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Help Yourself: The Individualization of Responsibility in Current Health Journalism

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ABSTRACT Who is responsible when you get sick? Doctors, who can treat you with superior knowledge? Politicians, who have designed the welfare services? Yourself, who should take steps to live a healthy lifestyle? Or perhaps illness is largely a matter of genetics and coincidence and therefore not a question of responsibility at all? Health journalism plays an important role in constructing such ideas of responsibility. This chapter explores how the Norwegian tabloids *VG* and *Dagbladet* present health issues verbally and visually on their print front pages and in their Facebook feeds. Through quantitative and qualitative content analysis, we find that the print front pages address the readers as individuals who ought to take certain actions to stay healthy. The Facebook feeds, on the other hand, prioritize stories about health politics and other societal matters. One of the explanations for this difference may be that the news you pay for differs from the news you may share in social media. However, even the Facebook stories do not touch upon socioeconomic factors, genetic dispositions, or sheer coincidence as reasons for health problems. Instead, structural flaws are pinned to decisions made by particular politicians. As such, an overall discourse of individual responsibility is sustained on Facebook as well, while more overarching structural explanations do not find their way to our everyday news experiences.

KEYWORDS Health journalism, Social media, Discourse, Shareworthiness, Biomediatization

1 INTRODUCTION

“LOWER YOUR DEMENTIA RISK”, urges the Norwegian tabloid *Dagbladet* across its print front page on 3 April 2018, adding: “New research: Simple steps that work”. The full story introduces 69-year-old John, who is not afraid of getting dementia and is out skiing. This makes him an example of the new research, which claims to have found that those who have a positive view on aging are less likely to develop dementia. It also helps to be physically active and in good general health. The story ends with ten “steps” you should follow in order to avoid the disease: “Try to focus on the resources you have rather than what is lost”, “Try to keep a Mediterranean diet”, “Avoid high blood pressure”, “Avoid diabetes”, etc. To the readers, the article’s message may appear paradoxical: In order to get them to worry less about aging and dementia, *Dagbladet* provides them with quite a demanding list of rules to worry about.

The dementia story exemplifies how health journalism and service journalism can be intertwined. Service journalism has been described as “the way the news media provide their audiences with information, advice and help about the problems in everyday life” (Eide & Knight, 1999, p. 525). In health journalism the advice could be, for example, how to avoid heart trouble or lose a few pounds. Such stories may indeed increase the audience’s awareness of medical risks and thereby improve the overall health of the population. They are often well researched and may convey important advice from expert sources.

On the other hand, there are limits to how much the patient can be blamed if her heart stops or she develops Alzheimer’s. Recurring stories on symptoms to look out for, diets to follow, or bad habits to avoid, could leave the impression that one’s health is by and large governed by one’s own actions: If you get sick, it is because you somehow made the wrong choices. In many cases, this is obviously not true. Instead of improving their health, patients risk adding self-reproach to their medical problems while healthy people risk worrying for no reason.

Moreover, Briggs and Hallin have pointed out that journalism “which strongly implies individual responsibility for health problems” is at risk of excluding “those who are not middle class, are outside of an information flow obviously not addressed to them, or do not experience neoliberal society as a ‘rich range of choice’” (2016, p. 37).

The important question, then, is how many and which stories are dominated by such ideas of individual responsibility. After all, health journalism is not only about giving advice. It is also about disseminating and discussing medical research, as well as scrutinizing more structural explanations for widespread health issues such as socioeconomically dependent disease patterns or the government’s

responsibility for facilitating healthy lifestyles and a good standard of treatment. If the number of dementia diagnoses increases in Norway, for example, a better explanation might be the overall aging of the population than the notion that people worry too much and exercise too little. And if patients are suddenly denied a new Alzheimer's medicine because it is too expensive, journalism is likely to hold policymakers or pharmaceutical companies responsible. In short, the choice of journalistic discourse affects how health issues are interpreted and negotiated in the public sphere.

In this chapter we examine how such competing discourses of health characterize everyday exposure to news in a modern welfare state, asking: *To what extent, and in which way, are health issues constructed as individual responsibilities on the print front pages and in the Facebook feeds of the Norwegian tabloids VG and Dagbladet?*

2 BIOMEDIATIZATION AND DISCOURSES OF HEALTH

Health news is “everywhere”, as Charles Briggs and Daniel Hallin put it in their extensive analysis of health news in society (2016, p. xii). Politicians reduce hospital funding, sports heroes are caught doping, shops withdraw poisonous products, researchers discover miraculous cures, your own body benefits from healthy diets, and so on. Briggs and Hallin (2016, p. 9f) argue that the modern public sphere is dominated by both *mediatization* (cf. Strömbäck, 2008) and *biomedicalization* (cf. Clarke et al., 2003) as the logic of news media meets an expanding biomedical¹ logic. In other words, many societal spheres are often understood in biomedical terms – for instance, sleeping is seen a remedy for maintaining good health – whereas news stories are both shaping and being shaped by prevalent biomedical perspectives. Briggs and Hallin thus develop the concept of *biomediatization* as a framework for studying how biomedical discourses and news discourses are intertwined, and how public ideas of health are constructed in this process (2016, p. 13). Although they do not label themselves discourse analysts, Briggs and Hallin's critical stance and qualitative textual analyses display a fruitful connection to critical discourse analysis (CDA). CDA is essentially about how distinct ideologies and interpretations of the world – and therefore patterns of power – are represented in and constructed through texts (Wodak & Meyer, 2009, p. 10).

1. “[T]he term ‘biomedical’ features the increasingly biological scientific aspects of the practices of clinical medicine. That is, the technoscientific practices of the basic life sciences (“bio”) are increasingly also part of applied clinical medicine – now biomedicine” (Clarke et al., 2003, p. 162).

