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Holding Death at Bay vs. Prolonging Life: Indexing Fatalism and Optimism in the Ideology of Health, Genetics, and Family History in the U. S. and South Korean Media

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Abstract

Media discourse creates and shapes views of personhood, of possibilities, of wellness, and at the same time, these views and beliefs, in their turn, shape media discourse. Broadcasts of health-related edutainment programs and advertisements are rich sources for the discovery of stances concerning health and illness. We examine media discourse in the United States and South Korea, and uncover consistent indexical patterns pointing to overall ideologies of fatalism in the U.S. and optimism in South Korea. Specifically, from an indexicality-based perspective, we identify the patterned ways in which the ideologies of fatalism and optimism are indexed with regard to agency and stance. We provide evidence of the culturally distinct patterns of discourse that construct health and illness in the U.S. and South Korean media. In the U.S., heart disease and cancer are threats, medicines are omnipotent, and physicians, omniscient. “Death” is explicit and medicines and physicians hold it at bay. Korean discourse frames “life” as explicit underscoring efforts by doctors and medicines to prolong and enhance it. Implications associated with public health discourses employing diverse discursive strategies are discussed.

Keywords

Media Discourse, Discourse Analysis, Indexicality-Based Perspective, Health Discourse, Optimism, Pessimism, US and South Korea

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Both authors contributed equally to this study.

Holding Death at Bay vs. Prolonging Life: Indexing Fatalism and Optimism in the Ideology of Health, Genetics, and Family History in the U. S. and South Korean Media

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Media discourse creates and shapes views of personhood, of possibilities, of wellness, and at the same time, these views and beliefs, in their turn, shape media discourse. Broadcasts of health-related edutainment programs and advertisements are rich sources for the discovery of stances concerning health and illness. We examine media discourse in the United States and South Korea, and uncover consistent indexical patterns pointing to overall ideologies of fatalism in the U.S. and optimism in South Korea. Specifically, from an indexicality-based perspective, we identify the patterned ways in which the ideologies of fatalism and optimism are indexed with regard to agency and stance. We provide evidence of the culturally distinct patterns of discourse that construct health and illness in the U.S. and South Korean media. In the U.S., heart disease and cancer are threats, medicines are omnipotent, and physicians, omniscient. "Death" is explicit and medicines and physicians hold it at bay. Korean discourse frames "life" as explicit underscoring efforts by doctors and medicines to prolong and enhance it. Implications associated with public health discourses employing diverse discursive strategies are discussed. Keywords: Media Discourse, Discourse Analysis, Indexicality-Based Perspective, Health Discourse, Optimism, Pessimism, US and South Korea

Media discourse creates and shapes views of personhood, of possibilities, of wellness, and at the same time, these views and beliefs, in their turn, shape media discourse. Public health discourses across cultures shape audience understanding of health and disease and they employ different strategies that contribute to audiences' perceived risks and threats of health issues. Media discourses in health-related edutainment programs and advertisements can therefore be rich sources for the discovery of culturally divergent stances and ideologies of agency concerning health and illness. In the present study, we elucidate the various ways in which the respective ideologies of fatalism and optimism are indexed in the multiple instances of public health discourse. Specifically, from an indexicality-based perspective, we focus on public health discourse in U.S. and South Korean media and we identify the patterned ways in which ideologies of fatalism and optimism are indexed with regard to agency and stance.

Literature Review

Fatalism in the Health Context of the U.S.

Since public health communication designedly aims to influence people's attitudes or behaviors, it runs the potential risk of interfering with personal freedom and thus violating respect for autonomy (Guttman, 2000). In terms of health beliefs affecting media health discourses, the influence of fatalistic beliefs should be considered significant in relation to audience autonomy and control. According to Lee, Niederdeppe, and Freres (2012), "Fatalism is an outlook that events are controlled by external forces and humans are powerless to influence them" (p. 486). In the context of cancer communication, Jensen et al. (2011) also

define fatalism as an individual's thought that nothing can be done to influence the results of a situation.

According to the literature, media coverage and framing¹ have contributed to fatalism toward health outlooks in U.S. society (see Angell & Kassirer, 1994; Jensen 2008; Jensen et al., 2011; Nelkin & Lindee, 1995; Parascandola, 2000). This tendency goes back to the 70s when Greenberg (1975) criticized optimism in cancer coverage. Greenberg (ibid) argued that the general public had developed exaggerated expectations about curing and surviving cancer due to unrealistically optimistic representations in the media: Despite two decades and several billion dollars expended on research for cancer cures, official figures on trends in five-year survival rates did not provide foundations for the degree of optimism that characterized media discourse. This skewed view of optimism in U.S. health discourse may have influenced the American media landscape in the later decades.

In the context of health communication research, studies on fatalism have mostly focused on cancer. Cancer fatalism is a specific type of fatalism, essentially the belief that an individual can do nothing to prevent or treat the disease (Jensen et al., 2011; Powe & Finnie, 2003). Cancer fatalism is conceptually defined as "the belief that death is inevitable when cancer is present," (Powe & Finnie, 2003, p. 454). According to scholars, the characterization of these fatalistic beliefs can be better described by a sense of pessimism, helplessness, and confusion (Lee, Niederdeppe, & Freres, 2012; Niederdeppe & Gurmankin Levy, 2007). News coverage has also been linked to fatalistic reactions to reports on disease, primarily cancer. News coverage that includes qualifications and explicit limitations of scientific studies is referred to as *hedged* (Crismore & Vende Kopple, 1988; Jensen 2008; Jensen et al. 2011). Unqualified and unmitigated expressions of certainty in news coverage is referred to as *streamlined* (Jensen 2008, Jensen et al., 2011). The differences between hedged and streamlined media coverage have also been investigated in the context of fatalism as a reaction to cancer. Several scholars analyze news coverage in the US and found that the tendency of streamlined news coverage of cancer might cause reactions of fatalism (Brody, 1999; Russell, 1999; Slenker & Spreitzer, 1988). According to Brody (1999), streamlined articles frequently cause apparent contradictions between research findings, thus cultivating fatalistic beliefs on the part of the audiences that research findings have no effect on health outcomes. Nevertheless, cancer news stories are often exemplified as devoid of hedging (Reynolds, 2001; Russell, 1999). Consistent with past criticisms of streamlined cancer news (Brody, 1999; Russell, 2001), Jensen et al. (2011) find that participants exposed to hedged cancer news reported feeling less fatalistic than their peers (Niederdeppe, Fowler, Goldstein, & Pribble, 2010).

Furthermore, the understanding of health is significantly influenced by the types of media discourse that reveal scientific uncertainty, potentially leading to fatalistic belief systems with regard to illness and disease. Although many kinds of health issues and diseases are not free from scientific uncertainty presented in media discourse, people's lay understanding of genetics and family health history is one of the most evident examples. Genetic determinism identifies genes as "the sole relevant causal feature of an individual's characteristic and life courses" (Condit, Parrott, & O'Grady, 2000, p. 558). Genetic discourses reflecting genetic determinism are already rampant in the media in diverse forms. Genetic determinism can thus be understood as a frame of fatalistic media health discourse as well.

