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33

The Body, Health and Illness

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Chapter overview

This chapter discusses media representations of health and illness and offers a description of the ways in which media habitually represent the body. Issues such as disability, eating disorders, body image, genetic engineering, sexually transmitted diseases, mental disorder, cosmetic surgery, drug cultures, abortion, fertility treatment, euthanasia, gerontology, and so forth, are within the general remit of this chapter. However, it focuses on three main issues as exemplary: 'beginning of life', eating disorder, disability and 'end of life' issues. These examples, it will be shown, urge consideration of the kind of ethical principles which might inform media representations.

Introduction

The disciplinary boundaries of social studies on the body, health and illness are widely dispersed and no less so when inquiring into the subject of media representations. So much research from a range of disciplines seeps into this area that it can be difficult to draw meaningful boundaries around it. Such issues as disability, eating disorders, sexually transmitted diseases, mental disorder, cosmetic surgery, drug cultures and much more, all fall within this area of concern. Moreover, debates in other areas of media inquiry are often explained through a health-related lens. For instance, discussions about computer games are repeatedly subjected to health-related discourses over whether their use leads to an increasingly sedentary, young population – a claim that is not borne out in the literature. The breadth of this subject prompts us to consider how to limit the study of media representations of health, illness and the body, when each and every action we undertake can be interpreted through this conceptual lens.

One starting point is to identify the various bodies of literature that have contributed research findings and insights to this subject area. Long-standing examples include the fields of media/communication and medical sociology, which have been brought together to examine representations of health, illness and the

Part 5 Media Representations

body (see Seale 2003). Indeed, as early as 1975, the *Journal of Communication* explored the relationship between 'Media and Medicine', marking one of the earliest encounters between the health-care professions and media theorists. In this volume, McLaughlin (1975: 184) writes about *The Doctor Shows* in which television doctors positioned themselves as *necessary* outsiders, where they purported to 'deal objectively with the facts at hand, interpret and shuffle them, and solve all kinds of problems.' In this study, one observes the attempts from the medical profession to adopt the position of expert and authority in order to extend their medical gaze. (The limitations of this are explored by Elliott and Kahn 1994). Alternatively, studies in the sociology of health and illness have long addressed issues related to media representations (see Lupton 1999). Yet, we can also look to studies in less familiar bodies of literature, such as medical law and ethics, which have become increasingly engaged by media studies of health. Indeed, one of the key factors of research development in this area over the past five years has been the convergence of inquiries into the role of *ethics* within the cultural sphere.

An increasing number of studies have interrogated the role of ethics within cultural and media studies (Zylinska 2005), alongside ethical debates about transformations in health care and the development of scientific research more generally. For instance, consider the end of the millennium debates about the Human Genome Project – the project that promised to inform a revolution in health care, but which was also discussed as bringing the prospect of Frankenstein-like technologies. Today, an increasing number of outgrowths of the project are appearing on the market and this has exacerbated the level of public and media debate about the new moral choices they present for people. For instance, today's prospective parents must now consider whether to pay for the cost of saving stem cells from their child's umbilical cord, in case the child contracts a blood related illness. (At the time of publication, these costs are approximately €2000 from most clinics.) These tangible effects on people's lives create new populations that media scholars are gradually beginning to study and they will grow in numbers and diversity. Moreover, the vested interests to promote understanding and – often – acceptance of such innovations from various organisations of health governance, also explains why media studies in this area are flourishing.

The breadth of ethical concern in this area is also expanding and this has a bearing on how we limit media representations of health, illness and the body. For instance, debates surrounding climate change and environmental concerns generally are often portrayed via the long-term health risks they present for people, non-human species and the ecosystem generally. Such issues are accompanied by a wide range of media artefacts, which become an integral part of this representative sphere. For example, Al Gore's *An Inconvenient Truth* (2007) occupied a mixed-zone of media space, infiltrating politics through culture. Alternatively, the film *The Day After Tomorrow* (Emmerich 2004) has subsequently been studied by media researchers to understand how audiences become (mis)informed by such texts of popular culture (Lowe *et al.* 2006). A further example in the arena of health specifically is Michael Moore's docufilm on the US health care system, *Sicko* (Moore 2007). This film became a focal point for discussions within the media, which refracted on the state of health in other countries. In this case, Moore spends considerable time comparing the US health care system to that of

France and the UK in particular, concluding that each is far healthier than the USA. These artefacts feed back into political debate and become the subject of media studies as they relate to politics, which partly explains and justifies their importance as subjects of concern for media scholars.

Various specialist terms have emerged to describe this inter-disciplinary space of health and media studies. Such concepts as *biopower*, *biopolitics*, *biomedia*, *biosocieties* and *bioart* each appear alongside these discussions and each merits separate consideration in the attempt to convey something more precise about media representations of health, illness and the body (see Miah 2008). Media representations of health, illness and the body play a part in fashioning diverse cultural narratives that inform our understanding of what it means to be healthy or sick and the expansion of these concepts into the psycho-social domain – where sickness implies a moral transgression, rather than a biological dysfunction. As such, we identify three dimensions to this broad inquiry into these various representations. First, it is necessary to consider how medical knowledge is produced and represented by the media. Second, one should study how key actors in the mediated process receive such information. Thus, our understanding of health and illness is inflected by processes of ‘mass mediatisation’ (Seale 2003) and studies exploring media reception have revealed the variance of lay public interpretation of mass media messages, and how one might integrate these into the narrative we construct about our own bodies, health and illness. Finally, one should study the influence that various agencies may have on the *production* of media. For instance, how do commercial companies in the diet and fitness industry affect what is written about health and weight within magazines? Alternatively, how do government agendas shape understandings of health inequalities? Furthermore, how will the emergence of online platforms such as Google Health transform the channels through which people access their medical records?

Our focus connects media representations of health to the numerous institutions of medical governance that interpret our activities through a health-related lens. By these actions, they medicalise our lifestyle choices, subjecting them to the value laden terms of social responsibility and the health of the nation. This rhetoric is both the explanation for the vast media coverage that is generated by health-related issues, as well as the key factor that restricts and shapes the terms through which this conversation takes place within the public sphere. The chapter thus considers four categories of media representation, as entry points into studies of health, illness and the body:

- beginning-of-life issues,
- disordered eating,
- disability, lifestyle and enhancement technologies, and
- end-of-life issues.

Each of these themes speaks to a range of cases that can be pursued more fully with independent research. For instance, in *beginning-of-life issues*, we focus on the science of stem cell research, test tube-babies and designer genes, which promise many benefits to humanity, from repairing damaged spinal tissue to the capacity to create organ replacement farms. This subject also extends into discussions

Part 5 Media Representations

about other forms of procreative regulation, such as abortion or discussions about ‘saviour siblings’, where a child might be conceived in part to assist the survival of a sibling. At a time when various countries are considering the prospect of *hybrid embryos* – part human, part animal DNA – and re-visiting the legal time limit on abortions, these are crucial issues for a range of societies today.

