Health, Medicine and the Media

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Far more deeply than most of us realize, the media (in particular film, but also television, magazines, newspapers, and, more recently, the internet) has been intrinsic to the history of medicine and public health. For many of us, what we know about public health, medicine, and disease has come to us through the media. The medical profession, and public health policies, came into being in their modern forms during the second part of the nineteenth century, as medicine professionalized and as public health became defined, codified and embodied in government bureaucracies as well as public and private institutions. These developments have coincided with, and relied upon, the growth of popular media that reached audiences of a variety of classes and backgrounds.

Images of physicians, as well as images of health and disease, are disseminated through the modern media. In fact while we know a great deal about the way images have functioned in the history of health and medicine, much remains to be explored with respect to the role of the media in the history of health and medicine.[1] In addition to providing diversion and entertainment, the media provide us with messages about health and disease (as every newspaper and magazine editor knows, these stories are read by the public with great interest). Public health officials have often aimed to mimic the way the media entices the public by presenting health information in ways that are entertaining.[2] The medical profession itself has only a limited influence on these representations. As a consequence, medical and media understandings of health and disease do not always coincide.

This volume offers a smorgasbord exploration of some of the issues arising from the at times amicable and at other times rather strained relationship between medicine and the media over the past century in the only-just-postcolonial zone of Australia, New Zealand and Indonesia. It carries us from the health education movies made for Indonesians in the 1930s and Maoris in the 1950s to the sex education movies for the white Australian public catching up with the sexual revolution of the 1970s. Its authors analyse portrayals of physicians and medical knowledge in contemporary film and television, such as the depiction of a physician diagnosing homosexuality in *Heavenly Creatures* and a troubled female medical student in *Charlene Does Med at Uni*. As a result, the articles in this volume stimulate us to explore the relationship between health and medicine and the media in much greater detail.

If the relationship between medicine and the media has always been intimate, it has also always contained some tension and antagonism, especially because physicians and health officials have not always appreciated the way the media have portrayed health, disease, or their professions. The media has generated a fair amount of cultural capital for the medical profession with its coverage of medical research, miracle cures, and the heroic portrayals of physicians. Yet, at the same time, the media has often encouraged and validated unhealthy behaviours, ranging from smoking, engaging in risky behaviour, drinking, and, at times, drug-taking.[3] Ironically, the very qualities that

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made the media so appealing to health promoters were, at the same time, the source of health problems: while one could use its substitution of emotional appeals for rational ones to get messages about preventing tuberculosis across, those same emotional appears were leading people to smoke cigarettes, buy the last packets of Tamiflu and so forth, often on the basis of a single image or headline alone. Understanding the tensions and alliances between medicine and the media involves analysing the nature and origins of the many slippery and unreliable representations that circulate in the media, how they emerged, and whose interests they serve. In addition, we need to analyse the nature of the social and cultural systems in which they arise and operate. The articles in this volume, each in their own way, aim to do just that.

Physicians in the Media: Medical Heroes and, at times, Villains

Among the most interesting examples of the portrayal of medicine in the media are medical movies and television dramas, which have existed since the 1930s. The remarkable Dr. Kildare, one of the first stars in a medical drama, graced American theatrical films in the 1930s and early 1940s, in a radio series in the early 1950s, in a television show of the 1960s as well as in a comic book series. He became a much admired physician, who had time for his patients, visited them at home (even in the middle of the night, if necessary), and was always kind, understanding, and endlessly compassionate towards his patients, no matter how grim or anti-establishment they were. Even though he was known to be a fictional character (played by Lew Ayres in the movies and Richard Chamberlain on television), he received an enormous amount of mail with requests for medical advice. Because the movies and the television series borrowed equipment from nearby hospitals, physicians were involved in the writing of the script and demanded the right to change it when physicians were portrayed in a negative way. At the same time, a number of physicians felt that it was almost impossible to live up to the ideal Dr. Kildare presented.[4] Medical dramas have been able to keep audiences spell-bound for a long time, probably because of the way they deal with matters of life and death and the attraction exercised by the portrayal of physicians as modern-day heroes rescuing innocent victims from vicious diseases by using the marvels of modern technology and the latest pharmacological inventions.