¹ "Framing" is a term used in mass media discourse that refers to the process of "communicating text or messages to promote certain facets of a "perceived reality," and make them more salient in such a way that endorses a specific problem definition, causal interpretation, moral evaluation, and/or a treatment recommendation" (Entman, 1993, p. 51). This concept is rooted in Goffman's (1974) construct of "frame" as "schemata of interpretation" that enable individuals to "locate, perceive, identify, and label" occurrences or life experiences.

Genetic determinism induces fear by functioning as a threat to individuals and families inheriting particular genetic conditions. Scholars (Condit, Ofulue, & Sheedy, 1998; Lippman, 1992; Peters, 1997) have pointed out a number of problematic characteristics of a public ideology concerning genetic determinism caused by increased public attention to genetics. Various social critics (Andrews, 1999; Nelkin & Lindee, 1995; Rothstein, 1999) have suggested that overly deterministic attitudes might lead to inappropriate behaviors (Parrott, Silk, & Condit, 2003). In the medical realm, Parrott, Silk, and Condit (2003) argue, “individual beliefs that genes determine disease may negatively impact confidence associated with the ability to improve health through personal action, or self-efficacy, as well as belief in the efficacy of medical interventions, or response efficacy” (p. 1099). Furthermore, Nelkin and Lindee (1995) discuss the problems of genetic essentialism in the mass media, and illustrate the deterministic and discriminatory discourse concerning genetics, which help make ambiguity or uncertainty about genetic inheritance become a truth. This kind of public discourse may cause risks interfering with personal freedom or violations for respect for patients’ autonomy as Guttman (2000) indicates. Therefore, with regard to the influences of fatalism and scientific uncertainty in media, autonomy and control are the most important ethical issues to be considered.

Recent research on health discourse in South Korea has centered primarily on news framing with a focus on newspapers and TV broadcasting on a number of health issues such as dementia, breast cancer, and the H1N1 virus (Bae, 2012; Jung, 2011; Kim, 2010; Yeon, 2012). These studies investigate health news framing by focusing on a wide variety of news framing styles such as reporting attitude (Yeon, 2012), episodic/thematic frames (Bae, 2012), medical and human interest frames (Jung, 2011), and frames concerning public agenda, disaster recognition and economic results (Kim, 2010). While no close, discourse analytic research on health discourse has been conducted as yet, quantitative and content analytical results in the few studies that have been done do point to a more optimistic view of health and medicine in South Korea than in the West.

Stance and Agency in Public Health Discourse

The presentation of fatalism and scientific uncertainty in media health discourse can be examined with respect to stance and agency influencing the individual autonomy of consumers of media discourse. Specifically, issues concerning audience autonomy are essentially related to the dynamics of power and control, which can be linguistically analyzed in the light of agency.

Research Questions

As a Korean PhD candidate studying health communication in the U.S., Soo Jung Hong has explored health beliefs such as genetic determinism and cancer fatalism, scientific uncertainty, and public health discourse using both qualitative and quantitative research methods, and has investigated cross-cultural differences in health discourse especially between the U. S. and South Korea. Susan Strauss is an applied linguist specializing in linguistic anthropological and discourse analytic interfaces between discourse and culture, with a specialization in both U.S. American English and Korean discourse.

Based on our common interests in health discourse, language, stance, and culture, we set out to investigate the following: “What are the linguistic/discursive differences in public health discourse between the U.S. and South Korea and what are the implications embedded in those differences?” This initial query led to our research questions.

RQ 1: What are the functions of stance and agency in the media discourses of health, genetics and family health history in the U.S. and South Korean TV health programs and other instances of public media in the U.S. and South Korea? What are the specific linguistic markers that index stance and agency and how do these linguistic instantiations of position (stance) and responsibility (agency) construct and create personal and national ideologies with regard to illness and relative potential for curing illness?

RQ 2: What are the differences in stance and agency revealed in the discourse between the two cultures? What are the implications of these differing discursive strategies in each culture?

Methods

Discourse Analysis: Indexicality, Agency, and Stance

Our qualitative investigation into the discourse of health, illness, medicine, and death as portrayed in the various media representations of the two countries was broadly driven by our definitions of discourse and stance. “Discourse is the social and cognitive process of putting the world into words, of transforming our perceptions, experiences, emotions, understandings, and desires into a common medium for expression and communication...” (Strauss & Feiz, 2014, p. 1). As such, discourse serves to “verbally calibrate” (Du Bois, 2011) our thoughts and perceptions, our views of reality and our beliefs—“Nothing in discourse is neutral” (Strauss & Feiz, 2014, p. 3).

We employed an inductive, step-by-step, macro-micro-macro approach to discourse, whereby the macro level (e.g., general surface level) meaning of a text or interaction is both created and shaped by the micro-level instances of words, phrases, expressions, tones of voice, and, where relevant, silences, gestures, grimaces, and other accompanying semiotic media (e.g., Blommaert, 2015; Strauss & Feiz, 2014; van Dijk, 2008).

We appeal to the notion of indexicality, where meaning is created through not simply the so-called literal meanings of words, but through the interweaving of what is said, how it is said, and the implicit level of meaning (Ochs, 1996; Silverstein 1976, 1996; Strauss & Eun, 2005; Strauss & Feiz, 2014; Strauss & Youn, 2012). Indexicality rests in the domain of semiotics, where meanings and ranges of meanings transcend the literal, so-called “objective” meanings of words and extend to symbolic and figurative associations of words and meanings created by individuals and societies in context. Ochs (1996) discusses indexicality and indexical reference as the interactional substance through which “language practices encode and socialize information about society and culture” (p. 409).

Of course, words and linguistic expressions carry semiotic meaning—but those meanings shift and change and expand and contract as they are used in contexts. “Cholesterol” is one such topic-relevant word. The objective, scientific meaning of “cholesterol” refers to the fatty substance found in the body’s cells. In the context of health discourse, however, “cholesterol” takes on altogether new meanings. Contextually situated expressions like “good/bad cholesterol” and “high/low cholesterol” might index not only states of cardiovascular wellness and risk, but also specific types of dietary practices, emotional panic, or a sense of relief. Such expressions even appear discursively to denote inalienable, personal characteristics through the use of possessive determiners, for example, “my good cholesterol,” “my bad cholesterol.”

In this research, we take an indexicality-based approach to *stance* and *agency* in terms of how both forces pattern in the discourse of health under investigation. We define *stance*

here as: “the speaker’s or writer’s feeling, attitude, perspective, or position as enacted in discourse,” (du Bois, 2007; Ochs 1990, 1992, 1996; Strauss & Feiz, 2014, p. 275), made visible through a wide array of linguistic choices. *Stance* is often sub-categorized into epistemic stance (i.e., degree of speaker/writer certainty; see Biber & Finegan, 1989; Chafe & Nichols, 1986; Ochs, 1996) and affective stance (i.e., moods, feelings, and degrees of implicit or explicit emotional involvement; see Besnier 1990, 1993; Goodwin & Goodwin, 2000; Ochs, 1996).

Agency is defined as “the property of ...entities (i) that have some degree of control over their own behavior, (ii) whose actions in the world affect other entities’ (and sometimes their own), and (iii) whose actions are the object of evaluation (e.g., in terms of their responsibility for a given outcome” (Duranti, 2004, p. 453). Ahearn (2001) points qualitatively oriented scholars who study agency “to look closely at language and linguistic form” (p. 109).