Briggs and Hallin (2016, p. 25) identify three major recurrent types of “biocommunicable models” that reflect and reproduce certain representations of power and responsibility in the news. In the present chapter, we will refer to such models as discourses.

The first model – or discourse – Briggs and Hallin put forward is the *biomedical authority discourse*. Within this discourse, the route to good health is defined by medical science: The doctor knows best. The role of the media then becomes to disseminate the insights of medical experts without “distorting” the facts through, for example, a catchy presentation. Consequently, news stories tend to be centred on biomedical authorities as sources, whereas lay people are assigned the role of passive receivers of professional help and information.

Within the *patient-consumer discourse*, on the other hand, this power structure is flipped on its head. This discourse sees the individual patient or citizen as generally able to – and often responsible for – maintaining his or her own health. You may live longer and avoid diseases by gaining access to relevant information and making the right choices. Medical experts may provide knowledge and advice, but may also be incompetent or biased, so journalists take on the role of advisers. Thus, health news often fits into service journalism genres and the discourse might be associated with neoliberalism, focusing on individual actions and responsibilities.

Finally, the *public sphere discourse* approaches health by looking at links to society. The journalists seek to expose, explain and improve health problems by looking into e.g. political, economic, demographic or sociological contexts. This discourse tends to empower the citizens and hold the government and other authorities (such as pharmaceutical industries) to account. News stories may question the authorities within standard political models or the elite public sphere, or they may back up particular social movements. Case stories are common and could portray individuals as victims of repressive structures or as activist heroes fighting back.

According to critical discourse analyst Norman Fairclough (1992, p. 68), the social structure of a given social field is both reflected and maintained by the *order of discourse*, which refers to the hegemonic configuration of genres, discourses and styles within the field. Although Briggs and Hallin’s three models can coexist, the biomedical authority model might, for instance, dominate the order of discourse within the pharmaceutical field, whereas health politicians might give precedence to the public sphere model. Whatever the order of discourse, though, it is easy to observe that each of the three models has its journalistic pitfalls, whether these be the disempowerment of the audience, the construction of unrealistic patient responsibility, or the facilitation of populist patient movements on insufficiently

solid grounds. As the present chapter aims to examine how and to what extent the Norwegian news media construct health as an individual responsibility, in the following we will pay particular interest to the patient-consumer model.

Patient-consumer dominance is well known from previous studies. Zhang et al. (2016) document that in the US media, depression is more often than not framed as an individual rather than a societal responsibility. Similar results have been found for cancer by Clarke and Everest (2006), for obesity by Kim and Willis (2007) and for general mental health by Stout et al. (2004). Zhang et al. argue that such individualization in health journalism might be connected to the more general individualization in American culture, and are concerned that “the media’s overemphasis on personal responsibility for depression may divert public attention away from more difficult discussions of social causes and societal remedies” (2016, p. 129). As all of the above studies examine American media, it could be tempting to explain the individualization further with reference to the political system of private health insurance. However, Clarke and Everest (2006) also include Canadian magazines, which means that the discourse of individual responsibility is prominent even in countries with tax-based healthcare systems – such as Norway. This is supported by Paulsen (2018), who found that the Norwegian coverage of depression has been increasingly oriented towards giving the individual reader simple advice such as exercising or eating more fish. In general, discourses of individualization are highly present in the Norwegian culture, not least in the media (Fonn, Hornmoen, Hyde-Clarke & Hågvar, 2017; Hornmoen, Roksvold & Alnæs, 2015). These factors make the Norwegian case a relevant supplement to existing research.

3 THE GENRES YOU CANNOT AVOID

If Briggs and Hallin (2016) are right in saying that biomediatization permeates the general public sphere, we would expect it to affect even citizens who do not actively consume news. We are all “accidental news consumers”, as Hermida puts it (2014, p. 85). Every time we pass a kiosk or queue up in a grocery store, the front pages of the print newspapers are on display in the newspaper stand. Perhaps we could not care less about the stories, but we notice they are there. Likewise, when we scroll through our feeds in social media, we are likely to stumble upon news shared by friends, no matter how uninterested we might be. Slettemeås and Kjørstad (2016) have found that 88 percent of Norwegians “often” or “sometimes” come across news in their feeds in social media, and most of them report that they “often” or “sometimes” read the stories as well.

Among social media, the major driver of traffic to online news sites is undoubtedly Facebook (Kalsnes & Larsson, 2017). We also know that incidental exposure to news on Facebook can have a significant agenda-setting effect (Feezell, 2018). When we then examine how general discourses of individual health responsibility are constructed in society, it makes sense to focus upon the two main genres that expose us to news whether we are seeking it or not: print front pages and the news media's Facebook updates. Editors select content specifically for these genres (Hågvar, 2019). Analysing which kinds of health news these genres facilitate will therefore provide important insights into which discourses of health editors would have us stumble upon.

A quick note on terminology is required here. When talking about print papers or social media per se, we often refer to them as *platforms* or *media types* (e.g. Ben-David & Soffer, 2019). The *genre* term is often used to distinguish between different kinds of journalistic stories, such as news, comment or feature (e.g. Kalsnes & Larsson, 2017). Within disciplines such as rhetoric and discourse analysis, however, genres are understood more generally as configurations of text norms that are developed to facilitate recurrent communicative tasks within a text culture (Hågvar, 2016, 2019). Thus, the print front page is a genre because it is easily recognizable from day to day and performs the task of informing the audience and (particularly for tabloids) selling the newspaper. Likewise, the journalistic Facebook update follows certain conventions that are adjusted to the general discourse of social media, and should be seen as a genre (Hågvar, 2019). News, editorials etc. are still genres, but on a different level. To avoid misunderstandings, in the present chapter we will refrain from using genre in the latter sense.