Alternatively, *end-of-life* issues encompass the prospect of life extension, which has arisen in various formats over the last few years. This subject is made less esoteric and unlikely when one considers them in the context of more modest manifestations of such interventions that occur on a daily basis within health care. For instance, consider the concepts of life expectancy and morbidity rates and how these are affected by the social conditions within any particular region. Even within advanced countries, such as the UK, there is considerable variation across and within regions between the upper and lower limits of life expectancy. As such, it cannot be assumed that the developed world is, necessarily, a healthier world. In this capacity, the further assumption that Western health care is a model that others should attempt to follow is dubious and, with the rise in consumption of alternative medicines, there is evidence to support the claim that there is an increasing loss of confidence in such Western methods. The media play a central role in communicating these doubts and trends in understanding, as is evidenced by the recent BBC documentary series on *Alternative Medicine* (2008), presented by the science communication scholar Kathy Sykes. This final case also allows us to consider one further element – the involvement of media scholars in constituting and articulating the media-health arena. The presence of ‘experts’ again warrants our scrutiny.

There are also connections across the different themes. For instance, considerations of genetic selection, which fit into the *beginning-of-life* topic, also have a bearing on *lifestyle and enhancement technologies*, or indeed, *disordered eating*. Over the past 10 years, various high-profile media stories have propagated the idea that there might be such a thing as an obesity gene (see Farrar 1999; Sample 2008; Wiley 2008). A further connection arises across the first three themes and the pursuit of immortality. For one cannot pursue a range of health improvements, without also committing to some form of *life extension*. Each action that we undertake in order to promote a healthier lifestyle, affects our longevity of life.

While we intend for these categories to be seen as continuous, the essay presents each of them as having been focal points of scholarly research in this area, which stand in their own right, regardless of their connections. The aim of this chapter is, thus, to survey and conceptualise the contribution of recent studies in the media representation of health, illness and the body and, in so doing, to signal emerging areas of interest within this area.

Beginning-of-life issues: test-tubes, designer genes and stem cells

The characterisation of certain types of issue as ‘beginning-of-life’ draws from terminology within medical law and ethics, though it is useful to apply in the context of media representations of certain types of health. Indeed, beginning-of-life issues

Chapter 33 The Body, Health and Illness

have been present in media studies for at least 30 years. When Louise Brown was born on 25 July 1978, as the first child to be born of in-vitro fertilization (IVF), the media also conceived the concept of a 'test-tube' baby (see Figure 33.1). In the years that followed, public discussion about assisted reproduction technologies occurred via the media, in an era where the public's participation in scientific policy, was extremely limited. In an extensive study of press coverage during this period, Mulkay (1994) reveals that the discussion was always set up as a 'conflict or contest' of view points. These early technologies gave rise to new discussions about questions of (biological) identity, as kinship was affected directly by such innovations. This staging of perspectives around emerging technologies persists



Figure 33.1 Front cover of *Time* magazine, 31 July 1978

Source: Copyright © 1978 Time Inc.

Part 5 Media Representations

in media studies where, as Mulkey notes in the case of IVF, 'Metaphors of conflict helped the press to convey a sense of drama in their reports.' (1994: 37).

Studies of scientific metaphors used by the media have become a central theme in this area, with the key texts of Nelkin and Lindee (1995) and Turney (1998) articulating the parameters of this subject. For instance, the former discuss the emerging 'new genetics' that surrounded the Human Genome Project where they indicate that the cultural significance of the 'gene' far outweighs its scientific promise. They also explain how the depiction of genes as deterministic – for instance, that there are fixed entities that we may call 'selfish genes, pleasure-seeking genes, violence genes, celebrity genes, gay genes, couch-potato genes, depression genes, genes for genius, genes for saving, and even genes for sinning' (Nelkin and Lindee, 1995: 2) – is cause for concern, as more and more people develop a mistaken 'genetic essentialist' view of socially determined conditions. To the extent that these pseudo-sciences give rise to commercial products that reach consumers, there emerges a loop of mis-information about what such science means and how it should be treated by either the media or the public. For example, consider the commercial release of a genetic test for performance ability in sports (see Figure 33.2) (Miah and Rich 2006). In this case, the evidence to verify its meaning is limited and the range of interpretations and decisions that might follow from anyone using it multiple.

Evidence of incomplete science translating into incomplete reporting also recurs in the literature. For instance, while Mulkey reports general favour from the media on IVF, some 10 years later, the situation is remarkably different, as we enter the

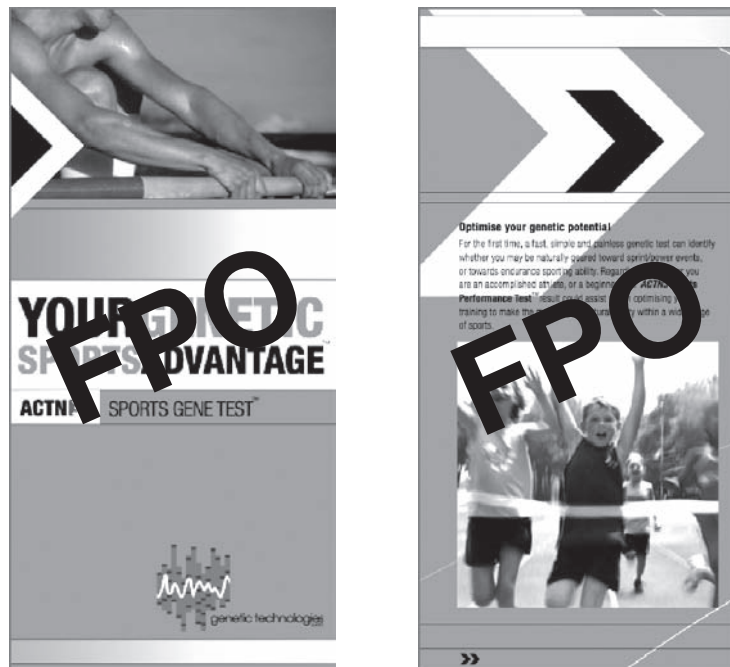


Figure 33.2 Genetic test for athletic performance (2004)

Source: Genetic Technologies, Inc.

era of 'designer genes'. While the reality of 'designer babies' is still only partially realized, research has shown how the early days of reporting on designer genes encountered various communicative hurdles. For instance, Nerlich *et al.* (2003) describe how the idea of the 'designer baby' was first articulated in the context of the aforementioned 'saviour siblings', which is really more of a case of donor baby than a designer one, as they note. The authors also indicate that the range of metaphors used in reporting on this subject aligns it with fashion, as it details the capacity of genetics to enable us to design, engineer, and select the most desirable characteristics for our children. Indeed, the media were confronted with such a service in 1999 when Ron's Angels website came online purporting to auction ova and sperm, allowing customers to purchase the best genes for their children (see Figure 33.3). Within the site, it notes the ethics that underpins such practice:

Just watch television and you will see that we are only interested in looking at beautiful people . . . our society is obsessed with youth and beauty. As our society grows older, we inevitably look to youth and beauty. The billion dollar cosmetic industry, including cosmetic surgery is proof of our obsession with beauty. If you could increase the chance of reproducing beautiful children, and thus giving them an advantage in society, would you?