In the discourse of health and wellness, micro level indices of epistemic stance, affective stance, and agency reveal the respective viewpoints of each sociocultural group under investigation with respect to such questions as: Who or what is responsible for the overall health of the people? Who or what is responsible for causing illness and for curing illness? How do these varying perspectives of agency shape audience/consumer perceptions of medicine and medical practitioners in each country? And how do such perspectives lead to ideologies of personal control or despair over individual issues of health and wellness?

Data

The data for this project consist of the following: (1) 120 minutes of Television discourse: 60-minute episode of a popular TV medical advice program aired in the United States, *The Dr. Oz Show*, and a 63-minute episode of a popular TV medical advice program aired in South Korea, **비타민** *Vitamin*², (2) television- and internet-based ads for over-the-counter medications from the U.S. and South Korea, (3) television- and internet-based advertising for prescription statin drugs in the U.S., and (4) cigarette warning labels from both countries. We summarize these in Table 1.

We selected the data for multiple reasons. We chose the two TV medical advice programs based on the health issue (family health history communication) and the type of TV show to compare them to each other. *The Dr. Oz Show* is the Emmy Award-winning, nationally syndicated TV health Show in the US. *The Dr. Oz Show* analyzed in this study was aired on December 12, 2011 on PBS. The program selected for this study was the third step of *Dr. Oz*’s campaign *Transformation nation: million dollar you*, which was developed for audiences’ health promotion and disease prevention. *Vitamin* (**비타민**) is a South Korean TV infotainment show, which is one of the oldest (since 2003), and the most popular and famous TV health Show in South Korea. This show is currently being aired through KBS2 every week. The program analyzed for this study was aired on August 11, 2011 as the 400th special program. Both programs selected for this study are representative TV health advice programs in the two countries. We also selected television- and internet-based ads for over-the-counter medications from both countries to complexify our investigations of the differing discursive strategies in each culture concerning fatalism vs. optimism and instantiations of agency, all as related to health and illness. We analyzed cigarette warning labels based on the same rationale. In addition, although television- and internet-based advertising for prescription statin drugs are available only in the U.S., they were selected because we find that the discourse of those

² The program name is **비타민**. It is Romanized for the program as *Vitamin*, and pronounced *bee ta meen* in Korean.

advertisements served as an excellent parallel in the analysis of agency and stance in health-related public media.

For the data collection of this study, the first author transcribed the parts of the two TV programs described above, and television- and internet-based ads for over-the-counter medications and statin drugs. After transcribing the data, the first author translated the Korean transcription of *Vitamin* and ads for over-the-counter medications into English. The cigarette warning labels from the U.S. and South Korea are available (with translations) from Wikipedia and were part of the second author's database on health discourse.

Table 1. Media Discourse Data Sources

Quantity	United States	Quantity	South Korea
<u>TV Edutainment shows</u>			
1	<i>The Dr. Oz Show</i> : “Dr. Oz’s Transformation Nation: Million Dollar You – Step 3: Learn your family health history” PBS (Dec. 12, 2011)	1	비타민 (<i>Vitamin</i>) 400th episode special: “Doctor Show! 100 doctors” (닥터쇼! 100 인의 의사들) (Aug. 17, 2011) – KBS II 63 mins.
<u>TV commercials over the counter medicines</u>			
7	Tylenol (pain reliever)	7	Tylenol (pain reliever)
3	Bayer aspirin	3	Bayer aspirin Protect
5	Zyrtec	5	Zyrtec (allergy medicine)
<u>Pharmaceutical ADs for Rx medications⁵</u>			
2	Lipitor (statin drug)		n/a
3	Crestor (statin drug)		n/a
3	Plavix (statin drug)		n/a
<u>Product Packing</u>			
1	Cigarette warning labels	1	Cigarette warning labels

Data Analysis

The data that we use in this study involve hybridized genres of persuasive discourse: (1) edutainment programs, where so-called factual information about interpersonal relationships, society, and health is imparted by experts and celebrities in lay terminologies mixed with humor and infused with intensified emotion. In-studio audience members are positioned at once as addressees and overhearers—applauding, nodding, grimacing, gasping, agreeing, and laughing as they receive new and important facts about themselves and the world, through video and visuals and overheard questions and answers; (2) television commercials for over-the-counter medications—mixing elements of scientific “fact” with bits of ailment narratives, dramatic recreations of illness and suffering, or designedly overheard conversations between experts and laypersons; (3) pharmaceutical ads for prescription medications (for the U.S. only)—mixing larger doses of science with fragments of consumers’ everyday lives, all designed for viewers to initiate conversations with medical professionals to determine whether that prescription is right for them—whether or not they actually suffer from the ailment that such medicine is designed to target; and (4) warning labels from government agencies that appear in print on cigarette packaging. All of these datasets present elements of “fact” and versions of “truth,” all intertwined with personal, expert, and lay viewpoints about illness and medicine and who can do what to achieve wellness or hold death at bay.

The macro-micro-macro approach that we employ here to uncover latent social ideologies in discourse parallels the work of Bucholtz (2009, 2011), Du Bois (2007), Jaffe (2009), Johnstone (2009), Irvine (2009), Ochs (1990, 1992, 1996), Strauss and Eun (2005; 2012), Strauss and Feiz (2014) with regard to stance, and the work of Ahearn (2001), Al Zidjaly (2009), Duranti (2004), Wertsch, Tulviste, and Hagstron (1993) with regard to agency.

We began our study with a macro level examination of the discourse in the TV program episodes from each country, noting the general stances expressed by each of the participants regarding health issues, disease, wellness lifestyles, genetics, medications, and death. We were struck by our initial observation of the distinct stances in the TV programs of each country, whereby the U.S. program seemed to convey darker, more fatalistic messages about health. We then added more data to our collections, that is, television commercials for and website descriptions of over-the-counter and prescription medicines, as well as health warnings from cigarette labels.

The primary difference in the ideologies concerning health and illness as reflected in the data consistently concerned the sense of “control” and “power” over one’s health or a lack thereof. For example, in the U.S. television broadcast, genetics, especially as it relates to heart disease and diabetes, was broadly framed as the most powerful factor negatively associated with longevity and quality of adult life: A family history of heart disease and diabetes is a clear link to early death. Genetics was framed as a negative force and individuals with certain genetic pre-dispositions were framed as powerless in the face of that force. In contrast, in the South Korean broadcast, genetics was consistently framed as a positive factor, where individual knowledge of genetic predispositions gives power to the individuals to save their own lives and the lives of their children.

Having uncovered this competing orientation toward the power of genetics in each broadcast, as a supremely negative force in the first U.S. dataset and a supremely positive force in the South Korean dataset, we structured the focus of our analysis in all datasets on the concept of agency. We set out to discover more precisely the ways in which systematic patternings of micro-level components of words, expressions, visuals with facts and figures, and even symbolic uses of in-studio audience participation worked to reflect the concept of agency (or lack thereof) from the point of view of the individual, the medical practitioner, and medicines.