The portrayal of physicians and healers in the media reflects public desires and anxieties about the capacities of modern medicine and, in turn, shapes these desires and anxieties in significant ways. At the time the medicine professionalised, storytelling about physicians in the newspapers, novels, periodicals, theatres, and exhibitions of the Victorian era started to appear. This trend intensified during the bacteriological revolution, which both led to increased public confidence in medicine and an increase in status of physicians. The at times ambivalent feelings about the enormously increased power of medicine (often embodied in the surgeon) was most forcefully expressed in the twin images of the charismatic, empathic, and heroic doctor and his evil experimental counterpart – think of Dr Jekyll and Mr. Hyde, or of Frankenstein. Over the past century figures from these Victorian characters to Dr Quinn and the staff in *ER* have powerfully influenced popular representations of physicians (and scientists).[5] Victorian physicians were obsessed with the abnormal, deformed, deranged, and strange; the stark Victorian medical depictions of the insane, the sick, and of people of other races of the colonies were often gothic and bizarre in nature. This reinforced images of the physician as an evil genius interested in the unsavoury. Elements of this are present in Gray's analysis of the 'documentary' movie 'Neanderthal Man' in this volume (which also shows how thin the dividing line between the documentary and crass entertainment can be).

Today, even though consumers of the media are known to have multiple and highly divergent interpretations of what is presented to them, most studies show that the overarching themes of beneficence, rationality, and limitless resources are prevalent in media representations of

medicine. This establishes a set of expectations about medical encounters amongst the lay public, which are, in most cases, impossible to meet. The effect may be exacerbated by access to the internet, as Broom found in a study of internet use among Australian prostate cancer patients.[6] On a more subtle level, television and film dramas may provide models to the lay public about appropriate behaviour as patients and the expectations related to the sick role. Candace Cummins Gauthier has indicated that medical dramas may be providing a form of moral learning as much as entertainment.[7] In many ways, the medical drama provides insights into the nature of (hospital-based) medical practice and teaches viewers how to interpret the nature of their hospital and illness experience, the interactions between doctors and patients, and the many choices and their consequences within modern health care contexts. Because viewers identify themselves with specific characters, they react emotionally to given situations with feelings of admiration or moral indignation. Donna Heller, in a similar vain, states that the moral narratives presented in *ER*, which, according to her, fundamentally promote the therapeutic goals of a liberal (and, we would add, *consumer*) culture, emphasize the individual's ability to cope with crisis and to thus more fully develop the self.[8]

In many respects, medical dramas often do not represent life on the wards in most hospitals very accurately. In most medical dramas, medical resources appear to be as limitless as the television physician's compassion, irrespective of whether any of the characters discuss issues of cost or not. This made-for-television view of medicine is not entirely innocent. Despite the misgivings many physicians have about medical dramas, the medical profession has been deeply involved in shaping how doctors are portrayed. This is also true about radio soap operas: Australia's longest running radio soapie, *Blue Hills*, contained many episodes that explicitly addressed health or medical issues. Today, cultural commentators still find that the media portrays medical practitioners as saints representative of the Enlightenment ideals of science and rationality, which are central to human progress and happiness. Recently, some allowance is made for a more critical reflection of the predicament of modern medicine, such as an acknowledgement that (some) illnesses may be socially constructed, and that the origin, course, and prevalence of others is significantly influenced by a variety of social, cultural, and political factors. In particular representations of HIV/AIDS in the 1990s reflected a broader awareness of these issues.[9]

Media and Health Intertwined: Public Health

A dynamic interplay between public health physicians and the media has existed almost from the beginning of public health endeavours. Public health was and is intrinsically a media product, presenting its messages through periodicals, women's magazines, penny novels, and the exhibitions of the Victorian era, as well as through the commercial and informational advertising that mushroomed in the early twentieth century. Without the representational power of the media, public health officials would not have been able to disseminate medical insights on such a wide scale. Public health physicians not only used the media to provide information but also intended to change behaviour. They did this by presenting new ideals by normalizing certain images and forms of behaviour, pathologising others, and by mobilizing and ethics of personal care and communal good. Public health officials relied on the media to convey their messages about hygiene, cleanliness, the early symptoms of disease, and the importance of changing behaviours, ranging from washing hands, brushing teeth, using tissues when sneezing, and avoiding spitting in the street to the importance of vacuum cleaners and refrigerators. They often relied on the methods and skills of advertisers, who had developed ways to reach mass audiences and induce them to change their behaviour. They also drew on the skills of the authors of media dramas as a way to entice audiences.