(Harris 1999)

Another example that fits within this 'beginning-of-life' category is that of embryonic stem cell research. Stem cells have the capacity to generate into any kind of living tissue and hold considerable promise for many reparative interventions.

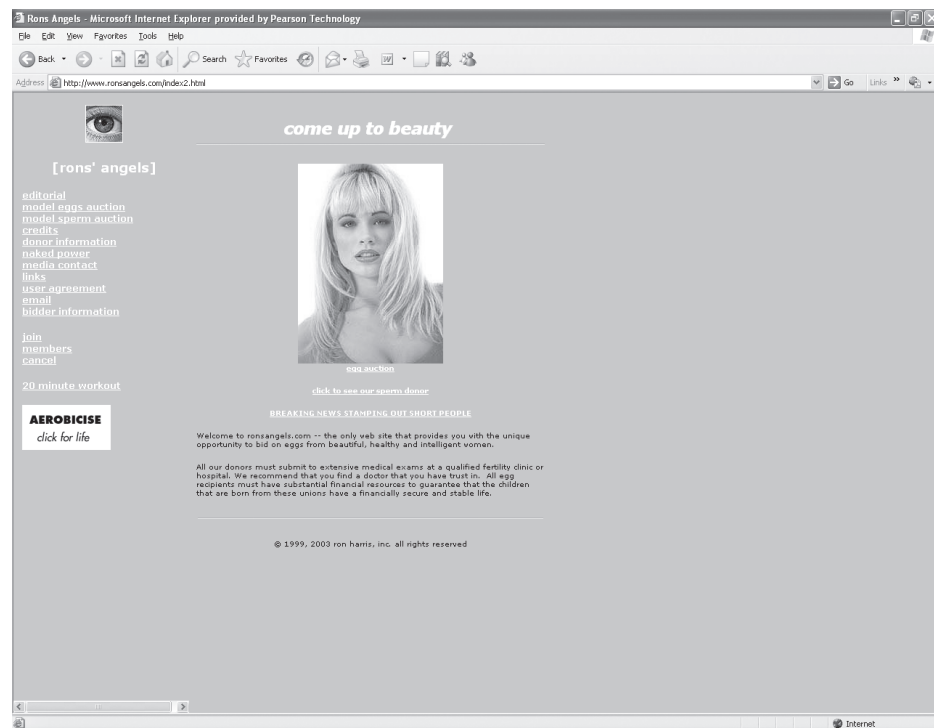


Figure 33.3 Ron's Angels website

Source: Ron Harris, Inc.

Part 5 Media Representations

However, in this case, the debates that are present in the media involve the moral status of the embryo, which has long-standing coverage through such issues as abortion and, more recently, the legitimacy of reproductive/therapeutic cloning and hybrid embryos. In May 2008, the British government re-considered its laws on abortion for the first time in 20 years. In part, this reconsideration also involved media technologies, particularly the capacity to visualise the foetus in-utero. Various news reports detail the science that claims the possibility of seeing the foetus 'smile' (Campbell 2006) and such imaging techniques have created unprecedented expectations about the moral regard one should have for the gestating foetus. However, with regard to embryonic stem cell research – perhaps the most prominent bioethical issue in recent US politics over the past 10 years – the overlap between culture, politics and media has been a prominent dimension of this debate. Indeed, some of the most prominent coverage has related to celebrity involvement, particularly through Christopher Reeve of *Superman* fame and Hollywood actor Michael J. Fox. Reeve, who died in 2004, lived the final 15 years of his life paralysed from the neck down, while Fox is a Parkinson's Disease sufferer. Each campaigned for federally funded stem cell research within the United States of America (see Goggin and Newell 2004) and each of them suffered from conditions that could benefit from the results of stem cell research. On numerous occasions, their presence in the media made manifest the importance of supporting such research by the visualisation of their suffering.

Disordered eating

Arguably, the concept of 'disorder' persists across all forms of coverage of health issues, whether it is the disordered moral boundaries that emerge through new embryonic research techniques, or the disorder that occurs from human interventions in the food chain, as might be said of 'foot-and-mouth' disease. Media representations of health are increasingly grounded in discourses of *risk* and a *politics of fear* (Furedi 2005), which are connected to wider concerns about the disordered nature of modern life and the equally disordered modern life of *nature* (see Hansen 2006). The disruption of natural processes by scientific intervention is an enduring feature of modern societies, though the degree of disruption now extends to a range of modifications that affect our consumption of nature in remarkable ways. Various cases can be considered here, from the late-1990s debates about genetically modified foods, such as the Monsanto super-Tomatoes, to the more recent crises of Mad Cow disease and Avian flu.

Cases of disordered eating are not only grounded in concerns about scientific interventions, but also speak more directly to the disordered and individualised nature of eating. For example, cases of the latter apply to the recent calls to remove pro-anorexia networks from the social networking website *Facebook*, the emergence of self-harm networks online, or the discussions surrounding the idea of an obesity epidemic. (This was not the first time such calls to censor the internet arose on this subject. In 2001 'Pro-Ana' websites faced removal from Google (see Miah and Rich 2008). Other media representations of crises concerning

confidence in medical and scientific activity are not only grounded in critique and moral panic, but are also rooted in forms of citizenship, media activism and political rights. The interest in genetically modified foods is particularly illustrative of this. Reports on this issue are mixed with parochial concerns about health, but are also infused with a moral narrative concerning third world issues. For instance, it has been suggested that GM crops may be more drought resistant, thus offering a possible response to the problem of famine.¹ The case of GM foods is interesting as an illustration of how media discourse can shift in its representation of particular health issues. Early moral panics linked the harmful effects of GM foods to cancer, sterility in men, and were grounded in concerns over the boundaries of science and its impact on an unknowing ill-informed public. (These issues engage us with another burgeoning aspect of media research in this area: science communication, alternatively described as the 'public understanding of science' (see Bauer *et al.* 2007).) Having supported the critique of biotechnology, media coverage quickly shifted towards a healthy scepticism and broader moral concerns, particularly over the destruction of experimental crops led by pressure groups, which has increasingly been depicted as acts of vandalism. More recent media discourse on GM foods, have been grounded in economic concerns connected to food security, particularly with reference to the European Union; 'GM crops can save us from food shortages' (17 April 2008, *Telegraph*). Elsewhere, reports have claimed that 'farmers need to produce GM foods':