Linguistic indices of agency include transitive verbs, that is, verbs that involve both a “doer” of the action and an object as the recipient of that action (Ahearn, 2001; Duranti, 2004; Strauss & Feiz, 2014). Examples of micro level indices of agency and control from our datasets include such verbs as *kill*, *save*, *protect*, *prescribe*, *prevent*, *make* [sick, disabled], and even *strike*. (Guest on the *Dr. Oz Show* discussing personal health history “I care about *protecting* people from the things that are most likely to *kill* them or *make* them *sick* or disabled;” Bayer aspirin commercial: “Bayer [aspirin]... actually helped save her life;”

We conducted a search of transitive verbs, listed them, and indicated in our analysis precisely who or what appeared as the subjects of those transitive verbs to more deeply ascertain the socio-cultural implications of the discourse. An examination of the verb types in conjunction with the subjects of those verbs reveals much about agency in terms of who and/or what are positioned as powerful and/or potentially in control: the individual’s genes?, the individual him/herself?, the doctor?, the medicine? This perspective underlies our discovery of the connection between agency and the tensions between fatalism and optimism.

Given the persuasive emphasis of each program, we built into our analysis a focus on epistemic and affective stance marking. We searched the databases for linguistic markers of epistemic stance, including epistemic modals of possibility and certainty (e.g., can, could, must, should, might) as well as quotative expressions, where facts, figures, and expert opinions are appealed to and relied on, for example, Dr. Oz: “...learning your family’s history **could** save your life;” Plavix commercial: “another heart attack **can** be lurking, waiting to strike;” Crestor commercial: “...Now *medical information comes along*, and that *says* you may need to get your bad cholesterol even lower. Now, what do you do?” This inventory revealed sharp contrasts with the South Korean epistemic marking of knowledge, beliefs, and agency with regard to personal control over one’s health vs. the control afforded to medicines and doctors

as in the U.S. discourse, for example, “What must I do? / What must we do? / What must you do? to protect your family from heart disease?” Through our focus on linguistic expressions of epistemic stance marking, we discovered the South Korean tendency to appeal to logical reasoning and the expectations that South Korean viewers will use the information provided by ratios and probabilities to decide how to manage their own and their families’ health.

Closely tied to both agency and epistemic stance in the persuasive discourse of health and medicines is the category of affective stance marking. Indexical expressions of agency and epistemic stance combine to stir up emotions among the U.S. and South Korean viewers. Emotions related to hope, fatalism, illness and death are inextricably linked to this discourse. We also identified the concept of *trust* and *trustworthiness* as a common theme in the medicine commercial discourse, revealing distinct socio-cultural patterns between the U.S. data and the South Korean data.

In all, our analysis of linguistic markers of agency, epistemic stance, and affective stance reveals volumes with respect to such questions as: Is it possible for individual viewers and private citizens of each nation to take control of their own health? And, who persuades the audience to take action in terms of their own health management, and how?

Results

We take as a departure point the idea that discourse is dually a social and cognitive practice (Fairclough, 1995a, 1995b, 2001, 2003; Hodge & Kress, 1993; Strauss & Feiz, 2014; van Dijk, 1984, 1987, 2008). All of our experience, every moment of every day, is created by discourse—in interaction with family, with friends, at work, in institutions, in government. Discourse expresses, creates, and transforms reality. And in its turn, reality creates and transforms discourse. While we focus on stance and agency revealed in the public health discourse of both countries, we organize this result section based three important themes that can be explained by both stance and agency: (1) indexing fatalism, fear, option and hope; (2) affective threat vs. epistemic challenge; and (3) differences in trusting medicine between the U.S. context and the South Korean context.

The Dr. Oz Show and **비타민 (Vitamin)**: Indexing Fatalism, Fear, Optimism, and Hope

Both *The Dr. Oz Show* and **비타민 (Vitamin)** are reality-based TV “edutainment” (Addis, 2005; Ito, 2006; King, 1993; Wolf, 1999) programs addressing real-world issues with expert and celebrity guests and an in-studio audience. In the segments selected for this project, Dr. Oz and his guests focus on the *prevention of death* as it relates to disease and lifestyle according to one’s personal health history (e.g., “*your family health history could save your life*”). The utterance is based on the assumption of death as a given. In contrast, the hosts and celebrity/expert guests in **비타민 (Vitamin)** focus on the facts behind one’s health history as a means of *promoting health* (e.g., *저는 제 아이의 건강을 위해 집안의 질병내력 알려주기를 합니다* “I tell my children our family health history *for the sake of their health.*”) On the one hand, the bid is to learn one’s health history to prevent death. On the other, it is to learn one’s history and pass on that knowledge, to preserve life, and to do so beyond the current generation. The Korean program **비타민 (Vitamin)** has the health of future generations in mind. This tone of optimism in Korean media discourse remains in consistent juxtaposition with the tone of fatalism in the U.S. discourse.

Excerpt 1 illustrates how fatalism and agency are indexed through discussions of health history. Note the preponderance of lexical items that explicitly mention life and death issues: “could save your life,” “the gift that might just save your life,” “the things that are most likely to kill them,” “the leading preventable cause of death.”

Excerpt 1: *Dr. Oz Show*

((One of Dr. Oz’ guests is Dr. Thomas Frieden, the Director of the Center for Disease Control and Prevention and the Administrator of ASTDR (Agency for Toxic Substances and Disease Registry. The “Million Hearts” initiative that Dr. Frieden refers to is a partnership between the federal government and private industry to prevent 1,000,000 heart attacks by the year 2017)).

Dr. Oz: I truly believe that learning your family’s health history **could save your life**. [...] Let me show you why it’s so important. [...] **It’s the gift that might just save your life**. [...]

Dr. Frieden: I care about protecting people from the things **that are most likely to kill them** or make them sick or disabled. Heart attack **is the leading preventable cause of death** in this country and that’s why we released A Million Hearts.

Further, tones of *uncertainty* expressed by epistemic modals of doubt *could* or *might* (*just*) collocate with saving life or preventing death: “*could* save your life” or “*might just* save your life.” Tones of *certainty* expressed by the adverb “most likely” or the unqualified equative construction with the bare copula “be,” that is, X *is* Y, collocate with death by disease: “the things that *are most likely* to kill them” and “Heart attack *is the leading preventable cause of death*.”

This episode of *The Dr. Oz Show* opens with Dr. Oz’s request that everyone in the audience rise and remain standing. Dr. Oz then tells the audience to sit down, if they or someone in their family meet certain disease-based criteria. Groups of audience members sit back down at each mention of each disease. Within seconds, a noticeably small handful of audience members are standing. Excerpt 2 illustrates this:

Excerpt 2: ((Opening of the show))

Dr. Oz: OK, I wanna ask you all ta do a favor for me. I wantcha all ta stand, if ya don’t mind. Stand up. ((Pause. Everyone stands up)).

Now. (.) If you::^ (.) have a family member or **if you yourself have heart disease, I want you ta sit down**. ((motions with palm-down stroke to sit))

((Some people sit down)).

If you or a family member or relative had ca^ncer, please sit down. ((gesture to sit down))

((Some people sit down)).