At the same time, advertisers, authors of dime novels, as well as producers of soap operas and serious movies incorporated modern and novel health ideas and images of physicians into their persuasive materials. Commercials were very quick in adopting the new and modern ideals of health,

hygiene, and cleanliness to advertise a wide variety of goods to repel disease, fight germs, improve vigour, and foster health and attractiveness.[10] The popularity of medical dramas illustrates that the presence of physicians greatly enhanced the entertainment value of movies and television series. Because of the appropriation of images of health, disease, medicine, and physicians by the media, the nature and characteristics of these images became determined by a wide variety of forces, ranging from commercial gain, entertainment value, and the latest medical insights; as a consequence, these images varied to some extent from medical understandings. More recently, ideas of a number of diseases are spreading through the media, leading individuals to self-diagnose before consulting physicians. The pharmaceutical industry has taken advantage of this, creating a need for certain medications by fostering "disease-awareness" through sympathetic coverage in the media, subsidising patient interest groups, and creating web-sites.[11]

The relationship between the media, health, and medicine became inextricably intertwined in Western nations at the beginning of the twentieth century. This was the result of two interdependent processes: the development and institutionalization of public health, and the exponential growth in popular media and advertising. Public health may be understood as a product of nineteenth-century concerns with governing modern, industrial societies: the sanitary reforms of the mid-Victorian era occurred in part as a response to the terrible epidemics that accompanied the enormous increase in the population of filthy urban centres, in part as a mechanism to ensure a viable population to fill the factories, mines, and the businesses they spawned, and in part as a product of the liberal ideals of freedom, scientific rationality, and self-improvement.[12] As the emissary of prudence, self-surveillance, self-control, and rationality, public health was, then and now, considered to be antithetical to the hedonistic impulses of consumer society, especially as it was suggested and exploited by advertisers and by the crude decadence of celebrity culture. Similarly, late twentieth-century public health campaigns appear nearly entirely devoted to futile attempts to stem ills such as tobacco smoking and obesity, which are directly caused by consumer society itself. Nevertheless, as T.J. Jackson Lears has so insightfully pointed out, the emerging consumer culture and its most ubiquitous and profound media expression, advertising, was fundamentally *therapeutic* in nature, catering to the deep-rooted desire for salvation of the self through the achievement of vibrant health and intense experience. Advertising played endlessly on the language and themes trumpeted by middle class promoters of public health—the clean, bounded, sculpted, youthful body beautiful and the happy, healthy, self-actualised mind, expanded and satiated by profound experiences.[13] Rather than being the antithesis of each other, public health and the modern culture of consumption are connected in many different ways.[14] Perhaps no part of public health better demonstrates this tension between critiquing consumer society, while reinforcing its practices and discourses, than tobacco control.[15]

Advertising, of course, was central to public health campaigns, providing the chief and soon the necessary means to reach the biggest possible audience for health messages. By the first world war, colourful posters that exhorted the public to wash their hands, keep flies from food, cough into handkerchiefs, and cease to spit were as common as the flies then blamed for transmitting polio. Some of Sydney's most famous artists, including Norman Lindsay, were involved in this work. The posters of necessity used the same production companies, the same aesthetics, and the same rules of genre as did the hawkers of nature's most perfect food (milk), Dr Smooth's cold-sore cream, and cigarettes. Since that time, public health has been playing a perpetual game of catch-up with the media—denouncing the media's ability to substitute emotion for reason in the service of junk food and fast cars, while utilizing those very same persuasive mechanisms for its own ends. A recent example of the complex interaction between the media and public health is the television show *Following ER*, produced by a health promotion group as a nationally syndicated documentary-style television show to educate viewers about the medical issues raised on the popular television dramas *ER* and *Chicago Hope*.[16] In this volume, Stein, Siedlecki, and Brookes similarly discuss the reasons

behind the use of films as primary health education tools for Indonesians, teens and parents, and Maoris, respectively.

