe of a healthy, low-calorie Caesar salad]

Again, this points to the fact that food choices are complex, and that the audience often considers and takes preference of other aspects, like taste, than the one the editors use as the dominant frame in their content.

*Table 3. Evaluation of information versus topic of reaction (n = 1194).*

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Info about health (n = 521)</th>
<th>Info about food production (n = 595)</th>
<th>Info about marketing (n = 78)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refutation</td>
<td>120 (23.0%)</td>
<td>39 (6.6%)</td>
<td>17 (21.8%)</td>
</tr>
<tr>
<td>Doubt</td>
<td>25 (4.8%)</td>
<td>27 (4.5%)</td>
<td>4 (5.1%)</td>
</tr>
<tr>
<td>Acceptance</td>
<td>117 (22.5%)</td>
<td>258 (43.4%)</td>
<td>35 (44.9%)</td>
</tr>
<tr>
<td>Suggestion</td>
<td>165 (31.7%)</td>
<td>116 (19.5%)</td>
<td>14 (17.9%)</td>
</tr>
<tr>
<td>Resistance</td>
<td>47 (9.0%)</td>
<td>20 (3.4%)</td>
<td>2 (2.6%)</td>
</tr>
<tr>
<td>Intention to change behaviour</td>
<td>24 (4.6%)</td>
<td>103 (17.3%)</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Taste</td>
<td>23 (4.4%)</td>
<td>32 (5.4%)</td>
<td>5 (6.4%)</td>
</tr>
</tbody>
</table>

*The total number of reactions linking with the show in terms of information about health/food production/marketing is lower than in Table 1 because not all reactions contain an evaluation of the presented information.*

To gain a better understanding of the dynamics of acceptance, refutation and other evaluations, we look at these evaluations in relation to the information type in Table 3 (considering the low number of cases in the category of information about marketing (N = 78), the numbers for this category need to be interpreted with prudence). For production, acceptance is high (43.4%) and refutation rather low (6.6%). For health, we see a different trend: acceptance is notably lower (22.5%) and refutation is high (23.0%), even slightly higher than acceptance. In addition, audience members more often suggest different angles when discussing information about health (31.7%), and as such more actively participate in constructing and debating health knowledge than knowledge on production (19.5%) and marketing (17.9%). This suggests that most audience members see themselves as expert consumers, who do not just accept the health information as presented to them, but actively add to the existing information and debates.

In the following section, we examine some relevant categories and use examples to gain a deeper understanding of the different reactions in these
categories. The refutations both concerned the information itself (3), the science behind it (4), and how facts were presented by the editors (5):

(3) Another myth confirmed in #hashtagshow: that a daily glass of red wine supposedly is healthy. [Twitter]

(4) Lots of talking about calories again. That’s getting #oldschool when talking about food and more importantly about remaining slim. What about #glycaemicindex anyone? [Twitter]

(5) Who lets his teeth soak in coca cola for a month anyways?! #bullshit #hashtagshow #hashtagbroadcaster [Twitter]

To prove that the acidity of fizzy drinks is harmful for our teeth, the editors set up an experiment in which they soaked teeth, eggs (egg shells have a calcified structure, similar to teeth) and a rusty screw in several fluids, like orange juice and coca cola, for a month. After this month, the egg shells had disappeared and the teeth were blackened, which clearly conveyed that acid drinks are harmful for teeth. However, the audience member in (5) found the experiment too far-stretched.

The suggestions category contains explicit requests towards the editors (8); reactions in which audience members state that the information was incomplete and add new aspects (6-7); reactions which, without suggesting the information was incomplete, highlight another aspect of the topic discussed; and all further discussions among users following these suggestions (7):

(6) Yes... if they withhold the truth about the sickening wheat in bread well then it’s not worth watching this show! Not to mention the glycaemic index of bread being higher that of refined sugar like that [Facebook]

(7)

User 1: And ... it’s a pity you haven’t mentioned puffed rice cakes are unhealthy. They contain rat poison! A whole grain sandwich is way healthier.

User 2: puffed rice cakes contain arsenic, and there’s also arsenic in rat poison. But there’s NO rat poison in puffed rice cakes. Don’t be fooled! [Facebook]

Finally, these suggestions sometimes reframe the items of the show, highlighting other aspects of food and touching upon the complexity of food choices:
Another piece of evidence of audience actively taking up the role of the expert consumer is the reactions to report intentions to change behaviour (10.9%). Interestingly, information about food production (17.4%) most often provokes such reactions, while information about health and nutrition elicits fewer responses (4.6%). Further analysis of the data shows that most (95 of 103, or 92.2%) of these behaviour change reactions are elicited by the show’s the way back items about food production, which shows the trajectory of a foodstuff from the plate to the unprocessed product, played backwards. In four of the eight episodes, these items contained graphic images of animals being butchered. Another episode graphically showed how a chicken laid an egg. These images often elicited reactions of disgust, especially in the case of young or photogenic animals, like rabbits, as well as many audience members expressing they never ate these animals, intended to no longer do so, or encouraged others to no longer do so:

(9) I already didn’t like it, but now never again for sure! [Facebook]

(10) Because of #hashtagshow I am seriously considering becoming a vegetarian @publicbroadcaster #fromhamburgertolamb #seriously-disgusting [Twitter]

The audience members thus seemingly experience the information about food production as more shocking, and tend to construct its impact as bigger. Although these numbers do not provide us with any information on actual behaviour, they again illustrate the complexity of food choices, and, in this case, point to a dominance of emotional and psychological aspects of eating, over nutritional considerations.

Finally, the reactions expressing resistance (5.9%) indicate the audience members’ critical attitude towards nutritional information, as resistance is higher for nutrition/health (9%) than for food production (3.4%) and marketing (2.6%). This category contains reactions which, explicitly or through more implicit means like irony, state the information provided by the show unnecessarily complicates food choices, that resist the health frame in case of nutritional and health information, or that express a concern that everything we eat nowadays is somehow problematic.

(11) No I didn’t know. Is there something you still can eat without it containing all kinds of bad stuff? [Facebook]

(12) This show actually proves we eat crap every day. Do we really benefit from knowing that? [Facebook]
What is the goal of #hashtagshow, to keep us all from eating? [Twitter]

These reactions all express a concern with the increasing considerations concerning food choices and the growing body of contradictory information. Example (12) even implies that ignorance might be better than being knowledgeable, implying that information is overwhelming rather than helpful, and does not always lead to more informed and better choices. These reactions thus construct the stream of information as disempowering, rather than empowering, and resist being constructed as expert consumers.

Some resistance reactions are humorous; some audience members proudly posit they are enjoying unhealthy food:

[Watch the show] calmly? With two bags of crisps and a bottle of coke alright! #ifthataintthealthy #hashtagshow #watchit [Twitter]

Although the show aimed to positively influence food choices and health behaviour, these reactions construct watching the show as a leisure activity, meant to relax and have fun, which includes eating snacks. The higher percentage of resistance for health information thus indicates that audience members find that nutritional and health considerations are more restrictive and invasive than food production and marketing considerations.

5. Discussion and conclusion

In this article, we have conducted a content analysis to examine social media reactions to an infotainment show about food, to investigate the impact of presenting health-related information in an entertaining format (RQ1) and of the trend of the audience being/becoming a produsing expert consumer (RQ2). To conclude, we want to highlight three trends in our data that we believe to contribute to a better understanding of the audience uptake of health-related media content.

First, with respect to RQ1, our data contradict journalism literature assuming that uptake and attitudes are negatively affected by infotainment (Nguyen, 2012; Norris, 2000; Prior, 2003). Instead, we found that entertainment and formal aspects are not extensively discussed in the Twitter and Facebook reactions and thus likely do not tremendously distract the audience. About half of the reactions concern actual factual, informational elements of the show (nutrition/health, food...
production and marketing). Although we cannot generalize our findings with respect to social media reactions to the show’s whole audience, our data nonetheless support literature stating that infotainment does not impede uptake (e.g. Mujica and Bachmann, 2016). However, further comparative and experimental research is needed to determine whether uptake is better or worse in purely informational formats than in infotainment formats. Second, our data confirm that audience members experience food choices as complex and that they actively discuss this; they respond to all three main angles presented by the editors, being health, production and marketing, and also bring in other considerations such as ethics, taste and psychological issues like eating disorders.

Third and most importantly, our data indeed reflect that the audience are produsers and expert consumers in relation to health (RQ2). Nutritional information incites a lot a refutation, debate and suggestions, and little willingness to change behaviour, which sharply contrasts with the trends in the food production reactions. We believe the explanation for this trend is threefold. First, it can be partly attributed to the differences in how nutrition and health versus food production information are presented to the audience. In many food production items, the information is shown, rather than claimed or (re)told as biomedical or nutritional findings. For instance, the weekly the way back item with the backwards editing of the trajectory of a particular foodstuff was always filmed in factories, which provided the audience with visual proof, most likely leaving less room for debate on the truthfulness of the information. For nutritional and health information, providing such (visual or other) proof is harder; this information was usually recounted by an expert, like a dietician or scientist. Research on trust in science shows that the abstract institution or concept of science is more trusted than individual scientists and academics (Tiemeijer & de Jonge, 2013). The individual on-screen expert is therefore more likely to be resisted than the factory footage. This difference in transmission of the message thus might impact uptake. Second, the information on the show is just one of the many sources, including many user-generated ones, to which expert consumer has access to collect, filter and then personally constitute what is adequate knowledge. The audience also acts as expert consumers and as produsers when making suggestions and actively adding new insights and co-constructing nutritional and health knowledge. Third, information on healthy food choices is much debated in the public sphere and among scientists (Aschemann-Witzel & Grunert, 2015), which is not the case for most food production information.

To conclude, it seems that the audience, which actively takes the role of expert consumers and produsers, is one that is not easy to cater to in terms of health-related media content. Considering the low number of audience members reporting plans to change behaviour and the low acceptance numbers, the show’s
health-related media content may contribute to the audience knowledge on and perceptions of health and nutrition only to a limited extent. More importantly, it confirms the importance of the question whether it is always a desirable goal to have a heterarchical system in which individual laypeople see themselves as experts, if this means they are critical of, and tend to reject the well-supported health information provided in the show by biomedical experts, leading to the produsage of alternative claims. This is potentially disempowering rather than empowering, as voiced by some audience members in resistance reactions. These audience members resist being constructed as expert consumers by indicating they find the information overwhelming, which, they feel, makes food choices impossible rather than better and more informed. As produsage is not likely to come to an end, it is important for journalists and biomedical stakeholders to keep the changing audience in mind when thinking about disseminating health information and creating health-related media content.

Finally, our study has a number of limitations. First, we conceptualized audience reactions in terms of social media reactions explicitly linking up with the show’s social media feeds. This is justified by the study’s focus on the produsing audience, but means that our findings cannot be generalized to the show’s whole audience. Second, considering the high number of reactions referring to behaviour change, it would be interesting to further investigate to what extent health-related media content actually impacts on audience’s health behaviour. Third, some reactions were excluded from the analysis because they were impossible to code (because they only contained non-canonical emojis and no text, or because they were written in foreign languages none of the authors understood). Fourth, further comparative research is needed to understand to which extent the observed audience’s online responses are specific to the show under scrutiny, and whether other shows incite similar online reactions or not.
EPILOGUE

This chapter adds to our understanding of news as it includes the audience as a stakeholder in the production of news, moving away from a journalism-centred approach to news production. Audiences contribute to news production in two ways. First, all media outlets eventually write for an audience, and journalists’ and editors’ conceptualizations of their audiences shape the content. For the editors in this setting, conjuring up their audience was both crucial and difficult, as it was the first season of a show, with a new format they developed themselves, in-house. In that sense, the audience contributes in rather indirect, invisible ways.

Second, the audience also contributes in more visible and direct ways; the media landscape has so drastically changed the last decade(s) that it is almost impossible to research media without paying attention to the growing interaction with (audiences on) social media. Audiences nowadays visibly and publicly engage with media content in diverse ways; they entextualize it, (re)frame it, add to it, contest it, evaluate it. Other social media users might read these online comments, and potentially have not even seen the original content. This changes the production process for journalists, as well as the uptake.

The importance of the audience became particularly clear to me when the whole team and I watched the first episode together, live—a celebratory occasion followed by cava and cake for the team, and a particularly rich ethnographic experience for me. During the broadcast, a few editors were constantly monitoring Twitter. For these editors, it provided a way of tapping into what their viewers thought, for the first time, after months of working on the show. Both the Facebook page and Twitter were further monitored throughout the whole season to respond to reactions, provide additional information, and promote the show. The editors did not see the audience only as passive receivers of information, but as active and engaging with the content. Some editors liked this, and thought it was important to engage and follow up on this, while others were less willing to be interactive and take the reactions at face value—after all, it was only a small and probably quite particular segment of their viewers that interacted online (which is also addressed in the limitations section of the chapter). The fact that journalists were at the same time interested in, but sometimes also hesitant about this online content, is also why I chose this particular ethnographic effort to be complemented by audience research. I believe that this study adds to the understanding of how audiences co-produce, shape and entextualize media content, and how they take part in the production process.
More specifically, I also wanted to know how the audience responded to the editors’ construction of the audience that underlay the production of the content, in this case as expert consumers. I wanted to find out whether they engaged in constructing themselves as experts, and co-produced (*produse*) health-related knowledge, or resisted that identity, and resisting taking part in knowledge production. I think, in particular in relation to health, looking at news production entails looking at a very complex process of knowledge production in the first place. It is different in political news reporting, for instance, where both journalists, politicians and the audience generally do not disagree on what has been discussed in parliament today; which party has won the elections; or what the responsibilities of a minister of justice are, by and large. For health, a major part is first establishing and agreeing on what is basic given knowledge, and who is seen and established as the expert very much defines and frames the final message. The data indeed show that the knowledge production does not stop at the boundaries of the editorial room, and that the audience members perform some interesting further production, often in authoritative, expert-like ways, which shows they act and/or construct themselves as expert consumers.

Methodologically, the chapter is a bit the odd one out. However, in the already transdisciplinary endeavour this dissertation is, content analysis is an apt method to complement the ethnographic findings and answer subsequent questions both the editors and I had. It allowed for quantifying the trends in the data, and still contextualize it with more qualitative explorations of the data in the examples that are provided. It also made it possible to deal with a big data set that consisted of very small units of analysis. It would have been difficult to analyze the data qualitatively and in-depth, without any further context provided by quantitative analysis.
9
Writing about Health in a Women’s Magazine: Journalists’ discursive constructions of health, agency and science
ABSTRACT

This paper examines health journalists’ discourses and their underlying ideologies of health, agency and science in the context of writing for a women’s health magazine, based on eight semi-structured interviews. Lifestyle journalism genres like women’s magazines produce normative ideas about good citizenship, and, in that sense, are no less political and ideological than harder forms of news reporting. In the case of health, good citizens are often seen neoliberal, self-managing individuals who take responsibility by actively collecting information and adapting their behaviour accordingly, i.e. as expert consumers.

The interviews, in which the journalists talk about their profession, their production process and the concepts health and illness, were analyzed to examine how they talk about and define health, agency and responsibility, and science and biomedicine. The analysis shows that journalists construct health as a highly subjective, dynamic experience of feeling well and of individual agency, rather than a state of being that can be unambiguously diagnosed by health professionals. The neoliberal discourse on health and responsibility thus resonates in the research interviews with the journalists and how it connects to the journalists’ discourse on biomedicine. Moreover, the analysis shows that this view on health and agency leads to a specific construction of and perspective on biomedicine and scientific expertise, which are no longer seen as the only gateway to self-managing health.

KEYWORDS: health journalism; news production; women’s magazines; neoliberalism; interview analysis
1. Introduction

This chapter examines how Belgian lifestyle journalists, more specifically women’s magazine journalists, construct discourses on health, agency, and biomedicine. The reasons to research health-related lifestyle journalism are threefold. First, health is a universal topic that concerns everyone, which is also reflected in media coverage: the interest in and the body of health-related media coverage is on the rise (Briggs & Hallin, 2016). Moreover, this coverage is impactful, and influences health behaviour and therapy compliance (Grilli et al., 2002; Matthews et al., 2016). Second, lifestyle journalism in general is underresearched in favour of harder news genres (Hanusch, 2012; Hanusch & Hanitzsch, 2013). However, it is no less ideological and political than harder forms of health news, as it also produces normative ideas about good citizenship (Raisborough, 2011). Third, there is an interesting connection between the discourses and ideologies in lifestyle journalism on the one hand, and the current dominant discourses and ideologies on health and the healthy individual on the other hand. Lifestyle journalism often constructs the reader as an entrepreneurial neoliberal citizen (Ayo, 2012) or a consumer that self-manages and is on a perpetual journey of self-betterment. In health and illness discourses, the concept of the expert or patient consumer is on the rise, which has a similar focus on agency, self-management, and individual responsibility.