If you or a family member have diabetes, (.) please sit down. ((gesture))

((Some people sit down. Now, almost everyone in the audience is seated)).

I mean, that's remarkable... **most of the audience- It looks like we have a healthy strain here ((pointing to a pocket of individuals who did not sit down))**. Are you guys are all related?

Group still standing: yes, yes, yes ((humorously—they are not related))

((entire audience laughs))

Dr. Oz: But just about e[^]veryone has a family history that includes (.) one of those three major problems. And each and every one of us has to keep track of it. Please have a seat ((to the audience members still standing)). That's the important thing what we are doing in our show today. **Your family's health histories give you one of the most powerful screening tools.**

The program opens with an embodied, metaphorical enactment of living, of being visible and countable, and of then fading away, individual by individual, group by group, leaving a conspicuously small handful of people standing. The visual effect is chilling. One by one, audience members disappear, at the rhythmic mention of each of “those three major problems: heart disease and then cancer and then diabetes. Dr. Oz immediately links this enactment to “family health history” as if we, the TV viewers, have just witnessed the gradual and systematic death and disappearance of human beings due to three possible conditions in one's family health history—a purportedly powerful screening tool that just may be the key we need to “save our own lives.” But is it?

The South Korean TV program, *비타민 (Vitamin)*, provides a striking parallel, as shown in Excerpt 3. Here, the topic is nearly identical, that is, family health history. However, instead of it being compared to a “tool” to save one's life (or prevent death), it is a valuable resource for our *children's health*. That is, family health history is referred to as containing crucial information that must be imparted to children *to preserve their health and the health of their children*.

The segment is presented in a quiz-like format. This episode of *비타민 (Vitamin)* has three MCs, professional expert guests (e.g., medical doctors with varying specialties), and guests from the entertainment industry (e.g., comedians, singers, etc.). The quiz activity involves a portion of a statement being produced, with the “answer” expected to be filled in by a contestant. The blank part of the statement, that is, the answer, is signaled by a “beep” sound, as noted in the transcript.

Excerpt 3: ((Dr. Oh is one of the professional guests. He is an expert in family medicine. The male voice is that of an unseen announcer who provides commentary about ongoing interactions.))

Male voice: 과연 오한진 교수가 아이의 건강을 위해 꼭 하는 것은 무엇일까?

“And the thing that Dr. Oh does **for the sake of (his) children's health, no matter what is:_____?**”

Dr. Oh: 저는 제 아이의 건강을 위해 “BEEP” 합니다.

“I do ”BEEP” for my children’s health.”

((skipped lines))

Dr. Oh: 저는 제 아이의 건강을 위해 집안의 질병내력 알려주기를 합니다.

“I tell my children our family health history for the sake of their health.”

Male Voice: 그렇다! 정답은 아이의 건강을 위해 꼭 집안의 질병내력을 알려주는 것!

“Right! The answer is to tell the children their family health history for the sake of their health!, no matter what.”

The excerpt reveals multiple discursive patterns. First, at the most basic level, it reveals the practice of “preserving health” and longevity, and establishes a sharp contrast between Korean optimism and U.S. fatalism. Secondly, it reveals how Korean audiences are positioned as thinking, agentive beings. The quiz format of this portion of the show indexes an assumption of intelligence and choice-/decision-making ability on the part of the TV producers with respect to Korean audiences. Contestants are asked to listen and learn and fill in blanks, with active learning assumed to promote active change.

The excerpt also reveals the subtle mechanism whereby South Korean public opinion is doubly shaped and calibrated through male voice-over narrators, who serve these programs to set the collective moral gauge and establish the moral expectations on the part of the television viewers. The voices of unseen narrators in Korean reality television programming often serve to calibrate public opinion, typically as a response (either in strong agreement or in sharp opposition) to some immediately on-going interaction, activity, or verbal comment in the broadcast. They ventriloquate the “standards of moral and appropriate collective reasoning” (Strauss & Youn, 2012).

The narrator’s turns in this excerpt sandwich the other turns. The content of his lines amplifies the message of the show via the emphatic deontic adverbial 꼭 “no matter what,” at the top layer (아이의 건강을 위해 꼭 하는 것은 무엇일까? “for the sake of children’s health, no matter what”) and again at the bottom layer, where he amplifies even Dr. Oh’s message with the identical emphatic form (그렇다! 정답은 아이의 건강을 위해 꼭 집안의 질병내력을 알려주는 것! “Right! The answer is to tell the children their family health history for the sake of their health, no matter what.”)

And finally, the excerpt reveals how the collective identities of the viewers are indexed through pronominal deictic shifts, where the line containing the blank answer (“BEEP”) to be filled in by a contestant is structured using first person singular reference. We find this construction (저는 제 아이 “I” “my children”) in both of Dr. Oz’s dialogue lines, and the reference actually has nothing to do with his personal life. That is, the meaning of this deictic indexical is actually *not* “I (do),” but “we (do),” and even more strongly “you should.” No such 2nd person morphology exists in either line, but it is well understood. The “I” of 저는 and the “my” of “my children” 제 아이의 index the collective “we” from the viewers’ perspectives and the collective “you” from the perspectives of the program addressing the viewers.

Essentially, Dr. Oz's two messages here are couched not in assertions or declaratives or fill-in-the-blank interrogatives. They are deontically instructional directives.

Affective Threat vs. Epistemic Challenge

The fatalistic ideology underlying the U.S. discourse is constructed through affective threats of fear. And the optimism underlying the South Korean discourse is constructed through epistemic challenges involving logic and math and choice making. Excerpts 4 and 5 from pharmaceutical ads for cholesterol lowering statin drugs (available in the U.S. by prescription only) reflect similar stances with regard to fear and fatalism. In Excerpt 4, note verbs like "lurking" and "waiting to strike" co-occurring with illness-based noun phrases like "heart attack" or "another heart attack," and the adjective "fatal." The drug is framed as "**protection against heart attack, stroke, and even death.**" "Plavix," the drug, is synonymous with protection, "protection that helps save lives."

Excerpt 4: Plavix Commercial

If you had a heart attack caused by completely blocked artery, **another heart attack could be lurking, waiting to strike.** A heart attack that's caused by a clot is one that **could be fatal.** But Plavix **helps save lives.** Plavix, taken with other heart medicines, goes beyond what other heart medicines do alone to provide greater **protection against heart attack, or stroke and even death,** by helping keep blood platelets from sticking together and forming dangerous clots. Ask your doctor if Plavix is right for you. **Protection that helps save lives.**

In contrast with the thinking, agentive audience indexed in South Korea, the U.S. audience is indexed as sensitive recipients of fear-filled messages and as passive recipients of medicines. As can be seen in this excerpt (and many other medicine ads), little work is necessary on the part of the individual to address his or her own illness and plan the cure. No need for power or discipline or control. The medicine will do it all.

Physicians are also framed as agents of change in an individual's fight against heart disease. It is the doctors and medicines that work together to combat illness. If fear is instilled, the doctor can allay it. Note how the combined agency of the physician and the medication are indexed in Excerpt 5, for Crestor.