As the text norms that constitute a genre are designed to perform a specific communicative task in a particular recurring context, we need to clarify what distinguishes the context of the front page from the context of the Facebook update. We will highlight four main differences.

First, print front pages appear in a traditional journalistic context – we expect to find journalism at newspaper stands. In our private Facebook feeds, on the other hand, the news is surrounded by non-journalistic content. Ekström and Westlund (2019) point out that this “dislocation of news journalism” on social media platforms deprives the newsrooms of their power of contextualization. Recent studies suggest that journalistic Facebook updates adapt to the non-journalistic context by turning more subjective, interpretative and emotional (Hågvar, 2019; Welbers & Opgenhaffen, 2018). Regarding health journalism, this could imply that Facebook would favour stories that call for a personal opinion.

Second, buying a newspaper is essentially an *individual* activity, whereas engaging with news in social media is to a larger extent a *social* activity. It is crucial for news distribution in social media that the readers react to the stories by liking, commenting or sharing them, as this will prompt Facebook's algorithms to expose the stories to a wider audience. As readers are more likely to share certain kinds of stories, in social media the traditional criteria for newsworthiness are supplemented by criteria of *shareworthiness* (Trilling, Tolochko & Burscher, 2017). For instance, opinion pieces and soft news are more frequently shared than traditional hard news (Kalsnes & Larsson, 2017; Almgren, 2017). The same goes for stories that evoke high-arousal emotions such as anger or joy, whereas less arousing feelings such as sadness or contentment do not trigger sharing in the same way (Berger & Milkman, 2012; Berger, 2013; Eberholst & Hartley, 2014). One important mechanism behind such sharing is that we want to look good to others. Most of us are highly aware that we construct a public persona through our appearance in social media (Berger, 2013; Hermida, 2014). We might therefore pay for print stories that are of strong personal interest but that we would never share online, and we might share stories that we have never actually read but that convey certain admirable values. As for health, this could mean that stories about e.g. embarrassing illnesses are more suited to print.

Third, the most important function of the tabloid print front page is to motivate the reader to pay for the newspaper. They often offer more exclusive, timeless and contextualized stories compared to their online counterparts, as fully updated and often free news is available online (Hågvar, 2016). In contrast, Facebook updates are important drivers of traffic for such free news. Almost every update in our material links to a free story. This could render Facebook stories more likely to connect to general breaking news than print stories are. As newsroom metrics increasingly measure reading time as well as clicks (Thurman, 2018), and a resigned reader is not likely to share, we might also expect a certain substance to the Facebook stories rather than pure clickbait.

Fourth, print newspapers aim at an older target group than social media do. Young readers are considerably less willing to pay for news compared to the older generation, including digital news behind paywalls (Mediebedriftene, 2018; Olsen & Solvoll, 2018). Older Norwegians tend to prefer print newspapers as their main source of written news, whereas the middle-aged and younger audience is more inclined to read online papers and use social media such as Facebook (Statistics Norway, 2018). We might therefore expect print editors to emphasize health issues that will appeal most to the older section of the population, while Facebook updates might be aimed at a younger audience.

4 TABLOID SAMPLES

For both genres in this study, we focus upon the Norwegian tabloids *VG* and *Dagbladet*. These are the only print dailies that appear in newspaper stands throughout Norway. Further, their Facebook sites are among the most “liked” and followed among Norwegian media outlets.² The way they write about health is therefore likely to have a significant impact on the public discourse in general. Like most tabloids, both of these papers are regularly accused of pushing headlines too far or just being utterly trivial. Still, both *VG* and *Dagbladet* also provide quality journalism and are important agenda setters. Although their print circulation is decreasing in line with most newspapers, *VG* reached the second and *Dagbladet* the third highest net circulation in Norway in 2017, included digital subscriptions, only outnumbered by the subscription paper *Aftenposten* (Medienorge, 2018).

As health is “everywhere” in some sense or another, in our material we have defined health journalism using the following criteria. Apart from stories on personal health (diseases, treatments, diets, etc.), we include news on health in the public sphere (medical research, health politics, institutional matters, etc.). However, we exclude stories about accidents, crimes, births and deaths, unless the story is angled specifically at a health explanation or consequence. Mental health is included, but not “normal” grief or reactions related to specific situations. Celebrities’ private health problems are included (e.g. Alex Ferguson having a stroke), whereas injuries related to their occupations are not (e.g. a footballer twisting his knee). We include news about particular athletes who are caught doping themselves, but not general discussions about doping rules or punishments where the health aspect is less present. Likewise, we include stories about drug politics, institutional rehab routines etc. since they involve health considerations, but we exclude more crime-oriented news about the police’s latest drug seizures and so on. Stories about nutrition are included, but general food recipes are not. In general, we exclude stories on sex and relationships, sports events and reality shows (with their psychological ups and downs). Satire and commercials are not analyzed.

The Facebook material consists of all updates in both newsrooms’ main feed over a period of four weeks (16 April to 14 May 2018). From a total of 1520 news stories, 156 count as health journalism. We consider this a sufficient number due to the time-consuming nature of categorizing the stories qualitatively. The Facebook feeds were downloaded manually with the Zotero tool towards the

2. As of 26 April 2018, the commercial broadcaster *TV 2 News* had 534 079 likes, followed by *VG* (497 512), the broadsheet newspaper *Aftenposten* (396 457) and *Dagbladet* (362 615). The figures refer to their main news feeds.

end of each day, with several additional downloads during the day to make sure all updates were captured.