To examine the journalists’ discourses at the intersection of health and lifestyle journalism, I use Van Dijk’s (2014) notion of discourse as social cognition as a theoretical framework. More specifically, I will first scrutinize the sociocultural knowledge journalists draw on to define and talk about health and illness. I will then look into how this knowledge shapes their attitudes on the role of the individual in staying healthy. Finally, I will discuss how the data show that this has quite particular consequences for how journalists construct and talk about biomedicine and science. Throughout the analysis, I will discuss how a neoliberal ideology underlies all these constructions. First, however, I will outline the theoretical framework, in which I more extensively discuss lifestyle journalism and its underlying ideology of the neoliberal self (2.1), the changing definitions of health and illness (2.2), and the discourse framework of this chapter (2.3).
2. Theoretical framework

2.1. Lifestyle Journalism

Lifestyle journalism can be defined as

a distinct journalistic field that primarily addresses its audiences as consumers, providing them with factual information and advice, often in entertaining ways, about goods and services they can use in their daily lives. Examples of lifestyle journalism include such fields as travel, fashion, style, health, fitness, wellness, entertainment, leisure, lifestyle, food, music, arts, personal technology, gardening and living. (Hanusch, 2012, p. 5)

The emergence of lifestyle journalism can be traced back to the 1950s and 1960s, along with the rise of consumer culture, and thus has been around for a while (Hanusch, 2012; Hanusch & Hanitzsch, 2013). Nevertheless, as mentioned above, lifestyle journalism remains underresearched as a journalistic genre, often in favour of harder journalistic genres such as political reporting (Hanusch, 2012; Kristensen & From, 2012). Both (hard news) journalists and scholars tend to be critical of lifestyle journalism, for it being a guilty pleasure that is too market-driven, that dumbs down audiences and distracts citizens from proper journalism that informs them and contributes to important societal debates and democracy (Craig, 2016; Hanusch, 2012; Harcup, 2016). However, despite being entertainment-focused and its guilty pleasure status, lifestyle journalism is no less political or ideological than harder forms of journalism. All journalism produces hierarchical classes of knowledge (Briggs & Hallin, 2016; Roy, 2008) and shapes how ‘we see the world, ourselves and others’ and ‘our identities as citizens’ (Wahl-Jorgensen & Hanitzsch, 2009, p. 3). Lifestyle journalism does so too, and more specifically constructs ‘prevailing idealisations about what we should be, who we should become and how we should manage our lives’ (Raisborough, 2011, p. 5). It tells and advises audiences what the ideal ways of behaving and acting, be it when travelling, dressing, when eating, or when interacting in social relations. The main discourse thus generally is instructive.

More precisely, lifestyle media build on a neoliberal view on the self (Raisborough, 2011), in which the individual is constructed as an entrepreneur who, because of free-market conditions, is free, allowed and able to self-regulate and to self-manage, and who is on a constant journey to fulfilment, excellence and
self-betterment (Ayo, 2012; Kauppinen, 2013b; Nagar, 2016). However, neoliberalism is no longer just about ‘personal freedom, but [about] compulsory individualisation instead’ (McGuigan, 2014, p. 233). Individuals now have to make their own choices in life, with or without proper guidance and (government) interventions, and ‘are required to take sole responsibility for the consequences of choices made or, indeed not made’ (McGuigan, 2014, p. 233). Previous research has shown that neoliberal constructions of the self and of self-governance are particularly salient in popular media genres that specifically target women, like certain advertisements and TV series (Chen, 2013), and women’s magazines (Gill, 2009; Kauppinen, 2013b; Madsen & Ytre-Arne, 2012; Roy, 2008). Moreover, it is also relevant more specifically in relation to health-related content in women’s magazines, which will be explored in the following section.

2.2. Health and illness, agency and responsibility

As mentioned above, the interest in health is rising, and health news is impactful. Moreover, discourses on health are changing, in a way that they relate to the neoliberal conceptualization of the self as found in lifestyle journalism (Ayo, 2012; Kauppinen, 2013a; Raisborough, 2011). In 1948, the World Health Organization (WHO) defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of diseases and infirmity’ (World Health Organization, 1948, para. 1). After World War II, global health-related challenges still mainly related to acute conditions and chronic diseases, that, at the time, still lead to early death. However, nowadays, disease patterns and health challenges are different, and ‘ageing with chronic illnesses has become the norm’ (Huber et al., 2011, p. 1). Therefore, the biomedical researchers in Huber et al. (2011) state this definition is no longer tenable, as its focus on completeness constructs most people as unhealthy all/most of the time. They propose to avoid references to a complete state of well-being, and propose to define health as the ability to adapt and to self-manage in the physical, mental and social domain, leading to a focus on individual agency and responsibility.

Social sciences scholars have identified a similar trend towards constructing the individual as agentive and actively taking charge of their health, with a focus on personal responsibility (Ayo, 2012; Snelling, 2012), which has resulted in the coinage of the terms empowered patient (Andreassen & Tronson, 2010), expert patient (Dumit, 2012) or patient consumer (Briggs & Hallin, 2016). The expert patient/consumer actively collects information as provided by mass media and other sources. S/he then individually decides what is relevant and adequate knowledge and makes individual, informed decisions about their health, and
consequently is an expert about their own situation. According to Andreassen and Trondsen (2010), this potential for making choices can be empowering, but they also argue that factors such as health literacy and social conditions and determinants that might impede making informed and thus empowering decisions (Andreassen & Trondsen, 2010; Greenhalgh, 2009). In any case, when constructing health as an individual responsibility, and as a continuous process of betterment and self-management, healthy living and healthy behaviour become a moral responsibility (Henderson et al., 2009). As health is part of ‘the paradigm of good living’ (Crawford, 1980, p. 380), this discourse reflects and constructs a neoliberal ideology of self-management and self-betterment.

There is evidence that this discourse and its underlying ideology have penetrated many realms of life: Johnson et al. (2013) demonstrate that pupils in Scottish secondary schools viewed ‘health in terms of an individual responsibility to maintain a particular body shape through diet and exercise coupled with strong adherences to aesthetic, gendered and functional ideas’ (p. 470). In the media, too, it is a prominent frame for health-related media coverage, especially in lifestyle journalism (Briggs & Hallin, 2016). Briggs and Hallin (2016) identified three models of biocommunicability i.e. three general types of how media circulate biomedical and health-related content. One is the patient-consumer model, which addresses the reader as an expert consumer as described above, and reflects ‘the neoliberal model, where the burden of choice and the absence of certainty can easily seem terrifying as liberating’ (Briggs & Hallin, 2016, p. 38). Briggs and Hallin (2016) warn that this neoliberal patient consumer model can be problematic: it constructs health information as a consumer good, which can instigate the feeling or idea that the information no longer is free from market logics or influences, and thus no longer solely stems from objective, disinterested sources. As a result, journalists are

*sometimes assuming the trustworthiness of biomedical knowledge,* 
*sometimes filling gaps resulting from its unreliability, scarcity, or excess—as in the case of stories on Internet health “rumors” or conflicting studies—and sometimes acknowledging frustration with the persistence of those gaps.* (p. 38)

Specific research on health in women’s magazines is limited, but Roy’s (2008) in-depth analysis of health-related articles in English-Canadian women’s magazines, showed the most evident theme in the content was a ‘woman’s responsibility to pursue good health’ (p. 468). Women are warned they should lead healthy lives, to prevent illness and disease, for instance in the form of cautionary tales told by ordinary women. Some health stories are more positive in tone, like inspirational stories, or *triumph over tragedy* stories. In these stories,
women attest how they have taken responsibility and how they have overcome their disease, or learnt to accept and deal with it. In doing so, they encourage readers to do the same, and/or to remain optimistic. More generally, women are constructed as autonomous, rational and capable subjects, who behave entrepreneurially and responsibly when it comes to health. Consequently, health is constructed not something that can be chosen, but should be chosen (Roy, 2008).

2.3. Sociocultural knowledge, attitudes and ideology

As the previous chapters have shown, definitions of and perspectives on health are dynamic, socially constructed and contextual (Clarke, Shim, Mamo, Fosket, & Fishman, 2003; Conrad, 2007). Two theoretical-methodological notions that allow for uncovering these dynamic social constructions are Van Dijk’s (2014) notion of social cognition, and Wetherell’s (2003) notion of cultural resources in discursive psychology. Wetherell (2003) argues that people often act as lay psychologists, lay sociologists and lay social theorists, as they use available cultural resources to construct accounts of social processes. Van Dijk (2014) similarly uses the idea of social cognition, which can be broken down in sociocultural knowledge, attitudes and ideologies. Sociocultural knowledge is the knowledge members share about public events as well as generic structures of the natural and social world. This knowledge feeds into shared evaluative representations, i.e. attitudes, which in turn draw upon a broader ideology, i.e. the ‘basic cognitive self-schema of a group and its interests, and defined by such general categories as the identities, actions, goals, norms and values, relations with other groups and the (power) resources of a group’ (Van Dijk, 2014, p. 130).

In this paper, I thus am interested in which sociocultural knowledge about health the journalists (re)produce in the interviews; how these shape attitudes about responsibility and agency in relation to health; and how these constructions affect their sociocultural knowledge on and attitudes science and biomedicine. I will also examine whether and how these constructions (re)produce an underlying ideology of the neoliberal self.

In sum, this paper aims to answer the following research questions:

- How do women’s magazine journalists construct health and illness?
- How do women’s magazine journalists reflect on and construct the expert patient/consumer, and the individual reader’s responsibility for their health?
• How do these constructions feed into the journalists’ understanding of and attitudes to science and biomedicine?

To answer these questions, I analyze research interviews as they are ‘efficacious forms of making sense’, and tell us about ‘cultural resources people have available for telling their patch of the world’ (Wetherell, 2003, p. 13). Analyzing research interviews allow us to understand both the local context as well as how local talk is connected to discursive history. In the next section, I will discuss how the interviews were coded and analyzed.

3. Methodology

The research interviews were first thematically coded in NVIVO and then analyzed through a combination of thematic and linguistic analysis. These steps will be further explained respectively in section 3.2 and 3.3, preceded by a discussion of the context and sample (section 3.1).

3.1. Context and sample

The interviewees were all part of the same editing team of a monthly women’s magazine in Flanders, the Dutch-speaking part of Belgium. The magazine focuses on health, psychology, and social relations, and also always contains a fashion spread and a beauty section. The target group is women between 35 and 45. The magazine’s team consists of one editor-in-chief, one subeditor, and six general journalists. The team is small and versatile: the subeditor has worked as a journalist for the magazine for a long time, and was, at the time of interviewing, both subediting and writing content for the website. The editor-in-chief had only been promoted to this position two months before the interviews took place, and had over 20 years of experience as a journalist for the magazine. Both of these interviewees were therefore interviewed in both roles, i.e. as journalists and respectively as subeditor and editor-in-chief, to include their more experienced accounts of their journalistic work, as well as their work in their current role. The interviewees are all female.

The sample consists of eight interviews, which were conducted in January 2017. They are between 34 and 63 minutes, resulting in 391.5 minutes of total interview time, with an average interviewing time of 49 minutes. The interviews were semi-structured (Mortelmans, 2007) and were conducted using the same
interview guide as in the other fieldwork efforts (see also section 3.3 of the third chapter of this dissertation). The topic list covered the following topics: 1) the journalist’s professional background and job content; 2) their views on and definitions of health and illness, and how these relate to their work as a health journalist; 3) their view on health-related media content in Flanders; 4) their production process, from choosing a potential subject to choosing an angle, selecting sources, writing and editing an article; 5) their views on and definitions of people over fifty, in general and in relation to their work as a journalist; 6) their view on and definitions of their readership; 7) a case study, in which an article was presented that the journalist had written herself, and in which the production process was reconstructed through retrospective think-aloud protocol (Charters, 2003). In this case, the interviewees were asked the same questions as in section 4 in the interview guide, about the production process, which were now applied to the case article. The interviews were part of a larger research project on health news, with a focus on ageing-related health journalism, hence the fifth section of the interview guide. All interviewees signed an informed consent in which the research project and aims were summarized, in which they consented to being recorded and in which confidentiality was guaranteed. Consequently, all extracts are anonymized.

3.2. Coding

The interviews were all recorded, transcribed verbatim, and coded twice in NVIVO, following the principles of open coding (Mortelmans, 2007; Saldana, 2009) and thematic analysis (Boyatzis, 1998; Braun & Clarke, 2006). There was no predefined coding book, so the first round was an open coding round. The coding of the first interview yielded 89 codes, which were preliminarily clustered and hierarchically ordered to make further coding easier. The other interviews were coded with this preliminary coding tree, to which more new open codes were added during coding.

Throughout the whole coding process, the code book was further refined and restructured where needed. When the first coding round was completed and all interviews were coded, the coding tree was reviewed thoroughly one more time, and some of the codes’ contents were checked and cleaned where needed. Consequently, all eight interviews were coded a second time with this definitive coding tree. Special attention was given to the list of potentially unsystematic and inconsistent codes, that was composed during the first round of coding. The final clustering yielded nine overarching categories, which were 1) the (DNA of) the magazine, 2) health, 3) health journalism, 4) (identity of the) journalists, 5)
(identity of the) readers, 6) production process, 7) people over 50, 8) institutional and social context, and 9) science and expertise. Some specific codes were linked to more than one overarching code when relevant.

As a quality check, certain words and word fields were selected that had emerged as central but also potentially ambiguously coded. Word-based queries were performed to find these words and word fields; if a particular word (field) yielded an extract that was not coded yet, the extract was also coded accordingly. However, this quality check showed the coding to be consistent and generally complete. During all coding rounds, notes were taken to keep track of emerging insights, or to highlight particularly interesting extracts.

3.3. Analyzing selected fragments

To analyze the data, all instances of relevant codes were read thoroughly. For example, the codes definition health, definition illness, agency and related codes in the overarching category of health were examined for section 4.1. This allowed for systematically detecting trends in the data, and to also find counterevidence and exceptions. This task was also aided by the notes made during coding, which were used to mark rich points in the interviews. When it was clear what the relevant trends and counterevants were, relevant instances from the interviews were chosen to exemplify these, to be included in the analysis. The transcripts of these extracts were checked and corrected, and refined where needed.

In the analysis, the trends and the exemplary fragments will be both discussed in terms of the themes and content, following a thematic analysis approach (Boyatzis, 1998; Braun & Clarke, 2006) which is developed in social sciences fields such as sociology and psychology. This thematic analysis will be complemented by linguistic pragmatic analysis of the selected fragments. This transdisciplinary approach allows for a more in-depth understanding of the data. The thematic analysis allows for systematically examining trends and counterevants in the data; however, interviews are essentially discursive data (Weinberg, 2006; Wetherell, 2003), as also discussed in chapter 6 of this dissertation. Consequently, an additional linguistic pragmatic perspective (Verschueren, 1999) allows for a more in-depth, contextual understanding of the data. The linguistic analysis will mainly draw from linguistic pragmatic concepts such as identity work, mitigation and tentativeness, and explicating implicit meanings, attitudes and ideologies (Verschueren, 1999). The analysis will make use of the abbreviations EID for editor-in-chief, SE for subeditor, J1-J6 for the journalists and INT for interviewer.
4. Results

In this section, I will explore how the interviewees construct health and illness, and show the journalists focus on health as a personal, subjective experience, and construct the ability to live your life as you wish as a central tenet (4.1). I will then examine how this sociocultural knowledge on health and illness feeds into their attitudes to agency and responsibility, and how these can be traced back to the underlying neoliberal ideology (4.2). Finally, I will scrutinize how these discourses on health, illness, and agency connect to the journalists’ attitudes and discourses of science and biomedicine (4.3).

4.1. Defining health and illness

The interviewees were all asked how they would define health. When responding to this question, almost all interviewees first emphasize or mention that health concerns both mental and physical aspects. Some also include other aspects such as social relations, like dealing with jealousy and other psychological issues. They often say that health is “very broad”, and concerns many domains in life. However, the journalists all point to a common denominator in what health is: health is about feeling good or comfortable in your skin, and being happy. The following extract illustrates this:

(1)

het gaat over u goed voelen in uw vel in uw hoofd in uw lijf
it’s about feeling good in your skin in your head in your body
ja ja
yes yes
euhm en ik denk dat dat ook is wat ik versta onder euh onder gezondheid
uuhm and I think that that’s also what I understand as euhm as health
dat is meer dan gewoon het medische of zien dat dat je niet ziek bent
that it’s more than just the medical or making sure you’re not ill

In turn 1, J1 uses the metaphorical expression that health is about feeling comfortable in one’s skin, and clarifies this relates to both mental (“in your head”) and physical (“in your body”) health. The expression indicates health is about feeling relaxed and happy. Interestingly, many journalists, like J1 in turn 3, see health as “more than the medical”. A biomedical perspective on health, which
focuses on being free of illness is seen as reductive by the journalists, as it does not capture how we feel and how rich experiences of health and illness are. A similar perspective is found in the following example:

\[2\]

1. J6  gezondheid is
   *health is*
   
   [...] 

2. ook voor mij gewoon u goed voelen in uw vel
   *also for me just feeling good in your skin*

3. niet altijd zo ehm het zware met een expert
   *not always uhm the heavy stuff with experts*

4. maar ook zo gewoon eens een praktisch stuk over
   *but also just practical pieces about*
   
   [...] 