We must relax the rules on biotechnology and ignore the 'Frankenstein Foods' headlines. The reality is that GM foods are harmless and point the way to overcoming global food shortages in the future.
(Struan Stevenson MEP, cited in Buglass 2008: 39)

The case of GM therefore reveals the fluidity of media campaigns and their multiple forms. Moreover, the portrayal of such issues in the media extends beyond concerns for health, into discussions about wider political democracy. In such cases, culture and politics are played out through debates concerning the role of citizenship and consumer rights, conveying the complexity of how health discourses are reconstituted within media activism campaigns. Indeed, the media articulates 'disordered' bodies through a series of image-based, media events and reports that engage emotions of fear around ill health and seemingly irrational living conditions. Moreover, it actively reconstitutes particular bodies that transgress boundaries of normality/health and what particular bodies come to signify. Yet, it is not a new insight to observe the media's role in stigmatising particular health conditions. Instead, we draw attention to how the mediatization and medicalisation of health issues has focused on a renewed interest in the self-regulation of one's health.

The emergence of recent moral panics around the legitimacy of certain lifestyle choices has made it difficult to distinguish between concerns for health and the socio-political interest to preserve normality, which surrounds them. For instance, the media has treated obesity as a problem of catastrophic proportions. Reporting has taken on instructional and regulative dimensions, which implore populations to regulate and monitor their weight and health (cf. Foucault 1978 on biopower). Thus, the media consistently report that Western society is in the grip of a global 'obesity epidemic' (World Health Organisation 1998), facing serious health

Part 5 Media Representations

problems and associated, imminent decline unless measures are taken to address them by central governments, health organisations, families and, most critically, individuals. This obesity discourse focuses on an assumed relationship between rising levels of obesity, health, physical inactivity and diet. Moreover, this process cultivates a 'vulnerability of people' (ibid.) and fear in order to intervene in people's private lives. In the case of obesity, young children are constructed as 'at risk' and parents are treated as deficient in their knowledge about health and their ability to adequately protect grounded in a particular moral narrative about risk as a function of both individual and collective responsibility. As Evans *et al.* (2008b) note, in this moral panic the media re-contextualises health knowledge around weight and obesity either produced 'in-house' as pseudo science, or by scientists working in primary health research. The promotion of moral imperatives to eat well and maintain a 'healthy weight' is not simply a process of disseminating information, but is influenced by media conventions, which actively shape that which they represent. In these instances, the media is mobilised as a popular and powerful mechanism through which to influence directly forms of behaviour and lifestyle change.

The proliferation of media coverage on obesity also reflects a wider process of the 'politicisation of individual lifestyles' (Furedi 2005). Ideas about obesity are not confined to traditional media, but they are increasingly embedded within popular cultural artefacts. Television and film have sought not only to *entertain* and ensure that mass communication occurs through imagery that is both populist and inherently pleasurable, but also simultaneously to *educate* and bring about certain lifestyle changes. Just as the emergence of reality television shows, such as *Supernanny*, appear to substitute traditional modes of teaching populations about how to be a good parent, new media instruct how to eat well, exercise and lose weight. (Millar (2007) notes that in the UK in 2006 the Family and Parenting Institute, set up in 1999 under the Labour Government, commissioned a poll to examine what impact the current focus in the print and broadcast media was having on parents. This was as a consequence of an explosion of reality TV programmes such as *Supernanny*, *The House of Tiny Tearaways*, *Brat Camp* and *Honey We're Killing the Kids*.) Many of these media take the format of 'reality science' (Cohen 2005) and include the vast number of 'factual' style, television programmes geared towards better informing the public about healthy living, and weight loss. Within the UK, these include *Jamie's School Dinners* (Channel 4), *You Are What You Eat* (Channel 4), *Honey, We're Killing the Kids* (BBC3), *Supersize and Superskinny* (Channel 4) and *Fighting Fat Fighting Fit* (BBC multi-programme campaign). These texts offer a clear narrative on the value of eating well, staying active and losing weight, presenting them as something of a moral imperative. Elsewhere, documentary films are also focusing on these themes, perhaps most notably the 2004 film *Supersize Me* by Morgan Spurlock, which explored the effects of fast-food culture (specifically McDonald's) on weight and health. In this case, the spectacularisation of diet is brought about by the presenter/director undergoing a 30-day all-McDonald's diet in the form of a mock-scientific experiment to witness the effects of such consumption on the body.

Many of these media events combine constructions of victimhood with responsabilisation, as a powerful but insidious exercise of biopower. The good health

and lifestyle of a child is constructed as a neo-liberal rational outcome of responsible parenting and consumption, around eating, exercising and parental choice over what a child does. To illustrate, on 27 February 2007 the popular British tabloid newspaper, the *Daily Mirror*, reported the case of an 'overweight 8-year-old, weighing 218 pounds', purportedly 'four times the weight of a "healthy" child of his age'. Fearing that she may lose her child, the mother negotiated with social workers who were to 'safeguard' the boy's welfare. Such reports affect how one comes to 'read' illness, health and obesity. As Evans *et al.* (2008a: 2) note: 'Essentially these are attempts to regulate the deviant behaviours of working class men and especially women, using "panics" to either establish new or re-instate fragile social norms while leaving untouched underlying socio-economic structures, the primary determinants of "discordant", damaged and "unhealthy" lives.'

The 'responsibilisation' of family life (Fullagar, 2008) within these discourses is not difficult to see, where parents are blamed as culpable for their child's poor health or lifestyle. Indeed, when one scrutinises the boundaries, then it becomes even harder to separate concerns about health, illness and the body from the broader governmental preoccupation with parenting as exemplified in the UK government's recent document 'Every Parent Matters' (DfES 2007). The discursive construction of obese children through media discourse therefore connects with a wider orientation towards welfare policies. In turn, this constructs children as in need of protection and legitimates interventions on behalf of the child's welfare, either through placing the child in care, or through the need for national action via taxation.