The print material includes all front pages from the same period as the Facebook updates. However, as there are considerably fewer stories on the front pages compared to Facebook, we have expanded the print material to include all front pages from February, March, April and May 2018. This adds up to 213 front pages with 922 stories, of which 142 involve health.³ The analysis below refers to this full sample. A control analysis of the minor, Facebook-overlapping sample shows the same tendencies as the full material, which strengthens the latter's validity. All front pages were found through the Retriever media archive.

The initial research question asks *to what extent* health issues are constructed as individual responsibilities, and also *in what way*. The first part of the question must be answered quantitatively, the second qualitatively. To achieve this, we have performed a content analysis in which some variables (e.g. the dominant discourse in a given story) require a more qualitative approach than others (e.g. the number of health stories a day). We also supplement the content analysis with qualitative observations that enhance our understanding of the material, such as typical wordings or visual expressions.

At the basic level, we have registered how many health stories were published each day, and – for print papers – whether a story was the main story of the day or not. Further, we have coded the stories according to their dominant discourse. In line with Briggs and Hallin (2016), as well as with Clarke and Everest (2006), we distinguish between the *biomedical*, the *patient-consumer* and the *public sphere* discourse, as defined in section 2 above. This implies that we pay particular attention to the agency and power structures represented in the text when assigning a story to a given discourse. Typical examples would be “Stem-cell research gives hope to Parkinson sufferers” (biomedical discourse, *VG*, 18.04.18), “Train yourself 20 years younger” (patient-consumer discourse, *Dagbladet*, 18.04.18), and “Ran away from the child welfare service three times. Found unconscious after overdose” (public sphere discourse, *Dagbladet* 16.04.18). However, we found it necessary to include a fourth discourse in order to capture the full range of health stories in our material. A number of stories are simply about celebrities falling ill or exposing private health issues – stories that would have had no news value if they were not linked to this specific individual: “Eurovision star comes out as HIV-positive” (*VG*, Facebook, 16.04.18). We have labelled this category the *celebrity* discourse.

3. *VG* publishes a Sunday paper; *Dagbladet* does not.

Obviously, a number of stories include aspects of more than one discourse. We can easily imagine biomedical stories about new remedies that *you* are encouraged to try out, or public sphere stories about individuals standing up against the system and encouraging *you* to join in. That is, such stories may bear traces of the patient-consumer discourse. For each story we have therefore specified whether it points at individual or collective causes or solutions. Moreover, we have registered whether the story focuses on a particular individual, e.g. a particular patient, or not. We consider these as particular frames that work across the more general discourses. This coding allows us to measure the degree and type of individualization more accurately and with greater nuance. We have also registered which health condition, lifestyle project or social issue the text is addressing, and which remedy the story suggests, by deducing categories from the material during the coding process.

Finally, we have taken into account the visual presentations. A story about e.g. cancer may call for a different interpretation if it is illustrated with a microscopic picture of malign cells, compared to a photo of a real patient, or a stock picture of a pretty model. We have coded the stories for whether they show the real people or incidents involved (including archive footage), stock photos of random people or general motifs, or graphic or microscopic illustrations with scientific modality. When people appear in the pictures, we have registered whether they are male or female. More qualitatively, we have collected observations of recurring visual articulations and typical contexts for particular kinds of pictures.

The entire corpus was coded by the first author. The second author has controlled the coding of 10 random health stories from each newsroom in both genres (i.e. 40 stories altogether), which equals 13 percent of all health stories. While a few minor errors were corrected, both authors agreed upon the general classifications and it was deemed unnecessary to control the rest of the coding. In general, the texts are coded based on the impression given on the front pages or in the Facebook updates. For a limited number of ambiguous presentations, we have consulted the full stories to decide.

The chapter's limited space does not allow us to present and discuss full tables for all variables. Instead, the analysis below aims to sum up the findings in a coherent argument. Raw data are available from the authors on request.

5 ACTIVE PRINT PATIENTS AND POLITICAL FACEBOOK READERS

The analysis shows that health is a major topic both on the print front pages and in the Facebook updates. Seventy percent of *Dagbladet's* print newspapers and 47 percent of *VG's* had one or more health story on their front pages. Health was

the main story on 15 and 22 percent of the front pages, respectively. All in all, health news made up 17 percent of all stories on the front page of *Dagbladet* and 13 percent on the front page of *VG*, which equals a respective average of 0.9 and 0.5 health stories a day.

On Facebook, *Dagbladet* and *VG* published health news on 82 and 96 percent of the days studied, respectively. Nine percent of *Dagbladet*'s updates and 11 percent of *VG*'s were about health, an average of 2.0 and 3.6 stories a day.

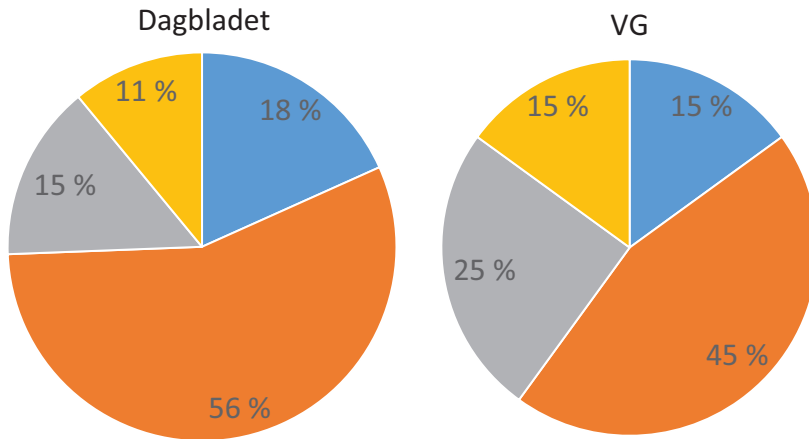
What is striking, though, is *which kinds* of health news *Dagbladet* and *VG* choose to present in the two distinct genres. Figure 1 shows the distribution of the four main discourses. The major difference is that the stories in print tend to address the readers as active patient-consumers and advise them how to avoid health risks, overcome medical conditions, or improve their well-being. The Facebook updates, on the other hand, typically focus upon health issues within the public sphere. The results are quite similar for both newsrooms, which suggest this is a matter of genre. We will therefore refer to *Dagbladet*'s and *VG*'s numbers taken together when digging deeper into the quantitative material below.