5. met de feestdagen wat kies je het best een zelfgemaakte maaltijd
   *in the holiday season, what’s the best choice, a self-made meal or going out for dinner*

J6 includes eating well during the holiday season as contributing to feeling well, and it therefore is part of being healthy. In doing so, she medicalizes lifestyle choices (Clarke et al., 2010; Conrad, 2007; Verweij, 1999), by extending the biomedical perspective to a context that is non-medical and not directly related to health—the holidays. However, she positions this extension explicitly as non-medical in turn 3, in which she says “not always uhm the heavy stuff with experts”. For her, health as feeling well thus also transcends, or comes before, the medical.

In line with the focus on feeling well, and on transcending a purely biomedical perspective, many interviewees construct health and illness, mostly the latter one, functionally. How healthy you are depends on your personal experience and your feelings towards your physical, mental (and social) state, and whether you are able to function in daily life as you wish, and/or lead a fulfilling life:

\[3\]

1. SE  gezond is voor mij fysiek en mentaal
   *being healthy for me is physically and mentally*

2. INT  Ja
   *Yes*

3. SE  zonder grote klachten (1) kunnen leven eigenlijk
   *live (1) without major issues actually*

When saying that health is “living without major issues actually” (turn 3), the subeditor implies you can suffer from minor ailments or illnesses, but still be
considered healthy if you can live your life as you like. This construction evokes Huber et al.’s (2011) perspective on health, which entails that we are almost never entirely free of health problems, and it therefore is more suitable to see health as being able to manage health problems and health risks. A similar example is the following:

(4)

1  SE  ziek zijn ja dat is echt als er iets hapert als je niet meer kan functioneren

being ill yeah that’s when something’s really off when you can’t function anymore

2  INT  Ja

Yes

3  SE  zowel ja dat kan ook zowel fysiek als mentaal zijn

both yes that can be both physically and mentally

For the sub-editor, being ill is when there “really” is something wrong, when something is affecting you to the extent you are no longer functional. Her modifying adverb “really” implies something can be off without really being an actual problem. Both example 3 and 4 point to an understanding of feeling well and not being ill not as separate, but as overlapping domains. As a result of a functional perspective on health, you can be technically healthy but still not feel good, and be unhealthy in a way. This is more explicit in example 5:

(5)

1  J4  dat je inderdaad alé fysieke klachten hebt daarom niet per se (1)

that you have phy-physical issues which does not mean it is actually (1)

2  echte een een ziekte met een naam voor mij is gezondheid ook gewoon (1)

really a disease with a name for me health is also just (1)

3  uw minder goed in uw vel voelen ja dan dan scheelt er iets

feeling less well in your skin then something’s up

According to J4, a formal label (“a name”) is not necessary (turn 2): something can still be an issue if one does not feel good in one’s skin (turn 3). Health and illness thus again are seen not as binary, but as overlapping. This blurring of the boundaries between illness and health also works the other way, as we have already seen in example 3. You can technically suffer from an illness but be more or less healthy, when you are functional, or have to be functional. This is also illustrated by the following fragment:
J6 starts with the metalinguistic comment that “ill” is a difficult word (turn 1) and elaborates this argument by explaining experiences of illness is subjective (2–4), and by arguing that it also relates to your state of mind about it: it is potentially a “self-fulfilling prophecy” (turn 2) and something “you can get over” if really necessary (turn 5).

These examples thus point to a blurring of boundaries between health and illness, and also already contain a number of indications that personal agency has a central role here. If experiences of health and illness are subjective and personal, it matters how you personally deal with these experiences. This attitude towards health and agency is more explicit in the next example, in which J2 explains that being able to live your life as you wish also includes coping and dealing with illnesses you already have and can no longer prevent:
Like all journalists, J2 first explains that health as feeling good in your skin (turn 3). As in many of the other examples, she points to the importance of including mental and physical health. Her phrase “I would not only limit it to physical health” in turn 1 implies that health is often limited to physical aspects. J2 thus also finds that a more holistic take is needed. In turn 4, she elaborates her point and constructs health as being free of illness in turn 4, but then seems to realize this is not always tenable. She consequently repairs this statement by adding feeling good is also about being able to deal and cope with actual illness (turns 5-6).

In sum, a central defining element of health is how you feel and whether you are functional. Being functional entails being able to self-manage and to live your life as you wish, including socially and professionally. In this focus on self-management and fulfillment, an underlying neoliberal ideology is apparent. The subjective perspective on health and focus on self-management also means classic dichotomies of health and illness are blurred and transcended; health and illness go beyond symptoms, diagnoses or recognized medical conditions. All these extracts thus construct health as a highly subjective, dynamic and personal experience, rather than a fixed state of being that can be unambiguously diagnosed by health professionals.

These extracts also already contain several indications of and references to agency and responsibility, as discussed above. In the next section, I explore the journalists’ attitudes to the individual’s role in staying/being healthy and dealing with illness more extensively. I further develop the argument that subjectivized, personal and experiential definitions of health and illness in combination with the underlying neoliberal ideology inevitably lead to a strong focus on individual agency.

4.2. Responsibility and agency

In this section, I will discuss the interviewees’ answer to the explicit interview question about to what extent individuals are responsible for their own health, as
well as other discursive constructions of and attitudes to responsibility and agency found in the data. I will also situate these in the context of the magazine and the journalistic values of the interviewees.

First, the responsibility question generally led to careful answers, in which almost all interviewees emphasized that there are factors you have no control over, such as pollution, genetic predisposition, and bad luck:

(8)

1 J3 dat is heel moeilijk vind ik 
   that’s very hard I think
2 INT Mm 
3 J3 ik vind het niet zo evident om maar te zeggen dat iedereen (1) alle verantwoordelijkheid voor zijn gezondheid (1) 
   I think it’s not evident to just say that everyone is (1) carrying (1) total responsibility for his health
4 euh er zijn natuurlijk dingen die je kan doen er zijn 
   uhm there are of course things that you can do there are
5 je kan op een gezonde manier proberen te leven je kan een beetje 
   you can try to live in a healthy way you can a bit 
   ((phone buzzes))
6 vooral gezond verstand gebruiken 
   mostly use your common sense
7 J3 Sorry 
   Sorry
8 INT Ja 
   Yes
9 J3 (3) euhm maar je bent natuurlijk wel afhankelijk van andere factoren waar je geen vat op hebt 
   (3) uhm but of course you are dependent on other factors which are have no control over
10 INT Ja 
   Yes
11 J3 en dat is een beetje een samenspel van die twee 
   and it’s a bit of an interplay between these two

In this extract, J3’s “it is not evident” in turn 3 is of interest: this negated construction implies that there are others who do consider it to be evident that everyone carries all responsibility. In this construction, J3 thus entextualizes and challenges this responsibility discourse. Her language indicates she is careful and likely trying not to offend anyone, which is also apparent the phrase “that’s very hard I think” (turn 1), and the pause in turn 3. However, she takes a slightly different position in turn 4, when she mentions there are things you can do to stay
healthy and live healthily. She uses the adverb “of course”, which in turn constructs this perspective as evident. In turn 6, she says people can use their “common sense” to do take care of one’s health—confirming her point of view as constructed in turn 4, i.e. that it is evident and (relatively) easy to do take responsibility. However, this agency-focused perspective is again mitigated in turn 9 to 11, in which she more confidently and assertively states there are factors you have no control over, again using the adverb “of course” in turn 9, and constructing her first perspective, in which she asserts individual people do not carry total responsibility, as evident. In sum, although J3 refers to factors people cannot control, more in-depth analysis shows she is ambiguous about the responsibility/agency issue.

Like J3, all interviewees at some point refer to and recognize that there are conditions or factors you cannot control. The editor-in-chief, who has worked as a health journalist for the magazine for over 20 years, also explicitly refers to socioeconomic circumstances and the influence of stakeholders such as the food industry. All journalists also indicate they do not want to blame or scapegoat readers, as the previous example also illustrates. But often, they are ambiguous about these uncontrollable factors. For instance, J5, who herself is a smoker, responded to the responsibility question as follows:

(9)

1 J5 dan das mijn eigen fout dat ik er mee ga moeten leven
it’s my own fault that I'll have to live
2 INT Hm
mm
3 J5 dat ik af en toe een hoest heb dat niet overgaat
with a lingering cough every now and then
4 INT Hm
mm
5 J5 en dat is iets wat ik zelf kan beslissen om dan een halt toe te roepen
of euhm (1) ja als je ervoor kiest om om euhm om u vol te proppen
met met alleen maar slecht voedsel
and that something I can decide myself to stop that or uhm (1) yes
when you choose to stuff yourself with with uhm bad food
6 INT Hm
Mm
7 J5 al denk ik ook dat dat (1) omgeving dat dat niet alé dat die mensen
although I also think that environment that that no well that those
people
[...]
8 INT Ja
yes
9 J5 hebben ook gewoon hulp nodig
also just need help

Ja
Yes

euh en dat niet helemaal aan hen ligt euh ja (2) sommige dingen heb je in de hand en sommige niet
uhm and it’s not just up to them uhm yes (2) some things you are on top of and some things you aren’t

mm oké
mm okay

maar ik zou het nooit volledig aan de persoon zelf toeschrijven
I would never only ascribe it just to the individual

J5 first constructs herself as responsible for the consequences of smoking, and wants to apply the same argument to bad eating behaviour (turns 1-6). Her language is explicit when she builds this argument: her “it’s my own fault” (turn 1) is unambiguous and strong; she adds “myself” in “I can decide myself” (turn 5), which emphasizes she is in an agentive position and has a choice. She also uses the verb “to stuff” (5) in relation to eating too much, which, especially in Dutch (“volproppen” – literally “stuff (until) full”), evokes the idea that it is hard to eat that much and that it is a conscious effort when one does so. However, her tone changes from turn 7 onwards, as she seems to realize that there are environmental, socioeconomic factors at play in the case of eating behaviour. She tries to repair and reformulate her argument in a much more tentative way, using “I think” (turn 7) and “I would never say” (turn 13), and constructing health as not (solely) individual. However, she does not add which other actors or other dynamics are relevant in this case.

Both example 8 and 9 thus show that, although the journalists usually are careful in the answers to the direct responsibility question, and refer to uncontrollable factors, they are ambiguous in their discourse when discussing this. Moreover, the journalists do all find that there is always a part over which you have do control in relation to health. Examples from the previous sections already provide such indications, in the “self-fulfilling prophecy” example 6, and in example 7, in which J7 construct health as being able to deal with illnesses and impairment. Example 10 further illustrates another aspect of this attitude:

(10)

ja en uw verantwoordelijkheid gewoon zelf ook opnemen
yes and just also take responsibility yourself

om de correcte informatie te zoeken in te winnen
to find and gain correct information
J2 too recognizes that there are factors beyond control, but sees responsibility in how you deal with it (turn 5), in “taking action” and whether you find professional help. Consequently, for her, responsibility primarily lies with the individual (turn 6). In turn 7, she mitigates this somewhat, adding she is “not going to say there aren’t external influences”. Her metapragmatic construction “I’m not going to say” indicates she feels she cannot deny this, but it is followed by another mitigation which points into the other direction again: in turn 8, she renegotiates and minimizes the importance of these external factors by saying it is still mainly an individual responsibility to properly deal with health problems. She thus is ambiguous as well, and explicitly constructs responsibility in terms of self-management and initiative to reach out to healthcare professionals, evoking a neoliberal ideology in relation to health and responsibility.

The fact that the interviewees consistently see room for individual agency in relation to what you can control, is also reflected in their responses to the question how they would define health. In these responses, the interviewees often bring up lifestyle aspects of health, like eating healthy and remaining and/or working on being fit, working out, before having been asked about responsibility. In general, their discourse contains several lexical terms that refer to the agency and potential of individuals, such as “engineered human” (“maakbare mens”), “patient empowerment” (used in English by the journalists) and “self-determination” (“zelfbeschikkingsrecht”). Moreover, many interviews contain quite literal reconstructions of the expert consumer/patient, like the following:

(11)

1. J3 we hopen dat mensen die informatie als het hen interesseert natuurlijk we hope that people that information if it interests them of course
2. INT ja yes
3. J3 we willen niemand verplichten euhm
we don’t want to force anyone uhm

4  INT  hm
    mm

5  J3  maar als het hen interesseert dat ze op basis van die informatie hun leven kunnen gaan aanpassen
      *but if it interests them that on the basis of that information they can adapt their lives*

This example constructs the expert consumer by evoking the neoliberal ideology in two ways; first, in J3’s turn 3, when she says “we don’t want to force anyone”, she refers to everyone’s freedom (not) to make use of the available information. The phrases “we hope” (turn 1) and the repeated “if it interests them” (turns 1 and 5) and the modal verb of possibility “can” in “they can adapt” (turn 5) similarly point to her open position towards the reader’s choices, and emphasize the reader’s freedom to act in any way they find most appropriate. Second, the neoliberal ideology is apparent in the ideas of self-management and betterment, which are apparent in turn 5.

Some of the think-aloud-protocol cases and spontaneous examples given by the interviewees also illustrate the prominence of the agency idea in the data. For instance, the editor-in-chief discusses a collaboration with an advocacy organization for cardiovascular diseases, with which they have developed a measuring tape for the readers to measure their waist circumference. When too high, waist circumference is an indicator of elevated cardiovascular risk. This measuring tape was then distributed with the magazine for free. This campaign strongly appeals to an expert consumer view on health, and depicts readers as actively managing and self-monitoring their health. Another example is J1’s discussion of her think-aloud case article on irritable bowel syndrome, during which she formulates the take away-message of her piece as follows:

(12)

1  J1  ik denk dat er ook wel een klein beetje zo wat aandacht gaat aan
   I think that there’s a bit of attention that goes to
2  aan de dingen die je die je zelf kan doen
   to the things that you that you can do yourself
3  alé zo to the things that you that you can do yourself
   I mean without the drugs aspect
4  ik denk dat er zo ook iets instaat over hypnose enzo
   I think that there’s something in there about hypnosis and so on
5  INT  hm
   mm
6  J1  en dat alé dat denk ik dan dat toch alé ik vind dat altijd leuker
      and that well that I think then that that well I think it’s always nicer
J1 considers her journalism as a source of information for the expert consumer, who gathers broader knowledge (turns 1-4), also outside the classic biomedical frame. This helps them to choose their own behaviours (turn 8), or help avoid them (turn 10), and which can “trigger them to actually do a bit of their own further research” (turn 14). She also positions biomedicine as a limited source of information and constructs other forms of expertise as relevant in the phrases “without the drugs aspects” (turn 3) and “more than the purely drug-focused approach” (turn 12). In this last example, drugs-focused approaches are explicitly constructed as limiting with the adverb “purely”. She also connects this to individual control and empowerment in turns 4-7, saying “it is always nicer” when people feel they are in control. She thus not only sees biomedicine as a limited source of information, but also one that does not allow for feeling in control; consequently, also finding solutions outside the biomedical frame is empowering and positive for the agentive readers.

The agency idea is also mobilized in journalists’ descriptions of the reader. The interviewees construct the readers as neoliberal selves; as free, intelligent, confident, independent and strong women. These women decide themselves what they will believe, what they will read and what they will skip, and which theories and therapies are relevant enough for them to change their lifestyle, as also illustrated by the two following examples:
In these two extracts, the reader’s agency (13) and responsibility (14) are constructed as being able to decide yourself what you believe in relation to health. There is also an editor-in-chief does not only construct this freedom of choice and self-management as a responsibility, but also as something readers are capable of, and as what the readers really want. She warns that the journalists “shouldn’t underestimate their readers” (“we mogen onze lezers niet onderschatten”), saying their audiences wants “to get some input but they definitely do not uhm want to be patronized” (“ze willen wel wat input krijgen maar ze willen zeker niet euh het bettutelende vingertje”). All these examples thus evoke two basic neoliberal values: freedom of choice and self-management. Several interviewees also mention that, if a reader does not believe or is not interested in a particular topic, they will skip those articles anyways:
J3 constructs readers as being able to deal with information they do not consider valid or interesting. This is another form of agency and of being an expert consumer: agentive individuals do not only collect information, but also filter it properly.

(16)

J4, when discussing an upcoming article about sophrology, explains that she herself considers sophrology to be “mystical” (turn 3), which is followed by laughter. This indicates she personally does not take sophrology very seriously; however, she will “write about it anyway” (turn 3), and it is up to the reader to decide how far to take the information in the article. In turn 6, she uses the strong
expression (not) “silence to death”, to indicate they want to avoid censorship at all times. In turns 7–8, she again turns to the reader’s agency and ability to filter information, to legitimize writing about sophrology, even when she herself does not feel this is very relevant information.

In sum, the interviewees are initially careful when talking about responsibility, as this is potentially moralizing and scapegoating, but do see room for agency. They prefer a more positive orientation and point to the empowering aspects of self-management and agency: individuals are not solely individually, morally responsible and therefore guilty when falling ill, but they are neoliberal expert consumers, who are free to take health in their own hands, and who benefit from and are empowered through access to information. As health is very subjective and personal, expert consumers enjoy this freedom and self-management, and finding out about the newest health trends and information. The journalists are aware of certain circumstantial factors that can cause illness, but emphasize there is a lot of room for agency and for personal improvement. The constructions of the expert consumer and the neoliberal self are also apparent in how they talk about their readers, who they construct as free and intelligent enough to decide on what she finds relevant and adequate knowledge.