Disability, lifestyle and enhancement

Our third category concerns disability, lifestyle and enhancement technologies and, while each of these terms deserves a category of its own, we connect them by exploring the shift among and within them. We also suggest that they occur on a continuum that is increasingly shifting towards enhancement, which has implications for what we will come to understand as and expect from good health, as a lifestyle condition. One central link between this category and disordered eating is through their common interrogation of what it means to be normal. Thus, discourses on obesity typically presume a given notion of what normal, healthy eating involves. Similarly, the public's willingness to take into account the implications of disablement and, by extension, lifestyle enhancements, relies on expectations of what is an acceptable life that one should be entitled to live. For example, cosmetic surgery is typically conceived as less worthy of social support than the very same type of surgery that aims to treat some form of disfigurement. While there might be merit in this idea, it is important to notice that there are not shared approaches to this around the world. For instance, within the Netherlands, cosmetic dental surgery is provided via a state-funded health care system, while in the UK and many other places it is not.

Of interest here is how these various claims about lifestyle conditions are articulated through the media, but also how the alignment of lifestyle and enhancement

Part 5 Media Representations

technologies with various media industries – advertising, television, and magazines, for instance – re-constitute these norms (see King and Watson 2001). It is also important to study the moral narratives that emerge from these representations given that they often permeate the lives of people who are not at medical risk. More precisely, while obesity is medically risky and there is merit in promoting healthy lifestyles, being slightly overweight is much less so. Yet, the media imperative to reduce our size to a certain norm pervades even these non-medical cases, thus shaping our sense of responsibility to lead a particular lifestyle. Indeed, it often propels us to some other, equally unhealthy norm, as might be said of various diets or the aspiration to be the size of super-models. Again, what concerns us is how institutions shift responsibility for health conditions in society away from themselves to individuals. In this context, the question arises as to what kinds of lifestyle are acceptable for us to lead. An integral part of this concern is how the media presents certain types of solution and response. On this basis, we begin with representations of disability before moving to lifestyle medicine and, finally, to enhancement.

Early work on media depictions of bodily difference revealed that disability is often portrayed as something of a freak show, where disabled people fulfil roles that typically depict them as strange (Shakespeare 1994) or as a spectacle (Dijck 2002). Examples of this include documentaries that focus on the tallest, shortest or most obese people in the world (e.g. Channel 4 (2008) *The World's Tallest Woman and Me*; Channel 5 (2008) *Extraordinary People* documentary series). In addition, research has signalled the absence of disabled people within certain key media roles. As Phillips (2001: 196) notes 'We never see a woman with a visual disability holding up a bottle of Chanel perfume or a can of Pantene hair spray.' In each of these ways, disability has been marginalised within the media. However, in recent years, there are some key instances of counter examples that also deserve attention. Perhaps one of the most prominent has been the story of Oscar Pistorius, the South African sprinter and double below-the-knee amputee who, in 2007–08, campaigned to take part as an Olympian, rather than just a Paralympian at the Beijing 2008 Olympic Games. Pistorius is helpful here, as he introduces complexity to what we understand by the term disability. Thus, to the extent that disability reflects an inability of society to attend to the needs of the differently abled, Pistorius is a case where technology has circumvented this inability. Pistorius' so-called *cheetah legs* allow him to be competitive as an Olympian and bring into question the assumption that being an amputee is necessarily a disabling condition. Conceivably, his bionic prostheses allow him to achieve greater levels of capability as a runner than a biological leg. This transformation to understandings of ability/disability have also been made by Pistorius' female counterpart, Aimee Mullins. Also a double below-the-knee amputee, Mullins has made a career out of her image as a talented and desirable figure. She has been photographed by leading photographers in provocative poses and has starred in avant garde films sporting exotic, glass prosthetic legs. Also, to counter the way in which advertising that involves people with disabilities has taken place, Mullins recent campaign for the clothing company Kenneth Cole New York conveys a retreat from disability as an imposition to a characteristic of empowerment. Both Pistorius and Mullins undertake transformative representations of disability, as their prostheses allow them to

disrupt the supremacy of able-bodied performance. This is indicated by, for instance, Pistorius' role within Nike's 2007 *Just Do It* campaign in South Africa. The values articulated by Pistorius, who was one of seven athletes chosen for the campaign, read as follows:

I was born without bones below the knee.
 I only stand 5 feet 2.
 But this is the body I have been given.
 This is my weapon.
 This is how I conquer. How I wage my war.
 This is how I have broken the world record 21 times.
 How I become the fastest man on no legs.
 This is my weapon.
 This is how I fight.

Together, Pistorius and Mullins provoke us to consider how disability might be represented in the future. Through their accomplishments we begin to see how discussions about disability are becoming intertwined with debates about the technologies of enhancement, enablement and improvement. These value-laden terms underpin the appeal of reconstructive technologies such as cosmetic surgery, botox, face reconstruction and even leg-extensions and they are justified on the dual bases of enablement and lifestyle. Parallel issues arise in the context of other technologies that have been labelled as lifestyle medicines, notably the use of such pharmaceutical products as Prozac (Blum and Stracuzzi 2004), Ritalin and Viagra (Loe 2004). In these cases, researchers have outlined how such innovations have led to patients reportedly feeling 'better than well' (Kramer 1994; Elliott 2003) and this alluring prospect has become constitutive of the appeal of lifestyle medicines.

Critically, studies of various cases such as pharmaceutical products to treat sexual dysfunction have pointed to the role of advertising in propagating certain tendencies to treat specific biological states as deficiency (see Moynihan 2003). Likewise:

A key strategy of the alliances is to target the news media with stories designed to create fears about the condition or disease and draw attention to the latest treatment. Company sponsored advisory boards supply the 'independent experts' for these stories, consumer groups provide the 'victims,' and public relations companies provide media outlets with the positive spin about the latest 'breakthrough' medications (Moynihan *et al.* 2002: 886).

While these studies suggest that scientific institutions and companies have been pro-active in representing dysfunction, it is also important to note that criticisms are also possible to make of the media. For instance, Seale *et al.* (2006) note how the media has been complicit in commodifying the body.

Media representations of these prospective enhancements vary considerably but many scholars have focused on cosmetic interventions, as a sub-set of the television 'makeover' genre. For instance, consider the popular US reality television programme *Extreme Makeover* (2002–06) (see Elliott and Elliott 2003, Heyes 2007 and Tait 2007), which involved volunteers being transformed by major cosmetic surgery work. This format of television has been re-broadcast or replicated in

Part 5 Media Representations

various forms by a number of countries, such as *Cosmetic Surgery Live* in the UK. Research in this area has also recently drawn attention to the growing male market for cosmetic surgical interventions and has teased out the different ways in which the same products are marketed differently for men and women. As Davis notes: 'cosmetic surgery seems like such a 'natural' and unproblematic step for a woman to take, while it is a shameful and humiliating operation for a man' (2002: 61). It also indicates how, rather than an act of an oppressive, gendered society, cosmetic surgical interventions can be acts of empowerment (see Negrin 2002).