Stories in print are dominated by lifestyle topics such as dieting or fitness (respectively 12 and 11 percent of the stories), and medical topics like cancer (9 percent) and heart disease (7 percent). Exercise (15 percent) and better nutrition (14 percent) are most often recommended as the remedy for a given problem. On Facebook, the massive public sphere discourse mainly addresses politics (36 percent of all health stories), often by reporting how political decisions may affect public health. Other recurrent topics are institutional routines (6 percent) and sociological matters (5 percent). Not surprisingly, solutions are suggested to be found mainly in politics (38 percent) and institutional routines (14 percent).

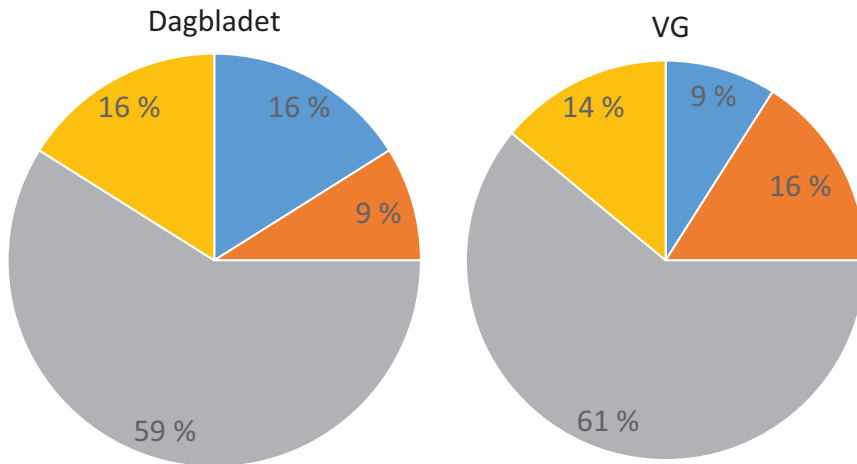
As one would expect, the individual responsibility frame is most dominant within the patient-consumer discourse (in which it dominates 96 percent of the stories), followed by the biomedical (48 percent), celebrity (17 percent) and public sphere discourse (8 percent). If we examine each discourse in isolation, we actually find that the Facebook updates within a given discourse are just as inclined to focus upon individual responsibility as the print front pages of the same discourse. Within the biomedical discourse, the Facebook updates even signal considerably *more* individual responsibility than the front pages (56 vs. 42 percent of the cases). The same goes for the celebrity discourse (26 vs. 6 percent). However, as Facebook is heavily dominated by the public sphere discourse, which tends to downplay individual responsibility, the frame of individual responsibility appears less frequently overall.

What is highly visible on Facebook, though, is another kind of individualization. The Facebook updates are more inclined to peg their stories on particular

PRINTED FRONT PAGES



FACEBOOK UPDATES



■ Biomedical ■ Patient-consumer ■ Public sphere ■ Celebrity

FIGURE 1 Distribution of health discourses in print and on Facebook for both newsrooms. *Dagbladet*, print: N = 82. *VG*, print: N = 60. *Dagbladet*, Facebook: N = 56. *VG*, Facebook: N = 100.

individuals, often ordinary people or celebrities who have personal experience with the health issues in question. Forty-four percent of the Facebook updates are individualized in this way, compared to 32 percent of the stories in print. These are usually biomedical or patient-consumer stories. While the print front pages tend to highlight what *you* should do, the Facebook updates tell the stories of what *particular individuals* have done and experienced. Facebook updates present such individuals in 44 percent of the biomedical stories and 33 percent of the patient-consumer stories, as opposed to 21 and 14 percent in print. When it comes to the public sphere discourse, however, the print front pages present individual cases more often than Facebook (48 vs. 32 percent).

6 OLD WORRIES AND YOUNG OPINIONS

A closer look at the material reveals that the print newspapers favour medical conditions, lifestyle tips and social issues that are likely to appeal to a middle-aged and older audience. As noted, cancer and heart problems clearly dominate, alongside questions of dieting, fitness, nutrition and mental issues. Typical headlines are:

“12 tips that can prevent cancer” (*VG* 19.04.18)

“Avoid early heart death” (*Dagbladet* 24.03.18)

“Choose the right diet” (*Dagbladet* 26.05.18)

“This is how you lose a kilo a week” (*Dagbladet* 29.05.18)

“This is what you should know about dietary supplements” (*VG* 21.03.18)

“Breathe yourself to a better life” (*VG* 06.03.18)

Further, the print newspapers address a number of conditions that we cannot find on Facebook, such as migraine and other pains, dementia, contagious diseases, restless legs, haemorrhoids, body odour, hair loss and teeth problems. Of course, many of these conditions are relevant to young readers as well, but the general tendency points towards medical or lifestyle concerns that are likely to trouble readers more the older they become.