Excerpt 5: Crestor

The doctor says with my medical history **my bad cholesterol needs to be lowered** and **he wants** my good cholesterol up. So **he put me** on Crestor. Crestor along with diet can lower the bad cholesterol and can also raise the good. Crestor helped get my cholesterol in line **with what my doctor wants.**

Here, the character in the commercial, a purported heart disease patient with a family history of high cholesterol is portrayed as being at the mercy of what his doctor "wants" and what his doctor "says." "He put me on Crestor." There is no need to think or weigh options. Simply listen and take a pill and let the medicine and medical professional do their jobs.

In contrast, the Korean viewing audiences are provided with data to analyze, choices to weigh. They are asked to do the math, figure things out, and make the best choices possible.

The discourse can be characterized as an epistemic challenge in contrast with the affective threats that permeate the U.S. data.

Excerpt 6 is from the *비타민 (Vitamin)* show. Once again, we hear the voice of the male narrator collectively gauging and calibrating the audiences' (i.e., both in-studio and TV viewers) understandings of heart disease. The voice presents facts and ratios and probabilities, based on family health histories of parents, again, with a focus on the *children*. He begins with probabilities of contracting high blood pressure based on one parent having it and then on both parents having it, repeating the same health history factors as they concern diabetes. The greatest probability of contracting any disease in the extract is 60%. That is, in the case of both parents having diabetes, the chances of the child contracting it are 60%. Interestingly, this numerical fact is presented with an epistemic modal of *possibility*, not *certainty*, that is, 60%까지 올라갈 수도 있다. “the chance could increase to 60%.”

Excerpt 6: *비타민 Vitamin*

Male voice: 대표적 (가족력) 질환인 고혈압의 경우 부모 중 한쪽이 고혈압이면 자녀가 고혈압에 걸릴 확률이 약 30%! 양친 모두일 경우 약 45%까지 발병 확률이 올라간다.

“In terms of high blood pressure, a typical family-related disease, **if one parent has the disease, the children’s chance of getting it is 30%. If both parents have high blood pressure, the chance increases to 45%.**”

Audience: ((canned audience response))

→ **Male voice:** 그리고 부모 중 한 쪽이 당뇨일 경우 자녀가 걸릴 확률은 약 20%! 양친 모두 당뇨일 경우 그 확률이 약 60%까지 올라갈 수도 있다.

In terms of diabetes, **if one parent has the disease, the children’s chance of getting it is 20%! If both parents have it, the chance could increase to up to 60%.**

Dr. Oh: 직계가족 중에 유방암, 직장암, 대장암, 위암 같은 것들은,

내가 걸릴 확률이 적어도 2 배에서 3 배 정도 높다는 것을 뜻합니다.

Cancers like breast cancer, rectal cancer, colorectal cancer, or stomach cancer among immediate family members implicate that **the likelihood of my getting those cancers are at least 2-3 times higher (than other people without this history).**

In this excerpt, the facts and figures and formulaic probabilities are introduced by the male narrator, in a seemingly objective, value-free tone. The verb endings appear in the most neutral of all verb forms, the declarative or plain form of the verb: 올라간다. “...the chances increase,,,” and 올라갈 수도 있다. “the chances could increase...” (Strauss & Youn, 2012).

³ Even though the clause contains a modal of possibility, the verb ending itself is quite neutral and objective in stance.

Dr. Oh, himself, reports on the probabilities of contracting various types of cancers based on other immediate family members' histories—with chances being at least 2-3 times higher. Again, the discourse reflects the same multi-layered deixis, where first person singular reference terms “I” and “my” (내가 걸릴 확률이 적어도 “...the likelihood of my getting those cancers...”) index *not* Dr. Oz nor any other individual, but the collective, generic group of viewers, and more broadly, South Koreans in general.

Yet, there is no discussion of death, in any form—not holding it at bay, not as a near certain outcome due to the “right combinations” of health risks. The word “death” or anything that implies its imminence is conspicuously absent here. And while probabilities are relatively high (i.e., 60%), it is only ten percent over the chances involved in the toss of a coin.

In excerpt 7, we observe the logic-building in *비타민 Vitamin*. Korean audiences are provided with numbers and facts. In the face of factual knowledge, they now must *do* something to improve their health, to prolong their lives and to maintain their families' health and well-being. Choices must be made. Efforts must be taken. In the Korean context, an individual is inherently connected to an “other,” typically family. In this excerpt, we hear the voice of the male narrator ventriloquating the anticipated collective question of the typical Korean viewer—the topic now centers on *agency*: What must “I” do?, meaning “what must *we* do?” and by further implication, “what *must you* do?” to protect one's health and one's family:

Excerpt 7: *비타민 Vitamin*

Male voice: 그렇다면 특정 질병으로부터 나와 내 가족을 지키기 위해 어떤 노력을 해야 할까?

“Then, what kind of particular effort must I take to protect me and my family?”

Dr. Oh: 우선 우리 집안에는 어떤 종류의 가족력이 있는지를 잘 알고 있어야 합니다. 그래서 그 가족력이 있는 질병을 확인하고 예방할 수 있는 방법을 취하시는 것이 좋고요, 따라서 의사선생님과 상의해서 주기적으로 검진을 받는 것이 중요하고 건강한 생활습관을 갖는 것도 중요합니다.

“First of all, you have to know what kind of family health history you have. And it's good to look into the diseases and prevent them. Therefore, it is important to consult your doctor and get regular check-ups, and it is also important to keep a healthy life style.”

Dr. Oh's response to the narrator's question designates steps that viewers must take to prevent disease and maintain a healthy life style. The verbs require *agency* -- 잘 알고 있어야 합니다 “you have to know your family history” and they require *urgency*. The actions that Dr. Oh underscores are important 주기적으로 검진을 받는 것이 중요하고 “regular check ups are important and it is also important to keep a healthy lifestyle”: 건강한 생활습관을 갖는 것도 중요합니다. Doctors are there for consultation and examinations. Still, there is

no mention of drugs or medicine. The *agency* and responsibility for health management rests with the consumer, the viewer, the patient.

Trusting Medicines: The U.S. Context and the South Korean Context

As we have noted in U.S. tendencies for health and wellness management, especially involving serious illness like cardiovascular disease, *agency* is relegated to physicians, to medical research, and to medicine. The three advertisements for the prescription-based statin drug, Crestor, illustrate:

Excerpt 8a: Crestor – **when** diet and exercise are not enough

I wish my patients could see what I see. That over time, having high cholesterol and any of these risk factors—diabetes, high blood pressure, family history of early heart disease can put evident increased risk of plaque buildup in the arteries. So it’s even more important to lower the cholesterol. **And that’s why when diet and exercise alone aren’t enough, I prescribe Crestor.**

Excerpt 8b: Crestor – **because** diet and exercise are not enough

Getting high cholesterol down is important. For some people, it’s even more important. If you have been to a doctor, good. If you are changing your diet and getting exercise, that’s excellent. You try just about everything. Now **medical information comes along**, and that **says** you may need to get your bad cholesterol even lower. **Now, what do you do?**

<http://www.youtube.com/watch?v=NxGhfnTCJyM> (date of access: May 4, 2013)

Excerpt 8c: Crestor – doctors know “what they want” for patients, patients concede—originally introduced as Excerpt 5.