While there is no strict division between *aesthetic* and *functional* lifestyle modifications, the emergence of biological modifications that are characterised as human enhancements have become a focal point for discussions within bioethics. Concurrently, these debates have taken place within the media sphere and are, at times, integral to the prior discussions we have outlined. Nevertheless, the prospect of radical transformative enhancements occurs via discussions about emerging sciences and appears as a central tenet of various media forms. For instance, the Michel Gondry film *Eternal Sunshine of the Spotless Mind*, envisages a future where it is possible to delete memories in order to erase unpleasant recollections (Miah 2009). Alternatively, the discussion about designer genes presents the emerging possibility where selection of specific traits could be available to people in order to enhance their offspring. One of the most recent debates in this area concerns the use of cognitive enhancers, which could allow, among other things, students to cram more effectively for exams, or fighter pilots to focus on their missions in high-velocity situations. The prior example of Ritalin is one substance that has been subject to such speculations, though an increasing number of newspapers and magazine are reporting the emerging era of 'smart drugs, which speaks to the complex challenge of keeping therapeutic interventions from being applied for enhancement purposes:

Mind-expansion may soon, therefore, become big business. Even though the drugs have been developed to treat disease, it will be hard to prevent their use by the healthy. Nor, if they are without bad side-effects, is there much reason to. And if that is so, there may be a very positive side-effect on the profits of their makers. (Anon. 2008)

End-of-life issues: dying well and living forever

Our final category consists of debates on health issues that can be broadly grouped as end-of-life. Again, this term imports language from medical law and ethics and its application to media representations offers some opportunity to infuse it with new, additional meaning. In this area, there are two types of representation that are frequently conveyed through the media, which are summarised by this section's sub-title: *dying well* and *living forever*. Together, they encompass a series of cases that span from the preservation of life by medical technology to innovations that promise to extend our lives, perhaps indefinitely.

Dying well is of considerable interest to the media, as it engages concerns about the 'innocent victim' a health-related media narrative that has recurred over the years (see Gwyn 1999). It even interfaces with some of our other categories. Recall

our introductory remarks about 'saviour siblings', the practice of bearing a new child who will be able to provide supplementary tissue to save the life of a sibling. Even the related science of stem cell research engages with similar questions of immortality as cell-lines could be preserved indefinitely providing a permanent resource of new tissue. Some recent cases in this category have attracted considerable media attention.

Perhaps one of the most noteworthy is the plight of baby Charlotte Wyatt, who was born with considerable health problems, to such an extent that medics considered that her life would be intolerable.² The ensuing debate concerned whether or not the court should require that her life-sustaining treatment be withdrawn. Regardless of the specific conditions of the case that distinguish it from others, there are crucial aspects of how the media became integral to the proceedings that are relevant to discuss. Thus, Brazier (2005) explains how such cases 'are novel in part because of the extensive publicity given to the families in the media. The earlier convention of such cases being conducted in camera and alluded to only by pseudonymous initials, were waived by the families' (ibid.: 413). The public presence of the case becomes even more complicated as the internet is harnessed as a communicative device. As the blog provider Blogger outlined to the owners of the Charlotte Wyatt blog site <http://charlottewyatt.blogspot.com>:

Hello,

We'd like to inform you that we've received a court order regarding your blog charlottewyatt.blogspot.com. In accordance with the court order, we've been forced to remove your blog.

Thank you for your understanding.

Sincerely,

The Blogger Team

(SaveCharlotte.com, 2006 (accessed 22 May 2008))

As an increasing array of technologies becomes available, the capacity to come closer to immortality increases and, while 'Living Forever' might be a step too far today, recent reporting has intimated at the emerging culture of 'The Immortals' (Armstrong 1998) who spend significant amounts of money to achieve precisely this end. In particular, cryonics is the established practice of preserving a body at the moment of death, with a view to re-animating it some time in the future, when the technology allows this possibility. (While it is often reported that such individuals expect to be 'resurrected' in the future, the more accepted term among this community is reanimation.) For such enthusiasts, there is the option of head-only or full-body suspension, each with different price tags attached to them.

A fascination with death is present in a wide array of media episodes. Perhaps one of the most prominent is the work of Gunter von Hagens, the German physician, who created a novel method of preserving human bodies within their natural state. Von Hagens' plastinated bodies have captured the attention of worldwide audiences. This interest has extended into various media forms, from art gallery exhibitions, to documentary series' and to public demonstrations of a public autopsy (see Hirschauer 2006). While the pursuit of immortality is not really von Hagens' central message, his work has become a focal point for various

Part 5 Media Representations

considerations of how the body has been subjected to a medical gaze over the centuries and the implications of this for how we view our bodies and their relationship to medical institutions and experts.

These examples are accompanied by parallel debates about the challenges presented by an ageing population, either as a possible obstacle towards mainlining social order, but also as a source of concern about the growth of age-related illnesses. As technologies develop to reduce age-related illness, they will encounter a resulting effect of preserving people for longer and this will bring new forms of representing inter-generational differences.

Conclusion

This chapter has traced a series of key themes in the study of media representations of health, illness and the body that have emerged in recent years, including some that invite us to consider what might be studied in this field for some years to come. Together, they describe the fluid and multiple realities that are constructed through media representations of health. These subjects are infused with various moral, medicalised and aesthetic agendas, which often construct divisive/dichotomous expectations of the body, health and associated scientific endeavours. Competing advice about lifestyle, about what is 'safe', of the perils of science against the rationality of experimentation, lead us to read specific bodily practices and science and technology in various ways. The cases offer some indication of the future landscape of what might be termed *biomedia studies* (cf. Thacker (2003: 48) who argues that 'biology is the new medium'. Many of these cases describe issues that were previously considered distant from the everyday lives of most people, but which now have direct and clear implications for how we wrestle with some of the most fundamental choices in life. As such, biomedia studies help us understand what happens when emerging scientific discoveries or treatments clash with cultural expectations and values.

Our various examples also articulate the broad variety of disciplines that constitute studies of health and illness in the media. They explain how representations of health are part of a broader process of the construction of cultural knowledge around science and the body. We have explained that such representations do not consist wholly of discussions about risk or health care burdens. Or, rather, there are various cases that extend well beyond the purview of such concerns. Rather, each of these cases of medical intervention inhabits a distinct space of media coverage and it is important that we come to terms with the various expectations of the media in reporting these different subjects.