The examples above also illustrate how the headlines often presuppose or imply that you as a reader are actually searching for information about the issue in question. When *VG* states that “This is what you should know about dietary supplements”, the headline presupposes that there really *are* things you should know about such supplements and implies that you do not know enough. This is sustained in the full story. Even though a medical scholar interviewee says that “taking dietary supplements is unnecessary with a balanced diet” and that “most

supplements have no effect whatsoever”, the lead concludes: “New research: These are the supplements you need.” In other words, *VG* constructs both a problem and a remedy that is not necessarily there. Likewise, “12 tips that can prevent cancer” implies that you might get cancer if you do not follow certain steps. “Choose the right diet” presupposes that you are already following a certain eating regime, and that some diets are positively correct, while others are wrong. Such implicit statements are crucial for the discourse of individual responsibility.

If we turn to Facebook, we find that *Dagbladet* and *VG* tend to publish stories that appeal to a younger audience. Celebrities’ private issues set aside, common medical and lifestyle problems are neurological diseases, mental issues, cancer, nutrition, drugs, deformities and plastic surgery. The following headline are typical examples:

“Johnny is refused new ALS medicine: – We will never give up the fight” (*Dagbladet* 14.04.18)

“Do not be afraid to ask someone about suicide” (*VG* 22.04.18)

“Top blogger started taking drugs by age 14” (*Dagbladet* 25.04.18)

“For two months he had no face” (*Dagbladet* 17.04.18)

“Pia (20) had surgery at celebrity clinic: Here is the result” (*VG* 02.05.18)

Issues that appear on Facebook but never in print are often related to sex or parenting, such as pregnancy, abortion, child development and sexually transmitted diseases. Stories that link health to environmental issues are also found solely on Facebook (e.g. “Hawaii prohibits suntan lotion that is harmful to the environment”, *Dagbladet* 13.05.18). The same goes for a number of odd viral stories such as “Katie (29) had a cockroach in her ear for nine days” (*Dagbladet* 06.05.18). Indeed, even older people might care about the environment and worry about ALS or gonorrhoea. Still, our main impression is that most updates address younger adults more often than the stories in print do.

As the examples show, these updates typically invite the readers to engage in social or political matters or other people’s health issues. During the period examined at least three major health stories broke within the public sphere discourse: *Dagbladet* revealed severe drug abuse at a child welfare institution; a controversial tax on sugar that was supposed to improve people’s health turned out to increase cross-border shopping instead; and failures in a change of air ambulance operators immobilized crucial transport systems for days. All stories were covered on the print front pages, but the high frequency of Facebook updates allowed for considerably more stories online. These are the kind of health stories that really dominate the Facebook feeds. They do not imply that the readers have any kind of individual

responsibility for what is going on. On the contrary, they invite the readers to come to their own opinions about how other actors fulfil their responsibilities, such as politicians or social workers. Stories that resemble the archetypical print story do exist on Facebook as well (“This is how you get rid of athlete’s foot”, *Dagbladet* 18.04.18), but in general the updates we have coded for individual responsibility on Facebook concern dieting, exercise or nutrition – that is, lifestyle matters rather than medical conditions.

7 EASY ON THE EYE

Whether the news addresses *you* as an individual or portrays other individuals, it matters how people are visually constructed. Pictures are a strong means for identification. Figure 2 shows that the majority of Facebook updates, as well as *VG*’s print front pages, are illustrated with persons or situations from the stories. *Dagbladet*’s front pages, however, tend to employ general stock photos.

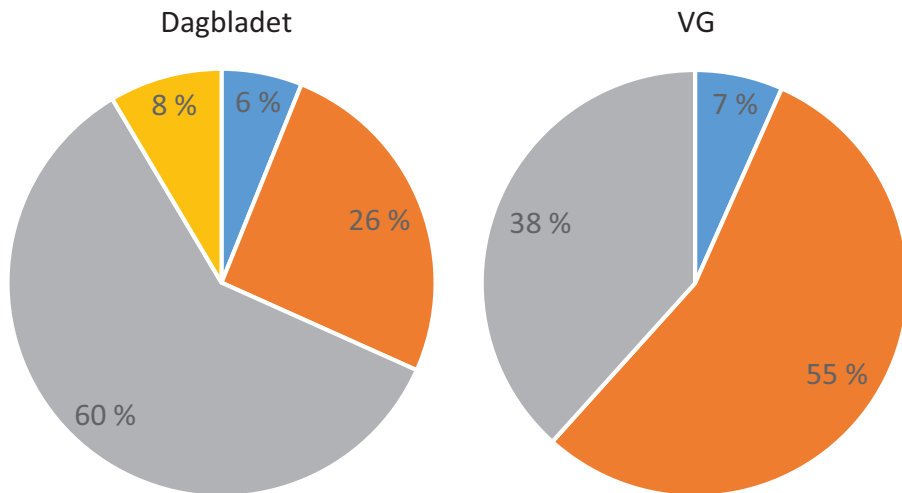
Most of *Dagbladet*’s stock photos (90 percent) include people. The pictures are strongly gendered; 71 percent of the stock photos picture women alone, while only 8 percent portray solely men. Typically, these individuals illustrate patients or people who are taking steps to avoid becoming patients, or they visualize bodies or body parts. The patients are often middle-aged and smiling towards the camera. The woman in Figure 3 is a good example. She belongs to a story called “6 myths about cancer” and can be interpreted as a patient who has lost her hair during chemotherapy and is therefore wearing a kerchief. Nevertheless, she looks reconciled to the situation and appears as the prototypical well-informed patient-consumer who understands the myths and the truths about her condition.

When *Dagbladet*’s stock photos represent bodies or body parts, however, the middle-aged women tend to be replaced with young and attractive female models. Even if a male personal trainer inside the paper gives advice on how to avoid back problems in one’s 50s, the front page displays the lower back of a fit, young woman in a short top and pink hot pants (Figure 4).