This positive focus on agency and its empowering potential, rather than on responsibility and its scapegoating potential, ties in with the interviewees’ view on the magazine’s content: all interviewees at some point say that it is crucial that every story has a silver lining. The interviewees often use this phrase, and do so to express that reading the magazine, while often containing articles about serious illnesses, can never be depressing, and that the articles should always contain a positive note. The editor-in-chief directly links this to agency in the following fragment:

(17)

1 EID we gaan ook zware onderwerpen niet uit de weg we hebben het ook over kanker
   we do not avoid heavier topics we also write about cancer
2 we hebben het ook over ja ongeneeslijke aandoeningen
   we also discuss yes incurable diseases
3 we proberen daar toch ook altijd daar euhm een beetje in een silver lining in mee te geven
   we do also try in that case uhm a bit to include a silver lining
4 de dingen die je wel zelf kan doen
   the things you can actually do yourself
5 INT ja ja
   yes yes
In this extract, the editor-in-chief even explicitly constructs personal control and what one can actually do (turn 4) as the main inspiration for a silver lining angle (turn 3). If every story needs a positive aspect, this thus will almost inevitably be some reference to agency or self-management. In turn 6, this is more explicit when she discusses “others”, when she refers to patients with chronic diseases who are featured in the magazine. These patients can be a source of information and can teach the reader’s “useful” things (turn 6) about dealing with illness. This turn evokes the idea of the expert consumer twice: 1) the chronic illness patients acts as expert patients who share their expertise with readers, 2) who in turn can become expert patients. This fragment also shows that, for the journalists, there always is room for self-management and agency, even if this is limited just to accepting and coping with your disease. Turns 8–9 shows the editor-in-chief considers including a silver lining to be crucially important for the magazine, as she links it to her specific professional identity as a journalist for this particular magazine. This silver lining perspective is also apparent in example 12, in which J1 talks about an article she wrote on irritable bowel syndrome. She constructs hypnosis and other alternative therapies as a way of dealing with the diagnosis and the symptoms of the syndrome, which can empower patients when coping with their illness.

Now, I will explore how the discourses in the two sections above feed into and are intertwined with specific discourses on science and expertise, following up on Briggs and Hallin’s (2016) argument that a neoliberal patient-consumer model of health-related media coverage might impact how journalists perceive trustworthiness and selection of biomedical information.

4.3. Science and expertise

Although the journalists were not explicitly asked about their views on science and biomedicine, the interviews contained many instances of explicit and implicit
reflections on them, which were uncovered and grouped together through the thematic coding. These extracts contained an interesting tension; when asked about sourcing practices, all journalists emphasized they always work with experts, mostly from biomedical and scientific institutions like hospitals and universities. However, upon closer scrutiny, there are several less positive, recurrent tropes on science and biomedicine, constructing science and biomedicine (sometimes) as conservative, slow to come to new conclusions, contradictory, or not having all the answers to health questions. In the following example, the editor-in-chief responds to how she would define being ill:

(18)

1 EID ja ziek zijn is iets waar dan een ehm een diagnose voor wordt gesteld
denk ik euhm
yes being ill then is something where a diagnosis is been made I think uhmm
2 maar dat kan ja of niet soms vinden ze de diagnose niet
but it’s possible yes or not sometimes they don’t find the diagnosis

And later in the interview, she reflects on nutritional science as follows:

(19)

1 EID ik vind euhm (2) dingen veranderen dingen evolueren en vaak de
traditionele
I think uhm (2) things change things evolve and often the traditional
2 zeker bij voeding de traditionele leer (1) komt soms een beetje
achterna
especially in the case of food the traditional doctrine sometimes lags
behind a bit

Her statement in (18) that “sometimes they don’t find the diagnosis” implies one can be genuinely sick without a diagnosis, because biomedical insights and toolboxes are not sufficient to formally label certain issues. In (19), the editor-in-chief’s assertion that “the traditional doctrine sometimes lags behind a bit” implies that other stakeholders or experts are faster to adopt and implement new findings. Similarly, when J6 is commenting on a controversial book on food, she says they’ll give the author editorial space because his claims are well-funded, and that the critique, which happen to come from mainly nutritional scientists, tends to come from “more conservative people”. J3 constructs biomedicine and science as follows:

(20)

1 J3 ikzelf denk wel dat de klasssieke geneeskunde niet niet alles is
I myself think that classic biomedicine actually is not not everything

and that there is quite some more wisdom besides what is classified as classic biomedicine

Similar to J3 in the example above, the editor-in-chief later also says “it would be very wrong to always just stay in that single little corner” (“en dat het heel verkeerd zou zijn van altijd maar alleen in dat ene hoekje te blijven”), in which the “single little corner” is classic biomedicine. The adjectives clearly show that she finds that biomedicine only is a small part of the answer to health questions, and other information needs to be included. Later, she adopts a relativist perspective on truth more generally:

(21)

The editor-in-chief say that, in the magazine, it is important to include “ring those other bells” (turn 1). She supports this statement by saying that, in the case of food, source selection will heavily influence the eventual article (turns 3-4), and that, depending on the source, you get different versions of the story. Including these voices therefore creates balance (turn 6), which implies only discussing biomedical information would be imbalanced. She makes this more explicit when saying that there’s no truth, or that we don’t know it yet (turn 8). The subeditor
similarly takes a relativist position when she is talking about the many healthy food gurus and icons in the public sphere, and says that “many of all those methods do have a part of the truth” (“veel van al die methodes hebben wel een stuk van waarheid”). This phrase can imply that, if many methods are partially true, different methods must be combined to come to complete truth, including methods from non-biomedical experts.

Finally, several interviewees point to the fact that there is not always scientific consensus, both within and among biomedical and paramedical professionals, or more generally, among these and other experts and stakeholders. For instance, J3 says:

(22)

<table>
<thead>
<tr>
<th>1</th>
<th>J3</th>
<th>bij alles wat wat rond eten draait is het</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INT</td>
<td>for everything that concerns food it is</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>ja</td>
</tr>
<tr>
<td>3</td>
<td>J3</td>
<td>ondertussen al wel duidelijk</td>
</tr>
<tr>
<td>4</td>
<td>INT</td>
<td>ja</td>
</tr>
<tr>
<td>5</td>
<td>J3</td>
<td>dat er heel veel verschillende meningen over bestaan</td>
</tr>
</tbody>
</table>

In this extract, J3 considers the fact that there is no consensus about food as evident and as common knowledge in her phrase “it is clear by now” (2-3). In turn 5, she strengthens her claim with the quantifier “a whole lot” in “a whole lot of different opinions”.

In sum, science and health-related expertise are constructed as (sometimes) conservative, slow, inconsistent, contradictory, and not having reached consensus yet. The truth more generally is constructed as non-existent, or not completely uncovered (yet). Although an evident and important reason for these constructions is the contradictory claims the journalists encounter while writing about health, as apparent in the examples above, the data point to several other explanations for this attitude to and discourse on science as well. These explanations are connected to their work as lifestyle journalists and the underlying neoliberal ideology of their work. In the following section, I will further explore these.

First, their attitudes to science are consolidated by their attitudes to their readership and (their readers’) agency and freedom. As illustrated above, interviewees construct the readers as free, intelligent and confident enough to
decide themselves what they will believe, what they will read and what they will skip, and which theories, therapies and opinions are important enough for them to adapt their lifestyle. This includes not forcing a biomedical perspective onto them, but letting them decide what they think is relevant and adequate knowledge.

Second, the journalists’ constructions of good newswriting comes into play here, which can be summarized as the two following values: 1) representing society and relevant current developments, and 2) journalistic open-mindedness. First, the journalists feel it is an important part of their job to represent what is hot and happening and which trends or movements are gaining ground in society (“what is hot in society” (J1)), especially if readers are potentially or already interested in it. For instance, in the think-aloud protocol with the subeditor, she talks about an article she wrote for the website about a book presentation of Flanders’ most recent rising healthy eating icon, who had just released her second book (and, a few months after interviewing, also got her own TV cooking show). The book presentation sold out right away and was attended by 2000 people, which, for the sub-editor, is a strong indicator that this healthy food coach needs to be featured on the website. This way, the magazine represents what is going on in society, and at the same time also sets the agenda for readers and informs them about relevant current developments on health. A similar argument is constructed by J1. In the following example, she is responding to the question how they deal with writing about alternative therapies, such as homeopathy:

(23)

1. J1: als je merkt dat er dingen leven dan in de maatschappij
   if you notice certain things are popular issues in society
   INT ((coughs))
2. Ja
   Yes
3. J1: en homeopathie is ook iets dat het is populair veel mensen veel mensen zijn daarin geïnteresseerd
   homeopathy also is something that it’s popular many people many people are interested in that
4. dan willen wij daar ook wel zeker (1) aandacht aan besteden en en then we also definitely (1) want to pay attention to that and and
5. INT Hm
   Mm
   [...] 
6. J1: het heeft dan ook geen zin om over homeopathie
   and then it’s also doesn’t make sense to about homeopathy
7. een interv een een euh artikel te brengen
   write an interv an article
8. en iemand te interviewen waarvan je al op voorhand van weet van
   and interview someone of whom you know beforehand
9 ja dat is iemand die die denkt dat het allemaal zever in paksjes is
yes that’s someone who this all of this is bullshit
10 dan ga je wel met iemand spreken die daar wel euh
then you go and talk to uhm there well uhm
11 maar je hebt heel veel klassiek geschoolde artsen die zich daarna
but you have loads of classically trained doctors who have studied
zijn gaan verdiepen in
for instance afterwards
12 INT ja ja
yes yes
13 J1 homeopathie
Homeopathy

J1 first points to the popularity of, in this case, homeopathy among the general public (turns 1-3). She also says it is adopted by “classically trained doctors” (turn 11) and thus (partly) institutionalized. The popularity both among the general public and among doctors is emphasized by J1 through her use of quantifiers throughout the extract in “many people” (turn 3), and in “loads of classically trained doctors” (turn 11). Homeopathy is thus constructed as an important trend in society, which legitimizes writing about it in the magazine. The journalists even “definitely want to pay attention” (turn 4). As it is their job to represent what is going on in society, popularity and partial institutionalization is a strong prerequisite for writing about it. This is strengthened by her “definitely” in turn 4. This example is similar to J4’s “we’re not going to silence that to death” (example 18), which also evokes the value of honestly and openly representing what is going on in society, without any form of censorship.

The second journalistic value of good newswriting that emerged from the data is open-mindedness. Journalists find it crucial to give editorial space to the many different voices and sources when writing about health, even if this includes voices they themselves do not agree with. For instance, in (24), J5 recalls writing a piece about hypnosis, for which she herself underwent a few hypnosis sessions. This includes some interesting identity work in relation to the interplay between her journalistic and personal identity:

(24)

J5 ((laughs))
euhm dus en en ook iedereen in mijn omgeving weet
uhm so and also everyone who knows me knows
dat ik een van de kritische personen ben die er bestaat dus dat daar
euh
that I am one of the most critical people ever so that there uhm
maar ik dacht ik stel mij daar gewoon voor open want anders doe ik dat toch niet
but I thought I'll just be open-minded because otherwise I just won't do it
en ik wil dat ook gewoon doen omdat ik (2) weet dat er mensen wel
and I just want to do it because I (2) know there are a lot of people who do
((swallows))
in geloven of de mensen dat dat gaan lezen die
believe in it or the people that will read it
alé mensen dat hun niet interesseert zullen zoiets hebben van wat voor zever is dat
I mean the people who are not interested will just think like what kind of bullshit is this

J5 first does some very explicit and strong identity work by saying she is “the most critical person ever” (turn 2), with intensifying adjective in a superlative form “most”, and adverb “ever”, which is at the extreme of the gradability scale. These add emphasis and strength to her statement, which she further develops by providing an appeal to authority when she says that this is something that this is known by “everyone who knows her” (turn 1). However, she puts this identity and her critical personal stance towards hypnosis aside because of her professional identity. As a journalist, she needs to be open-minded in order to produce a good, balanced piece about testing hypnotic therapy (turn 3). Only then she can be of proper service to her readers, who are interested in this topic and want to read about it (turn 4-5). This example is similar to example 23, and to example 16 in which J6 talks about reporting about sophrology.

In line with this, the journalists also explicitly position themselves as service journalists, and see their journalism as a service they provide to their readers. They for instance say that they will write about certain topics because “people want to read this” (J1, J5, J6), or because they are personally interested in it. As they are part the target group, it will also be what the readers want to read (J3, J4). Moreover, many of the smaller editorial decisions, as think-aloud protocols showed, were taken to anticipate the readers’ questions or wishes. One of the think-aloud protocols revealed that the journalist had included a shopping page with running shoes in a piece about running, to anticipate the many questions they would otherwise get about good running shoes. The what the reader wants trope is also used by many interviewees in their production process. Many of them report that, when they are deciding on a specific angle, they always ask themselves: “what would the reader want to know about this?”

In sum, the journalists’ perspectives on science and truth are consolidated by their constructions of good journalism, as well as of their agentive readers. For the
Journalists, health is a personal matter in which agentive expert consumer themselves decide what they consider relevant and adequate knowledge. The journalists all agree that it is not up to them to take a position in debates on health; their task is to represent all current knowledge and ideas, and to be open-minded about this, in order to be of service their readers. As this yields potentially contradictory information across different issues of the magazines, or even within one issue, their main device is citing: they always present the information as the viewpoint or opinion of the expert they have consulted. The info is literally between quotation marks, and ascribed to the expert, in direct speech constructions formatted as “xxxx”, y said.

5. Conclusion

This chapter has examined the discourses on health and illness, agency and responsibility, and scientific and other expertise as produced by journalists writing for a women’s magazines. Analyzing research interviews, I have looked at how these discourses are interconnected and feed into each other. More specifically, I examined the journalists’ sociocultural knowledge, attitudes and ideologies on health, and how they relate to the specific journalistic context of writing for a women’s magazine about health. The data show that the journalists mainly adopt a highly subjectivized view on health, in which self-management and agency are central, positive and empowering, and seen as important assets. They see their health journalism as what Briggs and Hallin (2016) have identified as neoliberal patient consumer journalism; their readers are strong, free, intelligent and independent self-managers and entrepreneurs who want and need information about health, which the journalists provide as a service to them. As biomedicine and science can slow and contradictory, and as there is a lot of other relevant and trendy expertise outside the biomedical realm, the journalists also include information and expertise from outside the biomedical field, including pseudo-medical and pseudo-scientific expertise (for instance homeopathy, sophrology, hypnosis, food gurus and celebrities without a formal background in nutritional science).

The journalists’ discourses, attitudes and ideologies can be problematic, however, for several reasons. First, the neoliberal focus on agency and self-management is in stark contrast with the sociological and biomedical evidence that health, illness and mortality are mainly determined by a range of socioeconomic factors (Braveman and Gottlieb, 2014; WHO, 2014), such as income and education (Braveman & Gottlieb, 2014), living and working conditions, social protection and health care (CSDH, 2008). It is probably not a
women’s magazine’s task or goal to raise awareness about this: recognizing and emphasizing this in a women’s magazine about health would go against the magazine’s DNA and purpose of providing lifestyle advice. However, the neoliberal agency/responsibility discourse seems to be the most dominant one about health in many western societies (which is also reflected in discourses about obesity, for instance; see Malterud and Ulriksen (2011) and Raisborough (2011)), and is again reinforced by the magazine. This perspective on health most likely shapes individuals’, communities’ as well as governments’ and even biomedicine’s (e.g. Malterud & Ulriksen, 2011) practices in relation to health. If these practices are only based on constructions of healthy and ill citizens in the neoliberal sense, ignoring the social determinants, this can be problematic.

Second, another question that arises in relation to a neoliberal approach to health is whether the silver lining and expert consumer perspectives advocated by the journalists are desirable. As Andreassen and Trondsen (2010) have shown, patients do not always want to be in a position in which they can or have to decide themselves about their health. According to Andreassen and Trondsen (2010), it can actually be reassuring for a patient to (partly) transfer responsibility and power to medical professionals when he or she is pain, or fearing pain or even death. Moreover, agency and self-management requires health literacy (Greenhalgh, 2009). Being expert consumer thus is not always a positive experience, and can even be disempowering. In line with this, one could wonder whether patients or individuals, who can be dealing with (the prospect and fear of) pain, chronic conditions or even death, actually benefit from the idea that illness, even terminal illness, always has, or has to have, a silver lining. Inevitably, health and illness are not always positive, empowering experiences. It is likely they cannot always be turned into positive experiences as a result of agency and self-management.

Third, the journalists’ attitudes lead to a diversification of the expertise they present in the magazine, which is not always validated, trustworthy expertise, but pseudo-medical and pseudo-scientific. This yields contradictory views on what is beneficial for our health, as also shown in chapter 7. This too is most likely disempowering rather than empowering, if people as a consequence make potentially harmful lifestyle decisions, do not know which decisions to make, or when this leads to the audiences’ resistance against and apathy in relation to health information.