On the whole the articles in this volume devote less attention to the overall cultural frameworks and reference systems that structure the relationship between health and the media, and more to the details of how this relationship, fraught with the differing desires of different participants, the constraints of resources and the divergent views of actors, played out. Nonetheless, the broader context of consumption, therapy and capital is traceable in each essay, from the mixture of motives for profit and knowledge in the making of the 'documentary' 'Neanderthal man' (Gray) to the practicalities that intruded into the alleged re-creation of historical experience on a 'reality TV' show (Hardy).

Contested Representations: Behind the scenes

In the analyses of representations of health and medicine in the media in this volume, a range of voices, from the empiricist and instrumentalist practitioner (Siedlecky) to those who take a critical studies approach to health (Stein), are included.[17] Modern study of the media cannot avoid paying attention to the divergence between the perceptions of media producers (who may themselves have very divergent views, as Susan Hardy demonstrates with great humour in her study of a reality TV show, *Outback House*), social commentators, and the audiences of their products. In fact, it appears almost to be unavoidable that a fair degree of divergence emerges in the aims, perceptions, expectations, and interpretations of each of the various participants, such as medical professionals, commercial producers, network distributors, actors, subjects, patient groups, lay audiences, school teachers, and politicians, whenever health and medicine meet the media.

The contributors to this volume take us behind the scenes to expose the ideas, people, and material contexts that are involved in producing health in the media. An apparently smooth finished product like the reality TV show *Outback House* turns out to be far less authentic and far more about the struggles, beliefs, and interests of specific actors than any audience would ever know. The story of sex education emerges as a real struggle between competing beliefs about appropriate education for children. One of the most intriguing essays in this collection is Gray's, which explores the battle for control over visual images of indigenous Australians in the early twentieth century. This dispute occurred when the particular set of beliefs about race, morals, public interest and research ethics then embodied in the 'protectorate' system and in anthropological research clashed with the activities of an (American) externally funded commercial enterprise.

The ways in which the media produces, and undermines, hegemonic representations is a preoccupation for most of the contributors to this volume. Public health professionals, like other individuals and organisations in producing representations of health and medicine in the media, aim to control the content of these representations. The aim is to normalise and reinforce some forms of behaviour while rendering others objectionable or inconceivable. Throughout history, censorship rules were applied differently across social groups. For instance, Gray and Brookes reminds us that non-white audiences were especially subject to surveillance and restriction. Only a particular type of film could be shown to indigenous audiences while the circulation of images of indigenous individuals was restricted and controlled. What could be shown to (white) school children spurred endless debate and disagreement as well. The depiction of white women as morally pure and in need of protection justified additional censorship of the media as well.

Eric Stein directly addresses the use of film as a means of extending the hegemony of white medical knowledge in colonized countries in his discussion of the Rockefeller hookworm campaign in Indonesia. Health films meant to substitute white medical beliefs about tropical disease aetiology for

local understandings of disease, and hence to train 'natives' into the proper discipline and management of their bodies. These films were shown to village audiences enormously attracted by the spectacle of the cinema and by other films that were made purely to entertain and that were screened in the same sessions. The fragmentary memories of octogenarian viewers of these films demonstrate the limits of the campaign's success. Although the hygienists who produced the films worked extremely hard to include elements of local culture to accurately 'translate' western medical concepts, the villagers interpreted the films playfully, seeing the hookworm-distended bodies shown on screen as examples of a stock comedic figure well from the shadow puppet theatre. In any case, as is often the case with health education campaigns, poverty precluded many villagers from conforming to the films' behavioural messages (such as to build latrines), and continues to do so today.