Likewise, when new research reveals how obese people can lose weight most effectively, the front page picks a slim girl with her rear towards the camera (Figure 5). As most readers are probably significantly older and less fit than this, these pictures invite an identification of a different kind than the patient pictures: We are asked to identify with the healthy ideal the images suggest. The pictures visualize the *result* of the individual action the readers are supposed to take, and not the *condition* that requires action.

Such visuals occasionally appear in *VG* as well, although *VG*’s relatively small share of stock photos usually depict non-human objects such as medicines. Instead,

PRINTED FRONT PAGES



FACEBOOK UPDATES

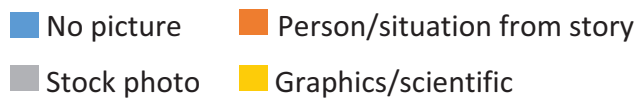
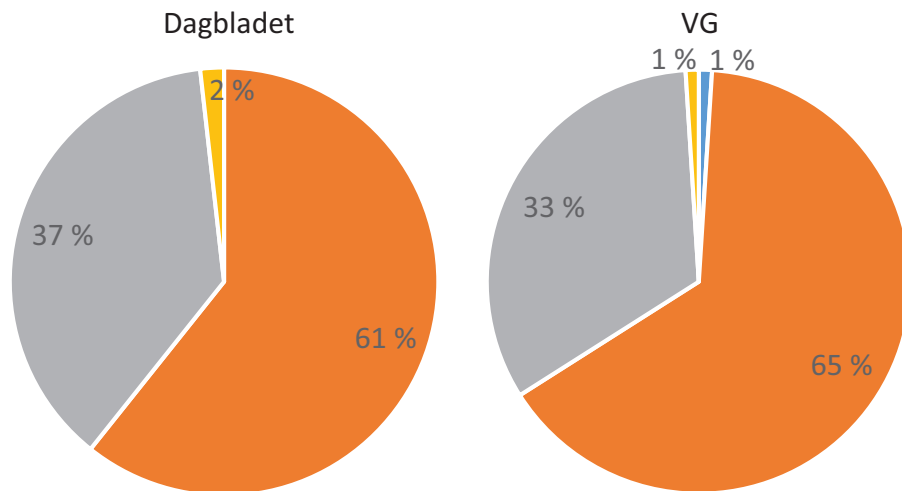


FIGURE 2 Distribution of visual elements in print and on Facebook for both newsrooms. *Dagbladet*, print: N = 82. *VG*, print: N = 60. *Dagbladet*, Facebook: N = 56. *VG*, Facebook: N = 100.



FIGURE 3 “6 myths about cancer”, *Dagbladet* 05.04.18. Facsimile published with permission of *Dagbladet*.



FIGURE 4 “5 smart exercises for your lumbar region”, *Dagbladet* 09.02.18. Facsimile published with permission of *Dagbladet*.



FIGURE 5 “We give you the recipe: The dieting food that fills you up”, *Dagbladet* 12.03.18. Facsimile published with permission of *Dagbladet*.

when presenting medical research or advice, *VG* tends to track down a real person who is affected by the particular medical condition – a case – and frame the story on him or her. In this way, the readers are invited to identify not with general conditions or desired results, but rather with the narrative drama of a particular patient. The typical case person is someone who has come to terms with his or her condition and is taking personal responsibility to improve, as with the heart patient in Figure 6. Other examples are patients who have learned to love their own bodies, handle PMS, or prevent cancer.

As noted above, a pattern similar to the print *VG* goes for both newsrooms' Facebook feeds (cf. Figure 2): Most updates show people or situations from the stories, while the rest are stock photos. The stock photos usually depict objects, and if humans are included, the focus rests on backs, body parts or surroundings. This means that the Facebook updates are visually oriented towards faces actually present in the stories, or no faces at all. These faces are equally often male as they are female. There are only minor variations between the two newsrooms.



FIGURE 6 “New research on training after a heart attack: Reduces the risk of early death by half. Bjørn Arild (50) was struck twice – trains fully”, *VG* 14.05.18. Facsimile published with permission of *VG*.

This observation supplements the previous finding that the Facebook news typically tells stories about specific individuals. Faces are effective in grabbing our attention and making the news stand out on Facebook, and clear-cut pictures of individuals are easily perceptible even on small mobile screens. These conditions might affect which stories are selected for Facebook publication.

A striking observation that applies across both genres and newsrooms is that very few of the pictures actually show patients receiving treatment. The only exceptions are *VG*'s Facebook story about Pia (20), who has had a nose operation and is portrayed with postoperative bandages in her face (Figure 7), and *Dagbladet*'s print story "Pay well for a larger penis", which depicts a doctor operating on the crotch of a patient who is interviewed anonymously in the full story (Figure 8).

Otherwise, when doctors are involved, the pictures tend to be stock photos, and the doctors are portrayed in generic positions and actions, such as looking into



FIGURE 7 "Woke up without knowing what the surgeon had done. Pia (20) had surgery at celebrity clinic: Here is the result", *VG* on Facebook 02.05.18. Facsimile published with permission of *VG*.



FIGURE 8 "Pay well for a larger penis", *Dagbladet* 12.05.18. Facsimile published with permission from *Dagbladet*.

a microscope or preparing a syringe. Apart from Pia with the nose job, the only patient who appears with a name and a face in a hospitalized context is “a real everyday hero” who has “saved the lives of more than two million babies” by donating blood with unique antibodies – in other words, taking individual responsibility for helping others (Figure 9).