Finally, this chapter has a number of limitations. First, the journalists that have been interviewed all work for the same magazine. This allows for in-depth analysis and comparison between the individual journalists, but also entails conclusions only apply to the specific context of the magazine they work for.
Second, the conclusions on the journalists’ practices are based on research interviews and thus are self-reported by the journalists, and not observed. This always requires caution. Ethnographic observation and/or an analysis of the magazine’s content in some form, such as a discourse analysis, a thematic analysis, or a corpus-based analysis could provide further insight in how the journalists knowledges, attitudes and ideologies are actually employed in the production process, and reflected in the content.
This chapter builds on the previous chapters on the diversification of expertise and the complexity of knowledge production in the intersecting, biomediatized domains of health and journalism. I conducted an in-depth analysis of the interviews to gain insight in the journalists’ mental activity of the production process, as conceptualized by Grésillon & Perrin (2006). The notion of the mental activity raises the question what someone is trying to do when writing, and why they do it the way they do (for a more in-depth discussion, see section 2.2.3.2). I was interested in the mental activity as I wanted to find out why the media tends to enthusiastically embrace the patient-consumer model. I wanted to better understand this, and the relevant underlying dynamics. I therefore started with the basics: I first looked at the sociocultural knowledge journalists draw on to define health and illness. Going from there, I examined how they reflect on the role of the individual, and on responsibility and agency. Further digging into these constructions and in how they construct their roles and values as a journalist, this also uncovered the journalists perspectives on health and the individual are closely connected to how the journalists view science, biomedicine and expertise. By examining these, it became clear why journalists are so in favour of an expert consumer perspective. It simultaneously also became clear why the journalists are so open-minded about featuring alternative expertise in the media, even when this contradicts their constructions of biomedicine as the first authority to turn to when learning about health topics.

In this chapter, there thus are traces of a diversification of expertise and the inclusion of pseudo-expertise, which again points to a pseudo-biomediatized production process. Not only biomedical actors should be seen as co-producing health news, but pseudo-biomedical actors, who, as explored in chapter 4, often sound like biomedical actors, are entering the playing field. Moreover, this chapter again shows the intricate and complex boundary work journalists do, being well-acquainted with biomedical logics and having partly internalized them, but staying true to their role of a journalist for instance by remaining critical and by including different voices—pointing to the saliency of objectivity as a strategic ritual (as discussed in 2.2.3.2).
Conclusion
In this dissertation, I have examined the discursive practices underlying the co-production of health news. My initial motivation to study health news was that the amount of health news has risen over the past decades, and that this growing body of content impacts the audiences who read, view or listen to it. At the same time, we know little about how health news is produced, and how these stories that take up a prominent space in the public sphere come into being. To contextualize our understanding of the co-production of health news, I drew on (bio)medicalization and biomediatization theory, as well as several theories and concepts in the field of journalism studies that show that media both construct and reproduce dominant discourses and frames on events and issues. For the data collection and analysis, I adopted a linguistic ethnographic perspective. The open, transdisciplinary nature of linguistic ethnography allowed me to combine the different relevant perspectives of this dissertation, which are linguistic pragmatics, journalism studies and (medical) sociology.

As mentioned above, the initial motivation to study health news was its impact, that the amount of health news is on the rise, and the fact that we know little about its production process. The research results in the empirical chapters have pointed to other reasons why it was worthwhile, and have provided new insights in the co-production of health news. In 10.1, I will discuss the overarching conclusion of this dissertation on the co-production of health news. This conclusion is twofold; first, I will discuss how the empirical chapters have confirmed health news is a matter of biomediatization, but also show how the specific context I have examined calls for a number of extensions of and additions to the concept. I will also discuss what the consequences of biomediatization are for how we more generally conceptualize and look at news production. Second, I will explicate how this dissertation shows that health is ideological, by reiterating the importance of expert identities, and by discussing how predominantly individualized discourses and frames on health obscure the social aspects of health.
Continuing the main thread of methodological reflexivity in this dissertation, section 10.2 provides my final reflections on how I experienced doing linguistic ethnographic research. I will discuss both the perks of linguistic ethnography, as well as its limitations and challenges. Finally, I will discuss how this dissertation raises new questions and avenues for further research (10.3.1), and I will formulate some recommendations for practice (10.3.2).

10.1. Final conclusion on the co-production of health news

The first main conclusion of this dissertation concerns health news as a matter of biomediatization. As discussed in section 2.3.1, biomediatization is a framework coined by Briggs and Hallin (2016) that conceptualizes the production of health news as a matter of co-production of both journalistic stakeholders and biomedical stakeholders. Consequently, stakeholders from both domains have incorporated each other’s logics in their own practice, which means that these practices are nowadays increasingly hybridized. The empirical chapters of this dissertation confirm that media stakeholders have adopted biomedical logics and are biomedicalized, and the biomedical stakeholders have adopted media logics and are mediatized. Consequently, the boundaries between the journalistic and biomedical domains are increasingly blurred, and at the same time constantly negotiated. Moreover, this complex process of co-production also entails producing what health is, what (good) journalism is, who the experts are, which expertise is valid, and which actors should attend to the news, and how.

In this dissertation, the concept of biomediatization also sheds light on how we should conceptualize and view news production more generally. I will discuss three elements here: newsroom-centredness, non-linearity, and reflection and production. First, the empirical chapters show that it is fruitful to move away from a newsroom-centred approach to news production. Chapter 5, which discusses the identity work of a pharmaceutical company, shows that discourses that are (assumed to be) produced by media and in the public sphere more generally, are taken up and mobilized in the company’s identity discourses. These identity discourses then form the basis for further reputation building by the company, which also targets the media and which partly happens through press coverage. This specific process of how the pharmaceutical company’s identity discourses are produced points to the iterative, dialogical nature of news production as a cycle of (re)constructing, reproducing and reflecting dominant frames and discourses in
society. It also is a specific example of how the boundaries between the journalistic and the biomedical domain are blurring (Briggs & Hallin, 2016). The value of moving away from a newsroom-centred perspective is also demonstrated by the audience research chapter (chapter 8), which confirms that discourses produced by media live on beyond its initial form, and are entextualized and renegotiated in online public spheres.

Second, this view on news production as multi-sited, iterative, and thus multi-directional, excludes the possibility of news production as a linear process. This has two consequences: first, it confirms that producing health news is not just about translating scientific terminology into a discourse that is understandable for laypeople. It is a more complex process of entextualizing, (re)contextualizing, (re)framing what initially was some form of scientific discourse—which sometimes is already preformulated (Jacobs, 1999)– to fit a journalistic format. News production thus also cannot be conceptualized as having several clearly distinguishable, chronological stages in which the contributions of each stakeholder are contained to these stages. Rather, processes are layered and take place at the same time. Even before the pharmaceutical company talks to a journalist, it anticipates critical questions about the industry. Even when biomedical stakeholders who have provided information to the journalist are not present during the meeting analyzed in chapter 7, we hear their discourse and see their practices reflected in the meeting on how to frame what they have told the editors about charred meat.

Third, the empirical chapters confirm that media indeed is a matter of both construction of dominant discourses and frames on the one hand, and reproduction and reflection on the other, as discussed in section 2.2 of the theoretical framework. In this process, the interests, professional practices and values of each contributor play a role, and these will all shape and be reflected in the final product.

However, this dissertation also points to the need to extend the concept of biomediatization, as a result of the increasing importance of other stakeholders beyond the ones that biomediatization sees as crucial: biomedical stakeholders and journalistic stakeholders. I argue to include the audience and new/alternative experts from food and lifestyle industries as relevant stakeholders too. Audiences need to be included because they increasingly co-produce and (re)produce news, content and dominant discourses in society, in this case on health, in online contexts, as chapter 8 shows. Chapters 4, 7 and 9 also illustrate the role the audience plays as the overarching production value (Vandendaele, 2017), and how news professionals’ conceptualizations and projections of the audience are central in their production of health news. And although not explored in this dissertation,
the audience not only coproduce content by reacting to it or by being an overarching production value. They also proactively produce their own new content as as citizen journalists, bloggers and social media influencers. In the recommendations for future research (section 10.3.1), this will be discussed more in-depth.

The inclusion of alternative experts is relevant because these alternative experts are both mediatized and biomedicalized as well. First, these alternative experts have adopted media logics as they aim to generate press coverage; consequently, their practices are mediatized. Second, as our society is increasingly medicalized, these alternative experts have also (partly) adopted medical logics and discourses. This is also illustrated by Manson and Bassuk’s (2018) article on the vitamin and supplement industry in the United States. In the US, this is a $30 billion industry; many people take supplements and vitamins assuming this prevents disease and improves health. However, metareviews show that for most of the population, vitamins and supplements do not contribute to health and disease prevention. There are specific indications that they can be beneficial, such as in the case of folic acid for pregnant women. But in general, vitamins and supplements are even associated with harmful effects such as increased mortality, increased risk of haemorrhagic stroke, and cancer (Manson & Bassuk, 2018). The vitamin industry is a clear case of medicalization and adopting medical logics outside the realm of biomedicine, and even in contradiction to biomedicine, as a consequence of the commodification of health. The medicalization of food, such as of coconut sugar in chapter 7, is a very similar case. Expertise thus is not only transferred and assigned to individuals as expert consumers and patients, but also to other (commercial) stakeholders. In the case of food and many other lifestyle aspects of health, this dynamic is strengthened by that fact that medicalization is recursive; the growing interest in health is both caused and fed by the increasing request for information on how to live healthily. These alternative experts therefore can considered to be pseudo-biomediatized: they do not traditionally belong the elite public sphere in the domain of health (which comprises of health journalists, and biomedical stakeholders such as medical researchers, public health officials and commercial stakeholders), but have incorporated practices of both domains and are increasingly seen as important and are actively participating in public debates on health. However, their medicalized messages and expertise sometimes is contradiction with classic biomedicine and biomedical, evidence-based research. I therefore argue for extending the conceptualization of biomediatization as the intersection of the biomedical and journalistic realm. It can be seen as a more multidimensional intersection that includes other professional domains besides journalism and biomedicine, such as the food industry and pseudomedical industries. Alternatively, if one feels that this extensions makes the theoretical foundations of biomediatization (as a
combination of bio-medicalization and mediatization) unstable, I argue for an awareness of the fact that there are other intersections in health journalism beyond biomediatization.

A final, methodological extension I propose is highlighting the discursive dimension of biomediatization. As chapter 7 has shown, biomediatization constructs, and is (re)constructed in, the discourse of the editorial meeting, during which social constructions of health, illness, biomedicine and (health) journalism are talked into being. Hallin and Briggs (2016) extensively showed that biomediatization allows for macro-sociological, meso-level content analysis, anthropological research, and other transdisciplinary approaches. My empirical research shows that the concept is also discursive, and thus highly compatible with a linguistic approach.

The empirical chapters also show that the media construct who should attend to health issues, and thus produce hierarchical classes of knowledge (Briggs & Hallin, 2016). This brings me to what I consider to be one of the most important findings of this dissertation as a whole, and the second main conclusion on health news: health is ideological. Ideology can be defined as a ‘basic cognitive self-schema of a group and its interests, and defined by such general categories as the identities, actions, goals, norms and values, relations with other groups and the (power) resources of a group’ (Van Dijk, 2014, p. 130), or as ‘systems of thoughts and ideas that represent the world from a particular perspective and provide a framework for organizing meaning, guiding actions, and legitimating positions’ (Hodges, 2015, p. 53). First, I argue that health is ideological because how we view and talk about health, constructs, and is constructed by how we legitimize positions (Hodges, 2015) or identities (Van Dijk, 2014), in this case expert positions or identities. These expert identities determine who has the authority to determine what is health, what is legitimate knowledge, who has the authority to speak about health (and consequently also about treatments, research, health policy and health care) and to disseminate (legitimate) knowledge, and to determine how to deal with health problems (Carr, 2010). The second reason why health is ideological is because of the dominant individualized perspective on it, which constructs, and is constructed by, norms and values that guide action (Hodges, 2015; Van Dijk, 2014), and categories of responsibility and power (Fairclough, 2011). More specifically, it constructs who has to take responsibility to deal with health and health issues—both on an individual and on a societal level. As shown in chapter 9 on women’s magazine journalism, this individualized perspective on health is part of a more general neoliberal ideology and perspective on the self. In what follows, I will discuss each element in-depth.
First, as we have seen, the production of health news is guided by, and at the same time (re)constructs, a complex configuration of expert identities—of biomedical and alternative pseudo-biomedical expert identities, of journalistic expert identities, as well as lay expert identities such as the expert consumer. These identity attributions are dynamic (see section 2.3.2), which is also illustrated by Briggs and Hallin's (2016) models of biocommunicability. These models are recurrent and intertextual cultural models that implicitly or explicitly construct who is involved in health knowledge production, who has the authority to say and do what, and how a particular health issue needs to be attended to. As discussed in section 2.3.1.3, Briggs and Hallin (2016) propose three models. The first one is the biomedical authority model, in which the doctor is the main authority and source of expertise, and individuals/patients passive receivers. The second one is the patient-consumer model; in this model, individuals/patients have embodied, tacit and experiential knowledge about their own health, and are agentive beings that decide about their own health, including risk prevention and treatment, and doctors add as advisors. In the public sphere model, social and political aspects are at the forefront, and the issue at stake becomes a battleground for relevant stakeholders such as governments and companies.

The dynamic nature of the attribution of expert identities is reflected in these models as the expert consumer category presupposes and thus (re)produces a more equal, less hierarchical relation between biomedical professionals and patients. Consequently, individuals and patients are more agentive in deciding about their health; this is no longer solely dependent on the expertise of the doctor. At the same time, the projection of a very hierarchical relation between biomedical professionals and patients is still prominent in the biomedical authority model. In this case, the doctor is in an expert position, and the patient or individual on the passive, receiving end. These two models coexist, sometimes in the same news text or interaction, and thus point to power relation being highly dynamic in the case of health (news).

However, within the dynamic use of these models, this dissertation points to a prominent presence of expert consumer elements in health news. The expert consumer perspective has advantages: seeing patients and individuals as having expert knowledge about (their personal) health, risk prevention and their own bodies has had very necessary and positive outcomes. Especially in the case of treatment, patients now have (more of) a voice, as discussed in section 2.1.2.2. Having a voice, being heard, and having an agentive position can empower patients and improve quality of life (Andreassen & Trondsen, 2010; Fox et al., 2005). In the case of pain, for instance, it is not possible for doctors to estimate how much pain a patient has, and how they experience this pain; in contexts like this, it is essential that the patient is heard. Outside the context of treatment,
recognizing that laypeople can have relevant expertise has positive outcomes too: having access to information and expert knowledge is important and can help people to prevent illness, manage risk, monitor themselves and others, increase recognition and support, and reduce stigma (Eyal, 2013; Wakefield et al., 2010). However, such attempts to empower and recognize experiential knowledge are a complicated story with outcomes that are not unambiguously positive (Andreassen & Trondsen, 2010). It is not because a patient or individual has some form of expertise, for instance about their experience of pain, that this makes them an expert in relation to the cause of the pain, or what treatment is needed. However, chapter 9 shows that these last two aspects are increasingly included in how the expert consumer is constructed.

Moreover, others stakeholders that are increasingly attributed expert identities are alternative experts such as commercial stakeholders, as discussed above. These stakeholders project a patient-consumer model in their mission and their marketing, which serves as a precedent for alternative expertise and the acceptance and authoritative status of such alternative expertise. This involves the acceptance of both individuals and alternative professional experts, such as vitamin and coconut sugar companies, influencers, and (online) coaches of all kinds.

In what follows, I will argue that the combination of the increase of alternative experts and the increased dominance of the expert consumer perspective has particular consequences, which has created challenges that require thorough reflection as a society. More specifically, I will argue that the expert consumer position can lead to a (selective) devaluation of medical expertise, and discuss several potential answers to what is actually the underlying dynamic here. As I will discuss, I looked into trust research, but did not find a definitive answer in this body of literature. I will then draw on postmodernism theory to propose a more final answer.

I first hypothesized that a growing prominence of lay expertise could lead to a decline in trust in science and biomedicine. Interestingly, trust in science and medicine is stable, and even quite high. Doctors, scientists and academics tend to rank highest when respondents are asked to rank institutions in terms of which ones they trust the most (Bakir & Barlow, 2007; Smith & Son, 2013). In 2015, 89% of British citizens report that they trust doctors, and 79% trust scientists (IPSOS Mori 2016). In opposition to other institutions in which trust is declining (Bakir & Barlow, 2007), trust in science has been relatively stable since the 1970s (Wynne, 2009), despite frequent outcries that is in on the decline both in academia (Bakir & Barlow, 2007; Ballard & Elston, 2005; Boyce, 2006) and in the media itself (e.g. Mathieson, 2016). Only in the US, there has been observed a negative trend, but
also a rather limited and specific one: trust in science has been stable since the 1970s, except for two specific subgroups: conservatives and church-goers (Gauchat 2012). Tiejmeijer & De Jonge’s (2013) extensive study on trust in science in the Netherlands, which is culturally similar to Flanders, shows that there still is a high degree of trust in science in general: out of 8 institutions like the government and the press, science is the most trusted. When asked which actors they most trusted for information on climate change and vaccination, they listed science respectively as most trusted and second most trusted— in the case of vaccination, doctors and pharmacists were most trusted. Finally, more recent global survey data collected in 28 countries by Edelman (2017) do point to a decline in trust in academic experts, although just a small one: in 2016, 65 per cent of respondents rated academic experts as “extremely/very credible”, while, in 2017, only 60 per cent did. It is too early to say whether this is just a temporary drop or a more long-term evolution to come.