The doctor says with my medical history **my bad cholesterol needs to be lowered** and **he wants** my good cholesterol up. So **he put me** on Crestor. Crestor along with diet can lower the bad cholesterol and can also raise the good. Crestor helped get my cholesterol in line **with what my doctor wants.**

<http://www.youtube.com/watch?v=Icfc dhRxLdc> (date of access: May 4, 2013)

The themes here are clear: medicine is the answer, because lifestyle changes are not—diet and exercise alone will not work. Doctors’ insights extend far beyond lay understandings of medicine: “I wish my patients could see what I see.” Something is happening in the human body that unequivocally points to the fact that “diet and exercise are not enough.” So, doctors have the answer: it’s medicine, and that’s why “I prescribe Crestor” (8a).

Medical information is powerful and metaphorically agentive—it can move and it can communicate: it “**comes along**” and “**says** you may need to get your bad cholesterol even lower.” And now, the health dilemma is posed: the feelings are fear and confusion and uncertainty “Now what do you do?” The answer is easy: Crestor (8b).

U.S. media discourse encourages an unconditional trust for medicine and for the physicians that prescribe them. If a *doctor wants a change in a patient’s lab results*, he *puts them on something*, and the patients comply. “...and he wants my good cholesterol up. So he put me on Crestor.”

There is an unspoken trust between patient and doctor, between doctor and medicine. It is the primary assumption that drives medical wellness in current media discourse in the U.S.

In contrast, a *mistrust of medicine*, especially over-the-counter medication, is indexed in the South Korean discourse. Korean Tylenol ads are replete with expressions such as 믿을 수 있다 “(we) can trust, (x) can be trusted,” underscoring the fact that consumers actually do *not* trust medicines, as reflected in Excerpts 9a and 9b. These commercials (and others) are structured around the concept of fast working effectiveness, an important characteristic of a pain reliever, as well as trustworthiness. The actors in the commercials are often well-known celebrities in the entertainment industry or extremely successful business executives. Trust is made explicit, in response to the unspoken mistrust of Western medicine in general:

Excerpt 9a –Tylenol: fast and trustworthy

- 동시 통역사: 통역, 통역은 빨라야죠.
 An interpreter: “Interpretation, interpretation **should be fast, right?**”
- 야후 코리아 이사: 인터넷도 빨라야 합니다.
 Yahoo Korea executive: “The internet **should be fast**, too.”
- 앤더슨 컨설팅 과장: 비즈니스, 믿을 수 있어야죠.
 Anderson Consulting exec: “Business should be trustworthy, right?”
- 방송인 정은아: 두통약도 믿을 수 있어야죠. **빠르고 믿을 수 있는** 타이레놀처럼요.
 “Headache pills should be trustworthy, too, right? like **fast and trustworthy** Tylenol.”
- Male voice: 두통엔 타이레놀이 좋습니다. 타이레놀.
 Male voice: “Tylenol is good for headaches. Tylenol.”
- 방송인 정은아: **빠르고, 믿을 수 있고.**
 Eun-A Jung (broadcaster): “**Fast and trustworthy.**”

<http://www.adic.co.kr/gate/video/show.hjsp?id=I64531> (date of access: June 10, 2013) Tylenol (2001)

Excerpt 9b –Tylenol: Not just *any* medicine [because some medicines you cannot trust]

((A woman is walking through the hallway to her office)).

- Co-worker: 점심은 뭘로 할까?
 “What do you want for lunch?”
- woman: 아무거나
 “Anything” (i.e., anything at all).
- Another co-worker: 뭐 마실래요?

“What will you have to drink?”
 woman: 아무거나
 “Anything” (i.e., anything at all).
 Female voice: 잠깐. 두통약도 아무거나 드시지는 않나요? 타이레놀은
 약의 성분을 생각합니다
 “Wait a minute. For headaches, you don’t take just *any*
 medicine, do you? Tylenol thinks about the ingredients
 of its medicine.”

((image appears on screen that lists the active ingredients))

빠르고 마음 편한 타이레놀

“fast and comfortable (because it’s trustworthy), Tylenol.”

<http://www.adic.co.kr/gate/video/show.hjsp?id=I199101> (date of access: June 10, 2013) Tylenol (2009)

In examples 10a and 10b, the theme of trust recurs, with the added perspectives of wisdom and choice. Again, in this pair of ads, the speaker is a 26-year old female icon of success—an advertising executive, barely out of college. The concept of “wise choice” points back to other elements in Korean health discourse that construct consumers and TV audiences as intelligent, thinking, discerning agents, responsible for their own health management. Not all over-the-counter medicines are the same. Consumers are represented as making informed choices.

Excerpt 10a—Tylenol: implicit lack of trust of other medicines, wise choice

김소연 (age 26):

나는 여간 해선 약을 먹지 않는다.

[advertising executive]

꼭 먹어야 한다면, 타이레놀.

((she is grimacing in pain))

Kim So-yeon:

“**I seldom take medicine.** If I absolutely have to
 (take medicine), (it’s) Tylenol.” [because
 I don’t trust others.]

[advertising executive]
 I don’t trust others.]

Male voice:

타이레놀은 한가지 성분입니다.

두통엔 타이레놀

Male voice:

“Tylenol is made of one (active) ingredient.

Tylenol for headaches.”

김소연:

현명한 선택

Kim So-yeon:

“A *wise choice*.”

Excerpt 10b –Tylenol: wise choices

방송인 정은아: 방송에선 순간 순간 **현명한 선택**이 필요하죠. **빠르고 믿을 수 있는**. 그게 가장 **현명한 선택** 아닌가요? 그래서 전, 타이레놀이예요.

Eun-A Jung (broadcaster): “During broadcasts, every moment, we need to make **wise choices**, right?” **Fast** and **trustworthy**. Isn’t it (i.e., fast and trustworthy medicine) the **wisest choice**? That’s why Tylenol (is for me).

Male voice: 두통엔 타이레놀

Male voice: “Tylenol for headaches.”

방송인 정은아: 타이레놀로 **현명하게 선택하세요**.

Eun-A Jung (broadcaster): “**Choose wisely** with Tylenol.”

<http://www.adic.co.kr/gate/video/show.hjsp?id=I104648> (date of access: June 10, 2013) Tylenol (2003)

The final two excerpts are from Bayer aspirin commercials: Excerpt 11 from the U.S. and Excerpt 12 from South Korea.

These ads juxtapose the complexity of themes that we have been discussing: an ideology of fatalism with agency over one’s health management ascribed to the medicines and the physicians in the U.S. contexts, and an ideology of optimism with agency concerning health management ascribed to the individual consumer. In Excerpt 11, (and in other Bayer aspirin advertising campaigns), the medicine is credited for saving a person’s life—just like the doctor said it would. The agentive forces in the ad are: the sufferer, who followed the doctor’s instructions to take aspirin; the aspirin itself; and the physician.

Excerpt 11: Bayer aspirin—Bayer...actually helped save her life

((one by one, individual family members are talking about how Bayer aspirin was responsible for saving the life of the mother and wife depicted in this scene))

Husband: Y’know, if it weren’t for my wife’s arthritis, she wouldn’t be here today. She’s always depended on extra strength Bayer for arthritis pain. Nothing worked better.