Louella MacCarthy demonstrates how the 1970s feminist film *Charlene Goes to Med School*, portrayed the struggle of Australia's earliest women doctors in terms of the struggle against discrimination and masculine knowledge central to second-wave feminism. Though positioned as a form of resistance, feminism was quite capable of producing images that elided the complexity of women's actual experience in entering medicine. In this way, this film aims to produce a new and authoritative version of events. Films, however, can also challenge such views by depicting how medicine acted as a form of social control, as James Bennett points out in his discussion of Peter Jackson and Fran Walsh's film *Heavenly Creatures.* By privileging the viewpoint of the adolescent murderer, Bennett argues that the film critiques commonly held and medically sanctioned idealized constructions of 1950s domesticity, adolescence, and appropriate femininity. Nevertheless, Bennett also points out that the film does *not* substantially revise then-prevalent ideas about 'bad mothering', which was widely blamed as the cause of juvenile delinquency.

Authenticity, Truth, and the Media

Studies of the representation of medicine and health in the media, and of the role of the media in the business of health and medicine, appear to be different from other cultural analyses of the media. After all, medicine's claims on epistemological authority and scientific insight are foundational to its social authority and present practice. In this respect, it is important to analyse how the concept and the characteristics of 'truth' and authenticity are presented in media depictions of health and medical issues. The media provides a variety of techniques to indicate the truthfulness of what it presents. Some of these are techniques developed in specific genres that claim to authenticity and truth, in part by virtue of who produces them, and why. Health education movies, for example, claim the authority of the experts who produce them, and are validated by the credentials and caring intentions of their makers, as we clearly see in the articles by Siedlecky and Brookes. Various techniques, such as the authoritative, pedagogic, singular voice over, communicate these claims to the audience. Of course, sometimes authenticity may be a function of genre *despite* the mechanisms of production—a point nicely made by Gray as he explores the blurred boundary between documentary and entertainment in the film *The Blonde Captive*. In his essay, the relative naivety of scientists, whose attempts at controlling media content and thus the epistemological claims of their knowledge base were easily circumvented by commercial interests, is vividly portrayed.

The accuracy or otherwise of media representation is central to McCarthy's exploration of the ways in which history is used to support the ideology and knowledge claims advanced by second wave feminism. In a film about a contemporary young woman, Charlene (whose name, as McCarthy points out, is likely intended to indicate a non-privileged socio-economic background) whose career as medical student is interrupted by pregnancy, the makers made explicit connections between

Charlene's struggles and those of the 'pioneer' women doctors to bolster identification of, and outrage about, sex discrimination in medicine. In fact, as McCarthy demonstrates through painstaking statistical research, it is unlikely that women doctors experienced anything like the direct, possibly corrupt, discrimination attributed to their experience. The image of the heroic feminist foremother was nothing but a powerful ideological resource for a contemporary battle.

Much more subtle and complicated issues of truth and authenticity are explored in Bennett's discussion of the film *Heavenly Creatures* and in Susan Hardy's exploration of the 'reality' TV show *Outback House*. Bennett's opening position of treating Peter Jackson's film about a real murder in 1950s New Zealand as 'true invention' allows for a rich exploration for how important understandings of 1950s history can emerge through this semi-fictional, slippery medium. This concept could also be a useful tool for us as readers to untangle the hilariously snarled relationship between representation and reality that Hardy marvellously unwinds for us by simply asking what on earth is 'real' about a 'reality TV' show that purports to 'recreate' history. Although the production process of this show did in fact produce some fairly significant moments of 'true invention'—the painstaking research that went into understanding exactly what medical resources an isolated outback family a century ago would have had access to, the occasionally vivid tribulations that the cast experienced dealing with long skirts and sewn 'rag' sanitary pads—the outcome is revealed as hopelessly confined to the contemporary realm.