However, Tiejmeijer and De Jonge (2013) point to an important caveat when surveying people on trust; individual scientists and academics and their professional ethics and practices are less trusted, as well as the context in which they work: less than half of the respondents agrees that “most scientists are honest and trustworthy”. About 30% of respondents believes scientists with divergent opinions are silenced, and universities are believed to be unable to stop fraudulent research. This pattern is a familiar trend in political sciences, Tiejmeijer and De Jonge (2013) point out; while democracy as an abstract ideal is often still much trusted, individual political bodies like governments and parliaments are much less trusted. Similarly, trust in science as an abstract ideal is higher than its concrete individual and human representatives.

Tiejmeijer and De Jonge’s (2013) observation might indicate that classic trust surveys— that ask about trust in institutions usually rather generally and abstractly— cannot account for the complex, sometimes formative encounters people have with scientific and biomedical discourses, with metadiscourses on science and biomedicine, and the people that somehow embody these discourses, such as doctors and other biomedical professionals. In the case of health, this can be complemented by feelings of being overwhelmed because of the many health messages that circulate in society nowadays. In that sense, as a result of biomediatization, it is probably not sufficient to only look at trust in science to understand how audiences feel about health information. As biomedicine and journalism have become so intertwined, trust in the media, or the combined trust in science and media, are newly emerging, important parameters too.

Consequently, trust research may not be the answer to what is at stake here. Because even when trust is not declining, there is some form of repositioning of
scientific (and biomedical) knowledge on the hierarchical ladder of authoritative knowledge in our society. It is not that scientific expertise is not trusted, it is simply seen as one of many gateways to finding some form of truth and improving one’s life (including, but not limited to, one’s health). For some people, this can entail a form of devaluation of medical and scientific expertise as the first and foremost answer to health questions. This opens the door for alternative forms of expertise, and claims that seem scientific-like, but are actually non-scientific (see chapter 7).

Audiences, and individuals more generally, might feel uncomfortable with these multiple paths to a solution, and the abundance of information that they need to get through in order to make an informed choices. As shown in chapter 8, audiences sometimes resist being seen as an expert consumer, or resist changing their behaviour based on information provided by mass media. In the case of lifestyle-related information, this is strengthened by that fact that it is hard to provide strong, decisive evidence for many assumptions and claims in relation to food and lifestyle. Nutrition research, for instance, often depends on trials with animals, which can never be fully extrapolated to humans. In epidemiological research, findings can always depend on other (hidden) parameters, and it is hard to determine what is correlation and what is causation. Moreover, they often (partly) rely on self-report. As a consequence, biomedical results sometimes are contradictory, especially in early stages of new research, which is difficult for audiences.

The idea of multiple truths and multiple solutions may sound contradictory to our highly technical, biomedicalized and knowledge-based societies. However, it fits the idea of a late or postmodern society as proposed by Giddens (1991) and others. Boyce (2006) argues there is a broadening of the range of fields in which you can become an expert, which leads to a volatile definition of expertise ‘as more and more people consider themselves, and are regarded by others, as experts’ (p. 890). As a consequence, there are more organizations and individual actors who can be categorized as experts in some way, but we (potentially) believe them less, or at least attach less importance to what they say. Bruns (2008), as discussed in chapter 8, also argues that we are transitioning from a strictly hierarchical organizational model of expertise to a more heterarchical, flat model of expertise, as a result of our digitalized society. In this world, expertise is no longer taken for granted, and classic institutionalized expert domains need to negotiate and prove their expertise and expert identity before being able to take up an authoritative position. This is confirmed by the observations in the empirical chapters in this dissertation.
A second reason why health news is ideological is because research has shown that health is inherently a social matter. This aspect, however, is not often at the forefront in discourses on health in the public sphere. This individualized perspective has already been extensively documented in biomedical research and medical sociology, as section 2.1. in chapter 2 has shown, and also is not entirely new in media studies (e.g. Entwistle & Hancock-Beaulieu, 1992; Hallin & Briggs, 2014; Wallington et al., 2010). In line with this body of research, my data confirm there is a strongly individualized perspective on health in the media contexts I researched. This trend can be considered to be an expression of a more general neoliberal ideology, in which freedom of choice of individuals, self-management and self-improvement are central. In the context of news, I found this neoliberal, individualized perspective to be especially salient in soft news contexts. Soft news (as discussed in chapter 7), or the similar concept of lifestyle journalism (discussed in chapter 9), in general takes a more personal, individual perspective rather than a political and social one. Consequently, in the case of lifestyle aspects of health, the role of the individual is emphasized. However, as discussed in the theoretical framework in section 2.1.2.1, social determinants play a role in health that cannot be ignored. How healthy we are is determined, or at least significantly influenced, by social aspects such as income, education, living and working conditions (World Health Organization, 2014, 2017). The individualized perspective on health in this coverage implicitly denies or ignores the direct or indirect responsibility governments and relevant industries have, or could have—for instance, to name just a few areas, to reduce poverty, to improve working and living conditions, to make our food healthier.

In the context of soft health news or lifestyle health news, there are a few more specific problems and consequences. The focus on lifestyle aspects of health as such is problematic when considering what really impacts our health, and how much control individuals have over what impacts them. Eating habits, for instance, have an effect on our health, but pollution, for instance, has too. Moreover, issues like pollution are very hard to influence on a purely individual level; they can only be tackled collectively, on a political and social level. In line with this, a neoliberal perspective that focuses on perpetual self-improvement is not always productive when it comes to health. It produces a focus on health issues that are actually non-issues—such as the health benefits of coffee or blueberries, and distracts us from issues that really deserve to be tackled, and that are impacting our health a lot more.

Finally, health being ideological has consequences for how we conceptualize both health news and soft news. As already mentioned in the conclusion of chapter 7, soft news is not purely apolitical as it is usually conceptualized in journalism studies, for instance as in the metareview of Reineman et al. (2011). Rather, softer
news (potentially) constructs an ideological stance. In the domain of health, for example, softer news might express opinions on who is responsible for staying healthy, and in whose power it is to deal with health problems. As for how we conceptualize and study health news, I want to advocate for a broader understanding of the concept and definition of health news, and of media discourses on health. As the empirical section and some of the literature in chapter 2 has shown, health is far more than news on biomedicine such as news on new therapies and new illnesses, epidemics, and so on. Health is about many aspects of public life, because of its social and environmental nature. For instance, news about pollution often is also (partly) is about health. In the same vein, as chapter 9 has shown, the lifestyle aspects of health are increasingly prominent. Anything that relates to social, mental and physical wellbeing, to lifestyle and environmental issues, has the potential to be about health. Media discourses on health thus are also found in political news, economic news, business news, et cetera.

10.2. Final reflections on linguistic ethnography

In line with what the literature on linguistic ethnography advocates (as discussed in the methodology chapter), I want to provide a number of final reflections on linguistic ethnography and my role as a researcher in the process of collecting, constructing and writing up data. In chapter 6, I already reflected on one of the implicit and potentially biased assumptions we have when going to the field, in this case about elite settings, i.e. that elite informants always overpower researchers. Of course, there is a lot more to say about how I experienced being a linguistic ethnographer. I will discuss a few challenges and perks in the following section.

For me, the most challenging part of linguistic ethnography was being a linguistic ethnographer, in the sense of more generally being something. Although I wrote up who I am as a researcher and where this dissertation belongs in the methodology chapter as factually and assertively, I struggled with where to position myself and my work. Over the course of my PhD, colleagues have labelled me in several ways and have also denied me certain labels— that of my work being linguistic, for instance. Of course this is somewhat anecdotal, but generally I felt linguists categorized my work as sociological, while for sociologists, I clearly was a linguist doing linguistic analysis. Having my formal background in linguistics, this was sometimes confusing. When I started this project, the transdisciplinarity
of it was pregiven— it was part of a concerted research action that was funded by a funding body specifically for transdisciplinary research. From day one, I interacted with literature, concepts and colleagues from sociology and communication studies, and learnt to see my research in this mixed, transdisciplinary context. For a long time, linguistic ethnography was an adequate transdisciplinary umbrella paradigm. But in practice, it is sometimes necessary to position yourself more explicitly, for instance when writing up introductions and when presenting at conferences. Delineating my audience and submitting papers to the right journal also proved to be a challenge. However, I was often reassured by more experienced colleagues that this is not just a problem I encountered as a junior researcher, but that this remains a challenge for many transdisciplinary researchers throughout their whole career.

I am still unsure whether I have done this more precise positioning right; I feel that other configurations are possible too. But maybe this is a strength rather than a weakness. If transdisciplinarity really is about challenging boundaries between disciplines, as Van Leeuwen (2005) argues and as discussed more extensively in section 3.1 of the methodological chapter, then maybe the fact that boundaries are unclear to me sometimes is a sign that boundaries indeed are blurring and challenged, and that my work truly is transdisciplinary. In line with this, I would say I do linguistic ethnography (and sociology, and pragmatics, and journalism studies), rather than I am any of these things.

Another reason why I now feel more confident about unclear disciplinary boundaries is because I realized it is crucial to let the data guide analysis, and not the other way around. As Van Leeuwen (2005) and Verschueren (1999) pointed out (as discussed in 3.1 in the methodology), a monodisciplinary, method-driven approach often answers only part of the research question, or inevitably neglects certain issues or aspects. Not being driven by a monodisciplinary method allowed me to focus on really uncovering dominant trends in the data in relation to the production of health news, and stay close to my research questions. Like Agar (1996, 2010), I also tried to keep in mind that biases exist in ethnographic research, and that our research will always be conducted within our own personal cultural and social framework. However, we should also try to tackle this, and I believe a transdisciplinary approach also helps to look beyond certain biases. It allows for staying close to the data, rather than staying close to the method, as methods might bring their own biases, or at least assumptions about reality, to the table.

Another challenge of linguistic ethnography concerns a classic methodological limitation: the issue of generalizability. Ethnography requires to stick to middle-range theorizing (Perrin, 2013), to only generalize about what can be verified by
data, within the specific context of the ethnography. However, I sometimes felt I wanted to do research to come to interpretations that can feed into further research, and/or to some form of a more overarching understanding of a phenomenon. The local nature of ethnographic research – the fact that it looks at issues on a small scale, and focuses on a community the ethnographer can somewhat oversee and get to know well – is a strength, as it allows for complexity. We need complexity, because reality is messy, chaotic, and contradictory (Blommaert & Jie, 2010). It is crucial that ethnographic (and more generally qualitative) researchers map and analyze this complexity, and write up and present this version of events and issues in society. It is indispensable for our understanding of the world. But inevitably, it can be a weakness sometimes, because only analyzing micro- and meso-contexts in ethnography also only allows for micro- and meso-conclusions, and macro-level analysis is not possible. I think complexity becomes even more interesting when contextualized with macro-perspectives, with quantitative analysis that allow for generalizing on a larger scale. In the future, I would therefore like to make use of more mixed qualitative and quantitative method approaches to study the same topic – now, I have drawn on several methods, but I have not used both qualitative and quantitative methods to examine the same data set. For instance, I believe corpus linguistics and corpus-based discourse analysis are excellent tools in the realm of linguistics to do so, and I hope to explore them soon.

Linguistic ethnography also has its perks; I think of it as a blessing to have gone into the field during this PhD. First, being out there really does transform your perspective, and I think it is very valuable that I have started my research career with this transformed perspective. It was transformative in two ways: first, doing ethnography has shown me that reality indeed is complex and chaotic (Blommaert & Jie, 2010), and how worthwhile it is to embrace this richness in research. More specifically in the context of this dissertation, it has taught me how reductive copy-paste and translation perspectives on journalism are. Being in the field immediately uncovered the many processes, stakeholders and complex considerations that come into play, and showed these need to be examined to come to a more holistic and comprehensive understanding of news production. Second, doing ethnography has helped me to ask the right questions and to pursue the most interesting trends in the data: by going to the field without too many preconceived ideas on what to research and what to find, I was able to adapt the direction of the data collection to dominant trends and to what really mattered in practice and the world of the informants.

Another perk of ethnography is the interaction with informants. Dealing with informants can be complex, in many ways. The complexity already sets in before the actual fieldwork starts: sometimes, gates remain closed and negotiations to
gain access fail. This also happened in my case, which of course was frustrating. However, I was also surprised about the open mind and welcoming attitude of most of the informants, once I was given access. When informants were more reluctant about having me around, which also happened during my fieldwork, gaining trust can also be complex. But in my case, trust issues ceased to be a problem as the fieldwork progressed, and even the informants who felt more uncomfortable at first opened up in later stages; they sometimes even proved to be the most interesting voices in the fieldwork. Experiencing this progress was very rewarding and, for me, confirmed the ethnography was going in the right direction and that I was asking the right questions. Most importantly, being around my informants taught me people and their choices and behaviours are central in many processes in life, and in almost all processes that are discussed in this dissertation. This was also a transformative learning moment for me, learning about this centrality of people – of actual, real people, who naturally contribute to all the complexity and chaos discussed above, just by being who they are. I learnt and realized how interesting and how important it is to talk to them, to gain a complete picture of whatever processes are under scrutiny.

What still remains complex in terms of interacting with informants, is how to give back to them as professionals, and how to disseminate findings in a practical, applied way to them. In the case of the pharmaceutical company fieldwork, we invited the main informant and gatekeeper to discuss our research results in a small-scale meeting at the university. This was a nice, fruitful meeting, which also confirmed our analysis as discussed in chapter 5. The other informants were invited on a stakeholder event we hosted with the project team. However, although most of them seemed interested, the informants that were involved in my research did not come, or were not able to make it. I felt this partly was the case because, by the time the research was written up, due to the pace of academic life, a lot of time had passed, and interest in learning about the results had ceased somewhat. In the case of chapter 7, the editorial board also was a temporary one that dissolved after the production and broadcasting of the show ended. The informants scattered as they returned to other, permanent editorial teams of the public broadcasting channel, which made reaching out to them a lot harder. This is something I want to anticipate and plan better in the future.

Finally, ethnography was a rewarding experience because it often also was very interesting and educational beyond the direct context of collecting data: I feel I have learnt many skills that will be useful in many ways in the future. These include, but are not limited to, negotiating access and gaining people’s trust, learning to ask the right questions, to deal with real-life situations and problems, dealing with the ethics of doing fieldwork and working with people, taking care of the logistics of the fieldwork. It felt good to learn and to make progress, and I feel
it will contribute to my future research and potential other endeavours, even if these are not ethnographic in nature.

Of course, my ethnographies were not perfect. As mentioned above, I would anticipate the dissemination phase more in the future. I also would make the inventories of my data more extensive, and work with a tagging system, to keep better track of what I have collected. But overall, it has been a very positive experience that, I feel, made me a better researcher.

10.3. Recommendations

10.3.1. Recommendations for future research

*Health and news* can mean and do many different things, as we have already seen throughout this dissertation. On top of that, there are many ways in which health and news intersect. It is therefore evident there are many more aspects of both domains, as well as many other intersections, that could be studied further. I will just list a few that have sparked my interest, and that I believe are of particular relevance for practice and for society.

In the case of news production in general, I believe that more research on audiences and social media is key. There already is plenty of research on citizen journalism (e.g. Allan & Thorsen, 2009; D’heer & Paulussen, 2013; D’heer & Verdegem, 2014; Myers, 2010; Wall, 2015) as well as some research on how classic journalism and citizen journalism converge (e.g. D’heer & Paulussen, 2013), but this last area is still rather new. Moreover, how we deal with social media has changed rapidly over the last decade, and research on social media and citizen journalism therefore tends to age fast. Consequently, the boundary work (Briggs & Hallin, 2016, see also section 2.3.1.1 for a discussion of the concept) done by classic journalists and the increasingly producing audiences still is of major interest, and need to be studied further to find out about topical changes and innovations in the news production process. More research on how citizen journalism sources are used in the news, and on how citizen journalism practices are integrated in classic mass media journalism would be interesting. Research on how influencers, bloggers and vloggers produce their online content using journalistic strategies, and on other instances of boundary work, would also add to our understanding of journalism today. In the existing research on citizen journalism, there is a strong focus on hard (political) news and political activism.
in the news (e.g. Wall, 2015). However, it is of interest to learn more about how citizen journalism, social media content and actors, and audiences shape mass media production and content in soft news contexts. In the case of health in soft news contexts, for instance, one of the popular newspapers in Flanders regularly features news articles that embed Instagram posts of “weight loss journeys”, of people who lost a lot of weight, or of online fitness celebrities. In these posts, the tips and tricks provided by the original poster are reiterated in the online news article, as new (and thus newsworthy) ways to lose weight successfully. I believe such posts, and related instances of how citizen journalism, social media content, and mass media journalism converge, are interesting in terms of almost all aspect of news production: in terms of agenda-setting, the cycle of these posts in the online public sphere, the impact of being featured by a newspaper for the influencer, news values, sourcing, framing, expertise, uptake by the audience, and so on. Other soft news topics can be of interest too in relation to citizen journalism, such as fashion journalism. Fashion blogs, for instance, have changed fashion magazines and what they consider newsworthy (Mora & Rocamora, 2015), but many fashion blogs at the same time (re)produce the same (problematic) body ideals as mainstream media (Kraus & Martins, 2017). Finally, fashion blogs have not only transformed fashion journalism, but also how fashion is marketed and sold (Henderson et al., 2017).