This chapter also urges us to consider what ethical principles should govern the reporting of health stories and the involvement of experts who provide richness of depth to these media events (Miles 2004). Over the years, various instances of dubious practices within broadcast ethics have been visible and justified on the basis that they raise awareness about important social concerns. Perhaps one of the most dramatic examples of this occurred in 2007 when a Dutch production company created *The Big Donor Show*. In this case, contestants each needed a lifesaving

organ transplant and the final winner would receive this from a donor after viewers had used their mobile phones to assist on deciding who should 'win'. After some days of global news coverage prior to the broadcast, which involved exaggerated condemnations of the initiative (BBC 2007), the programme aired and, at its conclusion, revealed itself as a hoax aiming to raise awareness about the need for donor organs (Shaikh 2007). This example illustrates how, the media mechanisms that communicate health are mixed, multi-faceted and espouse various political intentions. As such, a vigilance of the media, as well an awareness of how best to harness it, is crucial to establishing how people within societies can live well, if not, better than well.

Questions

- 1 What kinds of experts should the media use to communicate issues related to health?
- 2 Do blockbuster films help people understand some of the major health issues that societies face today?
- 3 Should the advertising of cosmetic health technologies such as Viagra be permitted?

Notes

- 1 For advanced research, consider how leading genetic scientist Craig Venter is positioning his work in 'synthetic biology' as a technology that will offer solutions to the general depletion of natural resources (fuel, water, etc.). Consider further Venter's background within the Human Genome Project and his utilisation of the media to communicate his work.
- 2 Other examples that are worth exploring include the US assisted-living case of Terri Shiavo, whose husband campaigned to have her treatment withdrawn, but where disputes occurred over the legitimacy of his right to act as guardian over her. Also, a further category of assisted-dying deserves separate attention, particularly through the two cases of Harold Shipman a British physician who was convicted for unlawfully killing 215 patients (Jackson and Smith 2004) and his US counter part Jack Kevorkian, branded by the media as 'Doctor Death' (MacIntyre 1999). Kevorkian is also notable since he broadcast his administration of a lethal solution to a terminally ill man on the US network channel CBS, as part of his long-term campaign to legalise euthanasia.

Further reading

- Dijck, J. V. (2002) 'Medical Documentary: Conjoined Twins as a Mediated Spectacle', *Media, Culture, & Society*, 24: 537-56. The representation of so-called 'extraordinary' bodies through television has encountered a number of criticisms. This essay engages with the way in which this genre has been influenced by the grammar of horror films and the consequences of this for the stigmatisation of certain conditions.
- Nelkin, D. and Lindee, M. S. (1995) *The DNA Mystique: The Gene as a Cultural Icon*, New York: W. H. Freeman and Co. This book is one of the earliest contributions to engaging with how the media portray an emerging science. Genetics has been a case of considerable attention

Part 5 Media Representations

and studies in the public understanding of science have matured through this exemplar. Genetic science suffered considerably from miscommunication due to its heightened attention at the turn of the millennium. This book situates these debates in their broader cultural context and it has informed a decade of studies in science communication.

Seale, C. (2002) *Media and Health*, Sage: London. This book considers fundamental questions about why health is worthy of media inquiry, but also why the institutions of medicine should be interested in studying the media. It draws attention to how the depiction of health through the media reveals biases about social categories, such as gender. It also explains how the educative motivation of health-related media forms is rarely borne out in its reception.

Turney, J. (1998) *Frankenstein's Footsteps: Science, Genetics and Popular Culture*, New Haven and London: Yale University Press. The media often draw upon familiar narratives when conveying the implications of any new technology. This book describes how the popular imagination remains informed by the myth of Mary Shelley's *Frankenstein* and considers why this is so prominent and divisive.

References

- Anon. (2008) 'Cognitive Enhancement: All on the Mind', *The Economist*, 22 May, www.economist.com/science/displaystory.cfm?story_id=11402761 (accessed 4 March 2009).
- Bauer, M. W., Allum, N. and Miller, S. (2007) 'What Can We Learn from 25 Years of PUS Survey Research? Liberating and Expanding the Agenda', *Public Understanding of Science* 16 (1): 79-95.
- Blum, L. M. and Stracuzzi, N. F. (2004) 'Gender in the Prozac Nation: Popular Discourse and Productive Femininity', *Gender and Society*, 18 (3): 269-86.
- Brazier, M. (2005) 'An Intractable Dispute: When Parents and Professionals Disagree', *Medical Law Review*, 13 (3): 412-18.
- BBC (2007) 'Outcry Over TV Kidney Competition', news.bbc.co.uk/1/hi/entertainment/6699847.stm (accessed 4 March 2009).
- Byron, T. (2008) *Safe Children in a Digital World: The Report of the Byron Review*, Department for Children, Schools and Families and the Department for Culture, Media and Sport: 224.
- Buglass, D. (2008) 'Scots Farmers Need to Produce GM Foods', *Scotsman*, 11 April, 39.
- Campbell, S. (2006) 'Don't Tear a Smiling Foetus from the Womb', *Telegraph*, 4 October, www.telegraph.co.uk/opinion/main.jhtml?xml=/opinion/2006/10/04/do0403.xml&sSheet=/opinion/2006/10/04/ixopinion.html (accessed 4 March 2009).
- Cohen, D. (2005) 'The Rise of Reality Science', *British Medical Journal*, 330 (7501): 1216.
- Davis, K. (2002) '"A Dubious Equality": Men, Women and Cosmetic Surgery', *Body and Society*, 8 (1): 49-65.
- DfES (Department for Education and Skills) (2007) *Every Parent Matters*, London: DfES www.teachernet.gov.uk/everyparentmatters (accessed 4 March 2009).
- Dijk, J. V. (2002) 'Medical Documentary: Conjoined Twins as a Mediated Spectacle', *Media, Culture, and Society* 24 (4): 537-56.
- Elliott, C. (2003) *Better Than Well: American Medicine Meets the American Dream*, New York and London: W. W. Norton and Company.
- Elliott, C. and Elliott, B. (2003) 'Logical Extreme: The Next Step for "Reality" Television', *The American Prospect Online*, www.prospect.org/cs/articles?article=logical_extreme (accessed 4 March 2009).
- Elliott, C. and Kahn, J. (1994) 'Docs on the Box' *Hastings Center Report*, 24 (6): 22-3.
- Evans, J., Rich, E. and Davies, B. (2008a) 'The Rise and Rise of the Child Saving Movement', International Sociology of Education Conference, London, 2-5 January 2008.