Daughter: When Mom had a heart attack, **she knew** to take original strength Bayer, **like the doctor said**.

Son: Bayer not only took care of my mom’s arthritis pain, **it actually helped save her life**.

Wife: Knowing all that Bayer can do, why would anyone choose another pain reliever?

<http://www.youtube.com/watch?v=MrfRIhyWKbg> ((accessed June 10, 2013))

Excerpt 12, for Bayer Aspirin Protect, the South Korean version of Bayer aspirin, nicely juxtaposes the themes as noted in Excerpt 11, in addition to the opening of *The Dr. Oz Show*

in Excerpt 2. Instead of potential sufferers disappearing by sitting down and fading out of view, individuals who meet certain health criteria are asked to raise their hands—to metaphorically stand up and be counted. And the message at the end of the commercial explicitly places full agency and responsibility in the patient/consumer, not the medicine and not the physician:

Excerpt 12: Bayer Aspirin Protect—“Let’s check and control”

((Camera shows many hikers on a mountain and a reporter is there asking questions))

리포터: 여기서 중년을 넘긴 분들, 손들어 보세요

reporter: “If any of you are over middle age, please raise your hand”

((many people raise their hands))

그 중에서

“within this group,” ([i.e., people over middle age] how many of you have:)

고혈압

“high blood pressure?”

((two couples raise their hands)),

비만

“obese?”

당뇨

“diabetes?”

((an older looking couple raises their hands: a heavysset woman and a man with diabetes))

고지혈증

“high cholesterol?”

((several people raise their hands))

심혈관 질환 가족력

“family history of cardiovascular disease?”

((several people raise their hands, and by now everyone in the group has raised hands))

Female voice: 양손을 다 드셨다면, 심혈관 질환을 예방하세요

“If you raised both hands, prevent cardiovascular disorders.”

리포터: **체크하고 관리하자.**

“Let’s check and control.”

바이엘 아스피린 프로텍트

Bayer’s Aspirin protect.

<http://www.adic.co.kr/gate/video/show.hjsp?id=I208503> (date of access: June 10, 2013) Aspirin protect (2009)

Discussion

Health and illness are constructed in distinct ways in the public discourse of the United States and South Korea. Using a database of television programs, TV commercials, and cigarette warning labels, we have discovered that the discourse of health, genetics, illness and medicine in the United States is driven by an ideology of fatalism, while in South Korea, it is driven by an ideology of optimism. We elucidate the various ways in which the respective ideologies of fatalism and optimism are indexed in these multiple instances of public discourse. The predominant indexical patterns point to an underlying discursive practice of “holding death at bay” in the U.S. database and an underlying discursive practice of “prolonging life” in the South Korean database. At the heart of these ideologies is the concept of *agency*, and, specifically, which entities are framed as capable of and/or responsible for effecting change and the processes through which such change might occur.

Our findings reflect that in the U.S. public health discourse, what is characterized as *potentially fatal* are diseases and their related health threats. Agents of change in this arena are typically U.S. medicines and U.S. physicians. Sufferers are indexed variably as vulnerable, powerless, at risk, on the verge of death, as potential agents of change. Doctors are indexed as heroes, as problem solvers, as saviors, as co-participants in the healing process. Medicines are indexed variably as magical potions or potential poisons—substances that heal or substances that damage. And medicine companies are indexed as science research centers, as laboratories for experimentation, as commercial benefactors—with solutions to both commonplace and unique ailments that over-the-counter medications cannot provide. More specifically, in the U.S., heart disease and cancer are presented as affect-laden, fear-inducing threats, medicines are constructed as omnipotent, and physicians, as omniscient. “Death” is explicit and medicines and physicians hold it at bay.

In contrast, in South Korean public health discourse, disease is characterized essentially as a potential peril, yet one that could be addressed and ameliorated and even cured—not as a near certain death-causing phenomenon. In the South Korean discourse, it is the consumers who are positioned as the agents of change, as thinking individuals who make informed choices based on evidence and medical expertise. Furthermore, the South Korean discourse contains epistemic challenges, presenting facts and figures to consider and weigh in choice- and decision-making processes. “Life” is explicit and efforts by consumers, patients, and physicians are geared toward prolonging and enhancing it.

In spite of the distinct discursive differences and interesting findings, however, there are a few limitations in this study. First, we cannot ignore the fact that the conventional/customary use of language and socio-linguistic characteristics may affect the uses of public health discourse in each country. For example, when it comes to discourses in genetics, illness and medicine indexing fatalism and optimism, the influences of direct/indirect expressions, which are more common in Korean language, might be even more powerful because they can affect epistemic stance deciding the degree of certainty or uncertainty of genetic/disease risk factors. This can be understood as an example of the power of discourse; all of our experience is created by discourse and discourse in turn, expresses, creates, and transforms reality. At the same time, however, more research is needed to see the clearer influences of indirect expressions on epistemic stance beyond the customary use of discourse; how much is consumer/audience’s cognition on the threat and uncertainty influenced by the different types of customary discourse indexing epistemic stance? Therefore, it might be useful for future studies to address this issue by investigating the reception of public health discourse in each country and comparing them to each other. Furthermore, as mentioned earlier,

pharmaceutical ads do not exist in South Korea⁴ because of the current South Korean pharmaceutical affairs law. Therefore, we couldn't include South Korean health discourse regarding statin drugs, and this can be one of the limitations.

In addition, as discussed previously, public health discourses employing diverse discursive strategies appear to induce influences associated with audience understanding of the potential risks and threats. Therefore, this research also reveals the potential and necessity of socio-linguistic research on the existing important issues in health communication (e.g., genetic determinism, public health campaign evaluation, cancer fatalism, and streamlined/hedged health news coverage). Since people's understanding of health locus of control can greatly influence people's health decision and the locus of control cannot be free from discursive power, future studies need to examine ways for interdisciplinary collaboration between linguistics studies and health communication beyond the public face of "value-free" science. As witnessed in this study, there is a great potential in the nexus between health communication and linguistics research. The alliance will be able to help promote interdisciplinary advances in both public health communication and applied linguistics research. The discursive practices of "holding death at bay" and "prolonging life" permeate public discourse on health and wellness in the U.S. and South Korea, respectively, especially concerning family health history and genetic predisposition to serious illness like heart disease and cancer. The "fatalism" documented in communication-based research on U.S. news reporting and framing plays out within these and other instances of public discourse. And while the South Korean ideology of "prolonging life" and the emphasis on children and family as represented in public health discourse is an as yet unstudied area of social interaction, the theme is consistently evident throughout the data. Even cigarette warning labels echo the practice: 금연하면 건강해지고 장수할 수 있습니다 "You can be healthy and live longer if you quit."⁵

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⁴ Pharmaceutical ads (Table 1) do not exist in Korea because prescription medications are only "advertised" privately to medical expert groups, and not to the general public. Korean drug companies are partially subsidized by the Korean government (Clause 2, Article 84 of enforcement regulations, under clause 6 of Article 68 in the South Korean pharmaceutical affairs law).

⁵ Cigarette warning (2005-2007)

http://en.wikipedia.org/wiki/Tobacco_packaging_warning_messages#South_Korea

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