In the case of health news, I believed it would be of interest to further look into lifestyle aspects of health, and the intersection of health and other (lifestyle) realms. First, it is crucial to understand which discourses on food and health are produced, for instance by the food industry, and how. As illustrated by chapter 7, the food industry has found its way into the media as an authoritative source on food and health. Further evidence from the US points to such involvement on a bigger scale (Nestle, 2007). In Belgium, there are also plenty of instances where the food industry has been featured in the media to discuss health. For instance, in 2017, the Belgian government issued a new guideline on healthy eating. It contained the recommendation to eat less meat, after which the Flanders’ Agricultural Marketing Board, which represents the meat industry in Flanders, was invited in one of the major current affairs talk shows to defend eating meat and emphasize how nutritional and tasty meat is, and was featured in many newspapers too. At the time of writing this conclusion, two top executives of Coca Cola had just been featured in one of the major broadsheet papers in Belgium (De Standaard, 2018). The article is featured in the economics section and is tagged as “(doing) business” (Dutch: “ondernemen”), but has the headline “there’s nothing wrong with sugar”. In the article, the executives point to both the fact that sugar “is an important source of energy and nutriment”, and at the same time emphasize they take responsibility to reduce sugar consumption, for instance by having less
sugary fizzy drinks on offer in secondary schools. They also state they prefer such initiatives over sugar taxation, which they consider ineffective and unfair.

Although anecdotal, these examples point to a potential growing involvement of other stakeholders in debates and discourses on health, in this case on food, and the diversification and extension of (alternative) expertise. These examples echo Zwier’s (2009) analysis on food ads in magazines, which has shown that food ads are increasingly medicalized, both for foodstuffs that are actually healthy and unhealthy food products. It thus is crucial to further investigate which stakeholders have become relevant for the production of health news recently, what the scale is on which they are involved, and how they are involved. In any case, the stakeholders that are relevant to the production of health news should not be reduced to the purely institutional biomedical and journalistic domains. This diversification of expertise thus can be studied further on an institutional level, as well as on a more micro-level of how expert identities are negotiated in interaction.

These examples also point to another aspect of health news that I deem interesting for further research, i.e. the high intersectionality of health and other discourses and realms in life. In the examples above, health intersects with economics, business and taxation, but also cultural and social aspects of eating. But as also shown in the preface and in some of the empirical chapters, health intersects with many other realms in life. In chapter 8, the audience members themselves raise issues of ethics, taste, and food production in relation to health, and actively bring the complexity of food and nutritional choices to the fore. Research on organic food in the media and organic food labelling has also shown that discourses on and frames of “natural” and organic foods intersect in complex ways with discourses on sciences and (implicit) discourses on ideology (Klintman & Boström, 2004; Lockie, 2006). Drugs, certain foodstuffs and other consumer products, that are in some way artificial, modified or enriched, are often considered problematic in this discourse, and inferior to natural, organic solutions. I hypothesize that these perspectives are, or could be, extrapolated to health, and that these discourses have also been entextualized in discourses and frames on medical and alternative therapies and other (health) consumer products. It would be interesting to gain a better understanding of these discourses, in the media and elsewhere. The dynamics of the underlying ideologies, and how these influence expert consumer identities and health behaviours, could be investigated. Another intersection I find interesting is food and health, and discourses on the body. I think that especially the intersection with recent (feminist) discourses on body positivity (and related to that, mental health) in the online public sphere is a particularly interesting case.
The conclusions on expertise and expert identities in section also provide two areas for future research. First, I think it would also be of interest to gain a better understanding of current discourses on science as such, not just in relation to health, and in both media contexts and more generally. Now, there is a lot of theory but only a limited amount of empirical research that confirms or challenges the idea that scientific and expert knowledge are increasingly holding a different position in society, and are seen as just one version of the truth, and one way of finding a solution. There also is an important connection to democracy here; on conferences and elsewhere, several colleagues have suggested it might have been the same dynamic of alternative knowledge building, and alternative authority, that influenced recent American and British elections. This is another interesting arena for further research.

Second, it would be interesting to further study the preliminary finding in chapter 8 that some people resist being an expert consumer in relation to health, and that people feel overwhelmed by the growing body of (sometimes contradictory) information on health. Although not further discussed in the empirical chapters, the phrase “then what do we actually have to eat nowadays?” was also a common cry of frustration at the editorial office of the infotainment show, when another food story proved to be a myth, or only partly true. It would be interesting to find out how audiences deal with the growing amount of (sometimes contradictory) information on all kinds of topics that are accessible via a range of media nowadays, both in the context of health and science, but also others. It would be particularly interesting to understand forms of resistance, in times in which the expert consumer seems to be the dominant perspective.

Finally, considering that health is inherently social and that this aspect is often overlooked, it would also be interesting to learn more about how public health intersects with politics and economics in news, and in other contexts. Briggs and Hallin have provided interesting and in-depth research on this (Briggs, 2003; Briggs & Hallin, 2016; Hallin & Briggs, 2014), but their work focuses on the US and Latin America. As there are national and local differences between countries when it comes to public health, health promotion and health care, further (comparative) research is needed to find out about how public and social aspects are talked about in these specific contexts.

10.3.2. Recommendations for practice

Formulating recommendations for practice is not easy. Practitioners (and audiences, in the case of news and media) have valuable tacit and experiential
knowledge, and I in no way want to bypass that. As previously mentioned, I learnt a lot from my informants. However, there are a few issues that I believe can be relevant for a number of stakeholders that are somehow involved in the production and/or reception of health news or health discourses more generally.

First, I would recommend raising awareness of the social nature of health, and how strongly ideological health is. I would encourage relevant stakeholders—such as government and other organizations that are involved in health promotion and health policy—to emphasize the social dimension and educate people about social aspects of health. When producing materials for health promotion, and when these are promoted and disseminated to the press, the social dimension could be touched upon as well. Dominant discourses on health eventually also feed into policy to some extent— if we want healthier people, we also need to treat them as efficiently as possible, and prevent illness as efficiently as possible. This often also entails taking a social approach, not just treat illnesses on an individual level.

Second, I would recommend being more aware and raising awareness of the complexity of news making, both among stakeholders who are trying to get news coverage, but also among readers and journalism students. Two aspects of the complexity specifically deserve more awareness: 1) the fact that news is never neutral, objective, and not just out there, and 2) the fact that it is not just produced by journalists. First, for readers, it can be extremely useful to understand the dynamics of framing and of objectivity as strategic ritual, and to know that reporting from two camps has the potential to construct false dichotomies. For other stakeholders that act as sources, it can help them to make more conscious decisions about what they say, how they say it, and—maybe most importantly—what they do not, and should not, say (keeping in mind the individualized perspective on health, for instance). Finally, for journalists, it can change how they see their professional practices. If journalists recognize journalism is not neutral, like the Dutch platform De Correspondent does (De Correspondent, n.d.), journalists are invited to be reflexive about their practices, and, if they want to, to produce a more activist journalism.

Third, following up on the argumentation that news is not just produced in newsrooms or editorial offices, I would also argue for awareness that both what is in the news, and how it is in the news is not just the journalist’s responsibility. In the case of health, for instance, research has shown that the exaggerations of biomedical research results in the news can be traced to press releases that universities and journals make public; and the other way around, if there is no exaggeration in the press release, there usually also is none in the news article (Sumner et al., 2016; Yavchitz et al., 2012). Stakeholders who act as sources need to understand the responsibility they have. It can also help readers to know this,
as it may make them think about the sources and the interests of these sources. Journalists can be encouraged to be more transparent about their sourcing, and, in the case of health news, actually list the sources and journal articles they have used.

Fourth, I believe the scientific world and academia have a responsibility to actively speak up about both social as well as technical aspects of health and health solutions. It is essential that academics take up their expert identities in the public debates on health, in a world where alternative expertise can increasingly gain authority. The public needs to understand how science works in order to see the benefits, and to remain critical and open at the same time, of any form of expertise. (Biomedical) science needs to recognize to complex social and cultural world of patients and audiences, and be aware of the attraction of certain forms of other expertise and other perspectives on health and science, and talk to audiences while being aware of these attractions.
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This dissertation examines how health news is discursively co-produced by journalists, biomedical stakeholders, and the audience. Using a linguistic ethnographic approach, it aims to uncover the complex dynamics of this production process, as producing health news is shown to be more than just translating scientific terminology into journalistic discourses that are accessible for lay audiences. Rather, it is a matter of intense co-production by journalists, audiences, biomedical and other stakeholders, who not only produce a news story, but also what health is, and how health issues should be attended to; what news is and what (good) journalism is; who has the authority to speak about health and about solutions for health issues; and who has the responsibility to execute these solutions. Moreover, the practices of each of these stakeholders have found their way into the practices of the other stakeholders. Each of these sets of practices have thus been increasingly hybridized.

This dissertation is structured in ten chapters. In the introduction, chapter 1, I outline the general research questions of this dissertation (1.1), and motivate why studying health news is a worthwhile endeavour (1.2). The reason is twofold: first, health news impacts audiences as news and media are an important source of health information, and because audiences sometimes change their health behaviours as a result of what they read, see or hear (1.2.1). Second, the amount of health news has risen significantly over time, and health has become a (more) prominent topic in the news (1.2.2). In chapter 2, I provide the theoretical framework of the dissertation, by drawing on (bio)medicalization (2.1) and relevant theories and concepts on news and journalism from media sociology, journalism and mass media studies (2.2) to delineate what I mean when using the terms health and news, and to provide the ontological-epistemological framework in which I use them. In section 2.3, I combine the theories and concepts from the preceding two sections to come to a more specific framework for the study of health news. In chapter 3, I discuss the methodology of this dissertation. I first situate my work in the perspectives of sociolinguistics, journalism studies and (medical) sociology (3.1) and discuss the transdisciplinary nature of the project (3.1.1). I then turn to discussing ethnography (3.2.1), and more specifically linguistic ethnography (3.2.2) to establish the latter as my main methodology. In the last section of this chapter, section 3.3, I discuss the data collection and site selection of this dissertation.
Chapters 4 to 9 are the empirical chapters. The first empirical chapter, chapter 4, is an exploration of the complexity of health news production, and examines the interactional negotiation of expert identities. Health news is a particular news topic to write about for journalists, because writing about health always requires dealing with complex, specialized biomedical expert knowledge. For journalists, this creates a tension: they need to understand this expert knowledge better than their audiences to write it up correctly, but they still need their lay perspective to write it up understandably for their audiences. This chapter thus looks into the boundary work and the professional identity work that the journalists engage in when (thinking and talking about) writing health news.

Chapter 5 takes news production a step further and looks at it from the perspective of a biomedical stakeholder: the pharmaceutical industry. It examines how the media can be an elephant in the room for the communication department of a pharmaceutical company, which often has to deal with the negative reputational discourses on the pharmaceutical industry. Using narrative analysis to examine the identity narratives, the chapter shows how the external and negative Bad Pharma narrative coexists with the positive identity narrative on the company’s founder, which the company constructed itself, and sees as central to its identity.

Chapter 6 is a reflexive chapter on doing linguistic ethnography that uses empirical data to analyze one of the common assumptions on doing fieldwork in elite settings, i.e. that elite informants are in a more powerful position than researchers, and thus tend to overpowers researchers. The chapter is based on the same data set as chapter 5; this time, however, the data and analysis feed into a methodological reflection on ethnography. The chapter outlines a new heuristic, data-driven tool for reflecting on doing ethnographic research in elite settings.

Chapter 7 analyzes how health news is produced by the editorial board of an infotainment TV show on food and nutrition. It further uncovers how producing health-related media content is more than just a matter of linear translation. More specifically, it looks into how the news stories are co-constructed by both biomedical and journalistic practices, and explores how this co-production is a highly contextual process. In this case, the production process specifically reflects the societal trend of healthism, and is also shaped by the soft news context of the TV show.

Chapter 8 looks into the role of another relevant stakeholder in news production: the audience. It examines the Twitter and Facebook uptake of health messages from the show that was the subject of analysis of chapter 7. Content analysis of the data shows that audience members co-produce and entextualize
the health messages from the show, by providing suggestions and additional information, but also by resisting and refuting the health claims.

The last empirical chapter, chapter 9, aims to gain further insight in the complexity and contextual nature of health news production. It therefore moves to another editorial office, this time of a women’s magazine that mainly publishes articles on health, psychology and sexuality. Based on research interviews, it looks at how discourses, perspectives and ideologies on health come into play; how these produce the journalists’ discourses and attitudes towards (health) journalism; and how these shape and reflect their professional practices.

The final chapter, chapter 10, provides the conclusions of this dissertation. It first discusses how the empirical chapters confirm that health news is co-produced by journalists, biomedical stakeholders and audiences, and lists a number of consequences of this perspective for how we view production of news more generally. A second main conclusion is that health is ideological. It is ideological in terms of who gets the authority to speak and make decisions about health, and who has the responsibility to execute these decisions. Second, the current individualized perspective on health is an important ideological dimension, as health is inherently determined by social aspects and dynamics. Finally, the conclusion section discusses a number of reflections on linguistic ethnography, and lists recommendations for further research, as well as for practice.
NEDERLANDSE SAMENVATTING

Dit proefschrift onderzoekt hoe gezondheidsnieuws discursief wordt geco- produceerd door journalisten, biomedische actoren, en het publiek, vanuit een linguïstisch etnografisch perspectief. Het doel van dit onderzoek is om de complexe dynamiek van de productie van gezondheidsnieuws bloot te leggen, aangezien dit proces meer omvat dan enkel het vertalen van wetenschappelijke terminologie en discours naar een journalistiek register dat ook een lekenpubliek kan begrijpen. De productie van gezondheidsnieuws gebeurt immers niet enkel door journalisten, maar is een zaak van intense coproductie met biomedische en andere actoren. Al deze betrokken actoren produceren bovendien niet enkel de feitelijke inhoud, maar construeren ook wat wij als gezondheid beschouwen, hoe gezondheidsproblemen aangepakt moeten worden, wat nieuws is en wat (goede) journalistiek is, wie de autoriteit heeft om te spreken over gezondheid en over oplossingen voor gezondheid, en wie de verantwoordelijkheid heeft die uit te voeren. Als resultaat en tegelijk als voorwaarde voor deze coproductie zijn de professionele praktijken van elk van deze actoren opgenomen in de professionele praktijken van de andere actoren. De professionele praktijken van alle actoren zijn dus steeds meer vermengd met elkaar.

Het proefschrift is opgedeeld in tien hoofdstukken. In het eerste inleidende hoofdstuk zijn de onderzoeksvragen te vinden (1.1), en een motivatie voor het bestuderen van gezondheidsnieuws (1.2). Deze motivatie is tweeledig: vooreerst heeft gezondheidsnieuws een impact op het publiek omdat het publiek het beschouwt als een belangrijke bron van informatie, en omdat ze hun gedrag aanpassen op basis van media-inhoud die ze lezen, zien of horen (1.2.1). Ten tweede is de hoeveelheid gezondheidsnieuws in de loop van de tijd toegenomen, en is gezondheid een steeds prominenter onderwerp in het nieuws (1.2.2).

Het tweede hoofdstuk beschrijft het theoretische kader van dit proefschrift, en haalt hierbij (bio)medicalisering (2.1) en andere relevantie theorieën en concepten rond nieuws en journalistiek uit mediasociologie en journalism studies aan (2.2), om af te bakenen wat de termen gezondheid en nieuws betekenen in dit proefschrift, en om het ontologisch-epistemologische kader te voorzien waarin ze worden gebruikt. Het derde onderdeel van dit hoofdstuk, sectie 2.3, brengt de theorieën en concepten uit de voorgaande twee secties van dit hoofdstuk samen en voorziet een meer specifiek kader voor het bestuderen van gezondheidsnieuws.
Het derde hoofdstuk bespreekt de methodologie van dit proefschrift. Eerst situeer ik mijn werk in de perspectieven sociolinguïstiek, *journalism studies* en medische sociologie (3.1) en ga ik dieper in op de transdisciplinaire aard van dit onderzoeksproject (3.1.1). Daarna volgt een bespreking van de geschiedenis van etnografie (3.1.1), gevolgd door een meer specifieke situering van linguïstische etnografie (3.2.1), wat de hoofdmethodologie van dit proefschrift is. In het laatste onderdeel van dit hoofdstuk wordt de datacollectie en het selecteren van de veldwerksites besproken (3.3).