Conclusion

It is very important to remember that many audience members do take away the messages intended for them in health promotional media. And this media can be empowering, whether it provides a source of extra knowledge that can potentially be brought into the physician-patient encounter or whether it simply provides the patient with an additional sense of control simply by knowing and understanding, as has sometimes been the case with invasive procedures.[18] This volume maintains the tension between the stance of advocates and that of critical social scientists, between valuing the efforts and results of media-based health promotion and interrogating the practices and assumptions within the production and consumption of ideas about health and medicine in the media, including those about the objectivity and altruism of medicine. The necessary intimacy of media and medicine in our hyper-capitalist, therapeutically-consuming society indicates that this tension will continue to stand at the heart of the social relations of health in the future.

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[1] See Sander L. Gilman, *Disease and Representation: Images of Illness Form Madness to Aids* (Ithaca, NY: Cornell University Press, 1988); Jacobus ****????; Ludmmilla J. Jordanova, *Nature Displayed: Gender, Science, and Medicine, 1760-1820: Essays* (London: Longman, 1999) (this Jordanova book???).

[2] Nancy Tomes, "Epidemic Entertainments: Disease and Popular Culture in Early Twentieth-Century America," *American Literary History* 14, no. 4 (2002): 625-52.

[3] Catherine Belling, "Reading the Operation: Tv, Realism, and the Possession of Medical Knowledge," *Literature and Medicine* 17, no. 1 (1998): 1-23.

[4] For Kildare see Joseph Turow, *Playing Doctor: Television, Storytelling, and Medical Power* (New York, NY: Oxford University Press, 1989).

[5] See, for example, Roslynn D. Haynes, *From Faust to Strangelove: Representations of the Scientist in Western Literature* (Baltimore, Md: Johns Hopkins University Press, 1994).

[6] Alex Broom, "'Virtually Healthy': The Impact of Internet Use on Disease Experience and the Doctor-Patient Relationship," *Qualitative Health Research* 15, no. 3 (2005): 325-45

[7] Candace Cummins Gauthier, "Television Dramas and Popular Film as Medical Narrative," *Journal of American Culture* 22, no. 3 (1999): 23-51.

[8] Donna Heller, "States of Emergency: The Labors of Lesbian Desire in *Er*," *Genders*, no. 39 (2004).

[9] See, for example, Deborah Lupton, "Gp: A Postmodern Drama," *American Journal of Communication* 22, no. 2 (1995): 108-02.

[10] See the collection of medical advertising in North American newspapers presented at *Medicine and Madison Avenue*, at http://scriptorium.lib.duke.edu/mma/.

[11] Ray Moynihan and Alan Cassels, *Selling Sickness: How Drug Companies Are Turning Us All into Patients* (Sydney, NSW: Allen & Unwin, 2005).

[12] Paul S. Boyer, *Urban Masses and Moral Order in America, 1820-1920* (Cambridge: Harvard University Press, 1978).

[13] T.J. Jackson Lears, "From Salvation to Self-Realization: Advertising and the Therapeutic Roots of Consumer Culture, 1880-1930," in *The Culture of Consumption: Critical Essays in American History, 1880-1980*, ed. Richard Wightman Fox and T.J. Jackson Lears (New York: Pantheon, 1983), 1-38; T.J. Jackson Lears, "American Advertising and the Reconstruction of the Body, 1880-1930," in *Fitness in American Culture: Images of Health, Sport, and the Body, 1830-1940*, ed. Kathryn Grover (Amherst, MA: University of Massachusetts Press, 1989), 47-66.

[14] See also Kristin Ross, *Fast Cars, Clean Bodies: Decolonization and the Reordering of French Culture*, An October Book (Cambridge: MIT Press, 1995).

[15] Claire Hooker and Simon Chapman, "'Our Youth Must Be Protected from Drug Abuse': Talking Tobacco Control in the New South Wales Parliament, 1960-2000," *Health & History* (forthcoming).

[16] Crystal Cooper, Debra Rofer, and Alan Langlieb, "Using Entertainment Television to Build a Context for Prevention News Stories," *Preventive Medicine* 31, no. 3 (2000): 225-31.

[17] Lester Friedman, *Cultural Sutures: Health and the Media* (Durham, NC: Duke University Press, 2004).

[18] Catherine Pelling, "Reading the Operation: TV, Realism, and the Possession of Medical Knowledge," Literature and Medicine 17, 1, 1998