Chapter 33 The Body, Health and Illness

- Evans, J., Rich, E., Davies, B. and Allwood, R. (2008b) *Education, Disordered Eating and Obesity Discourse: Fat Fabrications*, Routledge: London and New York.
- Farrar, S. (1999) 'Do These Genes Make Me Look Fat?' *The Times Higher Education Supplement*, 1 October, 22-3.
- Fullagar, S. (2008) 'Governing Healthy Family Lifestyles through Discourses of Risk and Responsibility' in J. Wright and V. Harwood (eds), *Biopolitics and the Obesity Epidemic: Governing Bodies*, London: Routledge, pp. 108-26.
- Furedi, F. (2005) *Politics of Fear: Beyond Left and Right*, London and New York: Continuum.
- Goggin, G. and Newell, C. (2004) 'Fame and Disability: Christopher Reeve, Super Crips, and Infamous Celebrity', *M/C: A Journal of Media and Culture*, 7 (5), <http://journal.media-culture.org.au/0411/02-goggin.php> (accessed 4 March 2009).
- Gwyn, R. (1999) "'Killer Bugs", "Silly Buggers" and "Politically Correct Pals": Competing Discourses in Health Scare Reporting', *Health*, 3 (3): 335-45.
- Hansen, A. (2006) 'Tampering with Nature: "Nature" and the "Natural" in Media Coverage of Genetics and Biotechnology', *Media, Culture & Society*, 28 (6): 811-34.
- Harris, R. (1999) 'Come Up to Beauty. Rons Angels', www.ronsangels.com (accessed 4 March 2009).
- Heyes, C. J. (2007) 'Cosmetic Surgery and the Televisual Makeover', *Feminist Media Studies*, 7 (1): 17-32.
- Hirschauer, S. (2006) 'Animated Corpses: Communicating with Post Mortals in an Anatomical Exhibition', *Body and Society*, 12 (4): 25-52.
- Jackson, T. and Smith, R. (2004) 'Obituary: Harold Shipman', *British Medical Journal*, 328 (7433): 231.
- Johnson, D. A. (2008) 'Managing Mr. Monk: Control and the Politics of Madness', *Critical Studies in Media Communication*, 25 (1): 28-47.
- King, M. and Watson, K. (2001) "'Transgressing Venues": "Health" Studies, Cultural Studies and the Media', *Health Care Analysis*, 9 (4): 401-16.
- Kramer, P. (1994) *Listening to Prozac*, London: Fourth Estate.
- Loe, M. (2004) *The Rise of Viagra: How the Little Blue Pill Changes Sex in America*, New York: New York University Press.
- Lowe, T., Brown, K., Dessai, S., Franca Doria, M. D., Haynes, K. and Vincent, K. (2006) 'Does Tomorrow Ever Come? Disaster Narrative and Public Perceptions of Climate Change', *Public Understanding of Science*, 15 (4): 435-57.
- Lupton, D. (1999) 'Editorial: Health, Illness and Medicine in the Media', *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 3 (3): 259-62.
- Macintyre, B. (1999) 'Murder Trial For "Doctor Death"', *The Times*, 23 March, 14.
- McLaughlin, J. (1975) 'The Doctor Shows', *Journal of Communication*, 25: 182-4.
- Miah, A. (ed) (2008) *Human Futures: Art in an Age of Uncertainty*, Liverpool: FACT and Liverpool University Press.
- Miah, A. (2009) "'Blessed Are the Forgetful": The Ethics of Memory Deletion in Michel Gondry's *Eternal Sunshine of the Spotless Mind*' in S. Shapshay (ed) *Bioethics at the Movies*, Baltimore: Johns Hopkins University Press, pp. 137-55.
- Miah, A. and Rich, E. (2006) 'Genetic Tests for Ability? Talent Identification and the Value of an Open Future', *Sport, Education and Society*, 11 (3): 259-73.
- Miah, A. and Rich, E. (2008) *The Medicalization of Cyberspace*, New York: Routledge.
- Miles, S. H. (2004) 'Medical Ethicists, Human Curiosities, and the New Media Midway', *The American Journal of Bioethics*, 4 (3): 39-43.
- Moynihan, R. (2003) 'The Making of a Disease: Female Sexual Dysfunction', *British Medical Journal*, 326 (7379): 45-7.

Part 5 Media Representations

- Moynihan, R., Heath, I. and Henry, D. (2002) 'Selling Sickness: The Pharmaceutical Industry and Disease', *British Medical Journal*, 324 (7342): 886-91.
- Millar, F. (2007) 'For the Sake of Children', *British Journalism Review*, 18 (1): 45-9.
- Mulkay, M. (1994) 'Embryos in the News', *Public Understanding of Science*, 3 (1): 33-51.
- Negrin, L. (2002) 'Cosmetic Surgery and the Eclipse of Identity', *Body and Society*, 8 (4): 21-42.
- Nelkin, D. and Lindee, M. S. (1995) *The DNA Mystique: The Gene as a Cultural Icon*, New York: W. H. Freeman and Co.
- Nerlich, B., Johnson, S. and Clarke, D. D. (2003) 'The First "Designer Baby": The Role of Narratives, Cliches and Metaphors in the Year 2000 Debate', *Science as Culture*, 12 (4): 471-98.
- Phillips, C. (2001) 'Re-Imagining the (Dis)Able Body', *Journal of Medical Humanities*, 22 (3): 195-208.
- Sample, I. (2008) 'Gene Sequence Puts Half of UK Population at Greater Risk of Obesity, Researchers Say', *Guardian*, 5 May: 4.
- Seale, C. (2003) 'Health and Media: An Overview', *Sociology of Health and Illness*, 25 (6): 513-31.
- Seale, C., Cavers, D. and Dixon-Woods, M. (2006) 'Commodification of Body Parts: By Medicine or by Media?' *Body and Society*, 12 (1): 25-42.
- Shaikh, T. (2007) 'Dutch Kidney Donor Show: A Hoax to Highlight Shortage of Organs', *Independent*, 2 June, <http://news.independent.co.uk> (accessed 4 March 2009).
- Shakespeare, T. (1994) 'Cultural Representations of Disabled People: Dustbins', *Disability and Society*, 9 (3): 283-301.
- Tait, S. (2007) 'Television and the Domestication of Cosmetic Surgery', *Feminist Media Studies*, 7 (2): 119-35.
- Thacker, E. (2003) 'What is Biomedicine?' *Configurations*, 11 (1): 47-79.
- Turney, J. (1998) *Frankenstein's Footsteps: Science, Genetics and Popular Culture*, New Haven and London: Yale University Press.
- Wiley, J. (2008) 'Fat? Blame Your Genes Says Doctors', *Daily Express*, 6 May, 1.
- World Health Organization (1998) *Obesity: Preventing and Managing the Global Epidemic: Report of a WHO Consultation on Obesity*, Geneva: WHO.
- Zylinska, J. (2005) *The Ethics of Cultural Studies*, London: Continuum.