De hoofdstukken 4 tot en met 9 zijn het empirische gedeelte van het proefschrift. Hoofdstuk 4 vormt een eerste exploratie van de complexiteit van het produceren van gezondheidsnieuws. Het bespreekt de meervoudige, dynamische toekenning van expertidentiteiten in interactie, wat onvermijdelijk deel uitmaakt van het productieproces van gezondheidsnieuws. Gezondheidsnieuws is een bijzonder onderwerp om over te schrijven voor journalisten, omdat journalisten aan de slag moeten met complexe, gespecialiseerde biomedische kennis. Dat creëert een spanning in het werk van de journalist: ze moeten deze gespecialiseerde kennis voldoende begrijpen om het correct uit te werken in het nieuws, maar moeten zich ook nog voldoende kunnen inleven in het publiek om het begrijpelijker te maken voor het publiek. Dit hoofdstuk exploreert hoe journalisten omgaan met het afbakenen en tegelijk verleggen van de grenzen van deze twee professionele domeinen, en welke professionele identiteitsconstructies de journalisten hierbij produceren wanneer ze gezondheidsnieuws schrijven, of daarover denken en spreken.

Hoofdstuk 5 gaat een stap verder in het onderzoek naar gezondheidsnieuws-productie en bekijkt dit proces vanuit het perspectief van een biomedische actor: een farmaceutisch bedrijf. Het hoofdstuk beschrijft hoe de media onzichtbaar aanwezig is in het werk van het communicatiedepartement, dat moet omgaan met het negatieve reputatie-discours omtrent de farmaceutische industrie. Door narratieve analyse toont het hoofdstuk dat het externe, negatieve *Bad Pharma* -narratief bestaat naast en samen met het meer positieve identiteitsnarratief rond de oprichter van het bedrijf, dat het bedrijf zelf als centraal ziet voor de identiteitsconstructie.

Hoofdstuk 6 is een reflexief hoofdstuk rond linguïstische etnografie, en maakt gebruik van empirische data om een algemeen aanvaarde assumptie rond veldwerk in elitesites nader te onderzoeken. Deze assumptie is dat elite-informanten gewoonlijk een machtigere positie hebben dan onderzoekers en zo de onderzoeker en de datacollectie vaak domineren. Het hoofdstuk is een empirische analyse van dezelfde data die gebruikt werden in hoofdstuk 5, maar in dit hoofdstuk worden deze data gebruikt om een nieuw, datagedreven instrument
te ontwikkelen om aan methodologische reflectie te doen in de context van etnografisch onderzoek in elitesettings.

Het zevende hoofdstuk analyseert hoe gezondheidsnieuws geproduceerd wordt door het redactieteam van een infotainmenttelevisieprogramma rond voeding en gezondheid, om verder te onderzoeken hoe de productie van gezondheidsnieuws meer is dan enkel lineair vertaalwerk. Het hoofdstuk gaat meer specifiek in op hoe de inhoud van het programma gecoconstrueerd wordt door praktijken uit het biomedische veld. Daarnaast wordt er bepleit dat nieuwsproductie gezien moet worden in zijn specifieke context, wat in dit geval het toenemende healthism in de samenleving is, en het feit dat infotainment een zacht nieuwsgenre is.

Hoofdstuk 8 onderzoekt de rol van nog een andere relevante actor in nieuwsproductie: het publiek. Het hoofdstuk analyseert hoe de gezondheidsberichten van het televisieprogramma waarvan de productie in hoofdstuk 7 onderzocht werd, door het publiek opgenomen worden op Twitter en Facebook. Een inhoudsanalyse van de data toont aan dat het publiek de inhoud verder coproduceert en entextualiseert, door suggesties te doen en aanvullende informatie te plaatsen, maar ook door zich te verzetten tegen gezondheidsboodschappen uit het programma, of ze te weerleggen.


Het finale hoofdstuk, hoofdstuk 10, bespreekt de conclusies van dit proefschrift. Ten eerste wordt besproken hoe de empirische hoofdstukken bevestigen dat gezondheidsnieuws gecoproduceerd wordt door journalisten, biomedische actoren en het publiek, en wat de consequenties zijn van dit perspectief voor ons algemener begrip van nieuwsproductie. Een tweede conclusie werpt licht op het feit dat gezondheid ideologisch van aard is, wat betreft wie de autoriteit krijgt om te spreken en beslissingen te maken over gezondheid, en wie de verantwoordelijkheid draagt voor het uitvoeren van deze beslissingen. Een tweede ideologische dimensie van gezondheidsnieuws is het huidige geïndividualiseerde perspectief op gezondheid, aangezien gezondheid eigenlijk voornamelijk bepaald wordt door sociale aspecten. Ten slotte bevat de conclusie
enkele finale reflecties omtrent linguïstische etnografie, evenals aanbevelingen voor verder onderzoek en voor de praktijk.
APPENDICES

Appendix 1: Transcription conventions

<table>
<thead>
<tr>
<th>Transcription</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal text</td>
<td>Original Dutch transcript</td>
</tr>
<tr>
<td><em>Text in italics</em></td>
<td>English translation</td>
</tr>
<tr>
<td>((Double brackets))</td>
<td>Contextual information such as buzzing phones and non-verbal linguistic behaviours such as breath intakes, chuckles, laughing, coughing</td>
</tr>
<tr>
<td>(single brackets)</td>
<td>Pauses. The number of seconds is indicated between the brackets. Pauses shorter than a second are indicated with (.)</td>
</tr>
<tr>
<td>[square brackets]</td>
<td>Omissions, such as the omission of a number of turns or information that might be problematic in terms of confidentiality (e.g., when a journalist mentions the name of the magazine she writes for, this will be rendered as [this magazine] in the transcripts).</td>
</tr>
</tbody>
</table>

Appendix 2: Interview guide

1. Professional background

Questions used in all interviews.

- Can you describe what your job entails (here at this editorial board/department)?
- Can you describe what that means on a daily or (if your days are very diverse) weekly basis? What does an average day look like for you?
- How did you get into this kind of work?
  - What did you study?
  - What about your career before this job? Which jobs have you done before this one?
- (If intentional) why did you want to be in [the interviewee’s sector: journalism/media/pharma]?
• Why did you want to work for this particular [media brand/company/organisation]?
• How do you fit in the bigger picture of your organization?
  o Who are the colleagues you often collaborate with?
  o What is the organization’s structure like?

1.1. Professional Background: more specific questions for journalists and copywriters

• Do you specialize in a certain topic? If so, in which one?
  o If yes: How did you end up specializing in this topic? Do you have a specific interest in it? Why?
  o Have you taken or followed specific trainings or courses because of your specialization?
  o [For health journalists] How is writing about health different from writing about other topics?

1.2. Professional background: more specific questions for (pharmaceutical) industry interviewees

• (Biomedical) researchers:
  o Why did you want to be a researcher?
  o Why have you chosen to work in this specific area in biomedicine [e.g. Alzheimer’s research]?
  o If you were to give new researchers in the company some advice, what would it be?
• Communication officers:
  o Which stakeholders are you responsible for in terms of (internal/external) communication?
  o Why do you want to reach out to this/these stakeholder(s)?
  o If you were to give new communication officers in the company some advice, what would it be?
• Managers:
  o What do you find essential when managing a team?
  o If you were to give new employees in the company some advice, what would it be?

2. Health and being health journalists/copywriters

Questions for journalists and copywriters; not used in phase 2 (at the pharmaceutical company) of the data collection.
• **In the case of a media outlet that is not specifically dedicated to health:** What role does health play as a journalistic topic here [at this newspaper/magazine/TV programme/...]?  
  o Do you think it is important to write about health?  
    • If yes, why?  
  o How do you categorize/describe health news?  

• **In the case of a media outlet that predominantly writes about health:** Why is it important to write about health?  
  o What do you consider to be health news?  

• Can you describe your role as a journalist/copywriter writing about health?  
  o [In the case of vague/general answer, use this list]:  
    • Provide correct information  
    • Address societal problems  
    • Do research/investigative journalism  
    • Educate  
    • Incite social change  
    • ...  

• How do you define health?  
  o What does ‘being healthy’ mean to you?  
  o What does ‘being ill’ mean to you?  
  o How do you see the role of the individual/patient in relation to health?  
    • [Probe if necessary:] who is carrying some form of responsibility for someone’s health?  
  o Do you want to provoke a certain kind of reaction from the reader?  
    • If yes, what kind of reaction?  

3. Health in the media

• How do you feel about how health is being reported on in Flanders in the media, in general?  
  o Are there certain topics that are prone to misunderstandings in the reporting?  
  o Are there certain topics that deserve more attention in the media?  
  o Are there certain topics that are getting too much attention in the media?
4. The production process

4.1. Angles

- What are the things that can spark a new article/item? Which materials or events?
  - *If necessary, probe using this list:*
    - Press releases
    - Other media content (other newspapers etc.)
    - Conversations with friends, family, acquaintances
    - Social media
    - Certain stakeholders you closely follow? Which ones?
- Who is involved in deciding what is being written about?
  - *If necessary, probe:*
    - Editor-in-chief
    - Colleagues
    - Just you?
- Do you have to sell/defend your ideas?
- What is it that makes something newsworthy, and/or interesting enough to write about?

4.2. Sources

- How do you collect sources for a piece about health?
  - Who do you get in touch with, and how?
  - Do you have a list, database or network you go from?
    - Why (not)?
- Which sources do you prefer? Which one do you trust the most?
  - *If necessary, probe using this list:*
    - Universities
    - Sickness agencies
    - Governmental organizations
    - Other journalists
    - Dieticians
    - Doctors
    - Pharmaceutical industry
    - Patient organizations
    - Others?
- How do you decide whether a sources is credible?
- Do you think it is important to inform readers about sources? Why (not)?
• Do you use patients, readers, “normal people” as sources? If yes, how? Why?

4.3. Production processes: adapted questions for the pharmaceutical industry interviewees

• Why is it important to communicate about your work to the general public?
• How do you communicate with the media?
  o What are the different steps in that process?
  o What are potential issues or conditions that you have to keep in mind when communicating research to the general public?
  o In the case of press releases: what is the process of writing these?
  o [For communication employees] How do you collaborate with the researchers whose research you report on?
  o What is the target audience you keep in mind?
• What do you highlight when reporting on
  o The company and how it is organized?
  o Research and medical news?

5. Health and people over 50

• How you define being old/elderly\(^8\)?
  o When (in terms of age) do you become old?
  o What does growing old in a dignified way\(^9\) mean to you?
• Do you think it is relevant to write about elderly people? Why (not)?
• Do you think growing old in a dignified way is something you can help with through the work you do? If yes, how?
• What is the general image we have of people over fifty?
  o If necessary: How do you feel about that image?

\(^8\) In Dutch, we do not have to words to differentiate between old and elderly. I have used both in the translation because I think the Dutch word “oud” lies somewhere in between in terms of the connotations the words have in English.

\(^9\) In Dutch, we have the phrase “waardig ouder worden”, which has no direct translation in English, but which is commonly used to refer to something like growing old in a dignified way. It is an interesting phrase to ask about as the phrase implies growing old can happen in undignified ways, and potentially even that this undignified way is the norm.
6. The target group

7. What’s your target group?
7.1. Have you done research to find out more about that group?

8. Case study questions

*This is the general set of questions I used, but I tweaked them for each individual case I discussed.*

- Can you tell me more about what sparked this article/item?
  - Who has come up with the topic?
- Sources:
  - Can you tell me more about the people who are cited as sources in the article?
    - How did you find them? (ask about each of the sources separately)
    - How did you get in touch?
    - How do you evaluate these conversations?
    - How did you talk to them? (Live, phone, email)?
  - Are there sources that are not mentioned or cited as sources, but that you have talked too?
    - If yes, is what they have said somehow implicitly used in the article
- What did you find important in this article?
  - What do you want the readers to remember?
- Did you have any particular difficulties putting this article together? If yes, which ones?
- Has the article changed throughout the process, for instance because of (sub)editing?
  - If yes, what happened, and why?
- What is your personal opinion about this topic/item?

9. Round-up

- Is there anything you would like to add?
- Do you have any questions yourself?
CASE 1: PAHs

(1)

1 Bill voila
2 Ginny ja
3 Bill en als zo een stukske verbrand vlees er euh
4 Ginny 3000 zijn
5 Karen oh
6 Bill en oe dat zit in die grootorde ofwa
7 Ginny nee nee nee ik zeg nu maar iets
8 Bill en
9 William en wat als ge dan 200 paksdeeltjes binnenhebt
10 wat wat wat kunde dan zeggen
11- (five turns omitted)
16
17 Bill dan stijgt uw kans op wa?
18 Ginny stijgt uw kans op kanker
19 Bill met
20 Karen ja maar met hoeveel
21 Ginny ja met hoeveel procent ja dat weet ik niet want dat alé
22 Bill is dat zoiets dat euh
23 Ginny dat hangt ook af van rookte gij sporte gij
24 William ewel maar dat is wat ik eigenlijk wou zeggen dat ik daarnet ook zei
25 Ginny ja
26 William van dat bijvoorbeeld als je rookt als je vijftig jaar twee pakken per
dag rookt hé
28 dan is uw kans op kanker een derde hoger
29 dan da ge da niet zou doen
30 (one turn omitted)
31 in concreto wat gaan wij kunnen zeggen hoeveel gaat uw kans op
kanker
33 (one turn omitted)
34 dat dat een van de mogelijkheden voor kanker kan zijn daar ben
ik gerust in dat zal zo zijn
36 maar er zijn miljoenen dingen
37 dat je daarvan meer kans op kanker gaat krijgen
dat gaat ja dat gaat 0,1 procent meer zijn
hé van die orde gaat dat zijn
38 Ginny omdat dat ja omdat dat stoffen zijn
39 Bill ja maar ik wil ik hoef daar geen cijfer te horen ik bedoel dat is toch
gewoon
Ginny: want den uitleg is gewoon

Bill: het is beter van die dan niet meer op te eten want

William: nee maar we gaan een boodschap nee maar we brengen wel een

boodschap

van he alé dit is kankerverwekkend is
als dat dan 0,1 procent meer is alé moeten dat wel toch ergens
kaderen

(2)

1 William: die twee barbecues per jaar dat ge een stukske vlees waar dat een
beetje verbrand ik vind een barbecue een topidee om mee te
beginnen
alleen zie ik zoiets halfslachtig of een conclusie die gaat overroepen
lijken
tegenover wat het is

2 Ginny: maar er zijn toch dingen dat u alé da mensen
bij die tips zit er bijvoorbeeld ook bij moet al het vet van uw vlees
goed eraf snijden want als uw vet drupt op die kolen en dat begint
dan hitte te geven
dat veroorzaakt ook dat er van die PAKSdeeltjes inkomen

(3)

1 Bill: maar alles hangt af van de toon waarin iets vertelt

2 Ginny: maar dat het argument dat ge nu geeft vind ik niet

3 Bill: stel nu uwen vegetarischen brol kunt nu- is onze conclusie is toch
ook niet
dat is vergif eet dat niet meer
weet dat en doet er voor de rest uw goesting mee dat is toch
hetzelfde

4 Ginny: ge kunt gelijk dat ge zegt ge kunt heel uw leven roken
en toch gene kanker krijgen
maar dat neemt toch niet weg dat ge af en toe een boodschap moet
krijgen van het is toch niet zo heel gezond

Case 2: Coconut sugar

(1)

1 Mary: dus niet het sap
het sap komt niet naar hier
het sap wordt eigenlijk daar ter plekke nog opgewarmd tot een droge
massa.

2 Diane: ah oké dus dit krijg je dan
Mary: ja ja ja en de enige bewerking die die nectar ondergaan heeft is namelijk het laten verdampen van het vocht dus alle van nature aanwezige vitaminen euh mineralen enzymen antioxidanten die zijn ook in(.) die droge massa van die kokosbloesem suiker aanwezig

(2)

1 Diane: maar zitten zitten er zoveel(.) vitaminen mineralen antioxidanten in die nectar dan
2 Mary: ja ja eu ik heb daar een tabel van en daar zitten van sommige bijvoorbeeld chroom dat is een mineraal waarvan geweten is dat het helpt om de bloedsuiker te stabiliseren daarvan zit toch een eu een behoorlijk deel van in kokosbloesem suiker

(3)

1 Diane: ja dus het verschil is dan dat kokosbloesem suiker niet gewoon lege calorieën zijn
2 Mary: ahnee voila ja en het is eigenlijk de eigen- alle eigenschappen van kokosbloesem suiker bij mekaar die ervoor zorgen dat het een product is die aan onze gezondheid nog iets toevoegt he waar geraffineerde suikers een euhm nutriëntenrovers zijn de vertering van suiker vergt in ons lichaam een aantal mineralen zoals bijvoorbeeld calcium en magnesium en nog vele anderen aangezien suiker niets meer bevat onttrekt de vertering al die vitaminen en mineralen uit ons lichaam en het verarmt ons en daarom zorgt suiker op lange termijn voor de ontwikkeling van ziektes kokosbloesem suiker bevat alle vitaminen en mineralen die nodig zijn om én die suiker te verteren maar ook om nog iets toe te voegen aan ons gezondheid

(4)

1 Diane: durf jij dan te zeggen dat kokosbloesem suiker goéd is voor ons lichaam en gezond is voor ons lichaam
2 Mary: absoluut ja ja de filosofie van ons bedrijf is voeding als medicijn
3 Diane: ja
4 Mary: en we hebben die slogan niet zelf uitgevonden het was Hippocrates een Griekse geneesheer ongeveer 400 voor Christus die zijn patienten al het advies gaf laat voeding uw medicijn zijn
Appendix 4: List of tables

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