Likewise, the patients on display never seem to be in pain, with Pia’s postoperative picture as the only exception. Pain is sometimes illustrated in *Dagbladet*’s print edition, but in these cases the visuals point at which part of the body is



Dagbladet

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En ekte hverdagshelt! ❤️



Denne mannen skal ha reddet livet til over to millioner babyer

DAGBLADET.NO

FIGURE 9 “A real everyday hero! ❤️ This man is said to have saved the lives of more than two million babies”, *Dagbladet* on Facebook 14.05.18. Facsimile published with permission of *Dagbladet*.

hurting rather than how it feels. This is done through graphics with scientific modality. The graphics may be added onto existing stock photos but usually stand alone, as in Figure 10. As these abstracted patients are without personalities, we do not identify as easily with their pain. In addition, impersonal and pseudo-scientific



FIGURE 10 “Research breakthrough: Now new migraine medicine is coming”, *Dagbladet* 15.03.18. Facsimile published with permission of *Dagbladet*.

models of brains and hearts pull the focus away from the individual patient's subjective health experience and enforce the biomedical authority discourse.

In this way, readers are rarely exposed to the very act of medical suffering and treatment, with all its complex facets of hope, fear, pain and uncertainty. Instead, as we have seen, the visuals foreground the content and well-informed patient, the desired body, individuals taking action and well-known faces decontextualized from their medical conditions. This may of course be because it is ethically challenging and time-consuming to photograph real patients in vulnerable situations. In addition, actual blood, guts and pain could easily violate the front pages' or news feeds' rhetorical decorum. When we enter a kiosk to buy a hot dog, we might find it offensive to get open heart surgery thrown into the bargain. Either way, this visual pattern inevitably shifts attention away from the fact that staying healthy is not only a question of making the right choices in life; we are also dependent on professional help and care, with no guarantees. Hence, the visuals can also reflect the main discourses we are discussing in this chapter: The absence of visual treatment situations might reinforce the idea of the doctors' almighty powers, and therefore also the biomedical authority discourse, as the focus remains on conditions and results. Likewise, images that promote the active patient may confirm individual choice as the primary remedy for health and well-being, and thereby support the patient-consumer discourse.

8 NEWS YOU CAN USE – OR SHARE?

The findings above can largely be explained with reference to genre, cf. the distinguishing factors discussed initially. The dislocation of news in social media partly explains why the Facebook feeds are dominated by original reportage pictures and familiar faces, since generic stock photos would make us inclined to scroll by without even noticing it was journalism. Further, the distinct financial models are an important reason why the public sphere discourse dominates Facebook to a greater extent than print front pages. Major breaking stories are often from the public sphere, and they are covered by a range of competing news outlets that offer them online for free. They are therefore more suited for free Facebook sharing than the more unique print stories, which tend to be placed behind online paywalls. We have also seen that the difference in target groups fits well with the difference in health topics between the genres.

However, we believe the most explanatory factor here is the degree of share-worthiness. In print, the widespread discourse of personal responsibility helps to transform the health stories into “news you can use” and make them appear more

immediately relevant to the individual reader. In other words, it enhances their newsworthiness. However, the stories you want to read are not necessarily the ones you want to share. Medical advice on unglamorous diseases is designed for individual consumption rather than sharing. Many readers might be interested in buying the print story “This is how you can solve the problem: 150 000 suffer from sweat issues” (*Dagbladet* 15.02.18) to confirm whether they have a sweat problem or not, and in that case what to do about it. However, if they were to share the same story on social media, they would risk positioning themselves – or worse, their friends – as sweaty people who need to do something about it. Instead, the Facebook users might choose to construct themselves as emphatic by sharing stories about children being denied a certain medicine, or as politically and societally engaged by sharing stories about the failed handover of air ambulance operators. Most of the Facebook updates in the material can be used to gain social status in one way or another. A lot of the print news cannot, at least not as easily. In this sense, the urge for shareworthiness actually works as a vaccine against the utter individualization of health responsibility in social media.

On the one hand, several findings in this chapter correspond closely to the North American research we referred to in the initial discussion. This indicates that individualistic perspectives are not primarily tied to individualistic health policy systems. On the other hand, the pronounced distinction between print papers and social media emphasizes that we also need to take genre (and platform) into account. The public sphere discourse is clearly more prominent on Facebook, whereas the patient-consumer discourse has a strong prevalence in print. Nevertheless, we also note that Facebook updates within the public sphere discourse tend to focus on political or institutional matters. The more socioeconomic patterns that are called for by e.g. Zhang et al. (2016) and Clarke and Everest (2006) are virtually absent on Facebook as well.

On the surface, the dominance of the patient-consumer discourse in print might seem to empower the individual by providing the necessary tools to monitor her own health. Unfortunately, the scope of this chapter prevents us from exploring in detail the degree of usefulness of the advice the full stories actually provide, and which roles they ascribe to the respective participants. Our general impression, though, is that the advice often boils down to tautological variations of ‘if you live a healthy life, you are less likely to get sick’, and that medical experts rarely face critical questions, but are rather given the role of truth tellers. That is, the biomedical authority discourse is tightly interwoven even when the patient-consumer discourse dominates the presentation. In addition, we have seen how the visual articulation of the stories tends to highlight the aesthetics of ideal health at the expense of real patients

suffering or receiving treatment. Rather than feeling empowered and acknowledged, then, the incidental reader who passes the newspaper stand is likely to feel responsible for – perhaps even guilty about – their own health problems. Socioeconomic factors, genetic dispositions and sheer coincidence are by and large excluded from the front pages, although each of these offers a complex and competing set of explanations and perspectives on the same problems.

This mindset is not challenged on Facebook, although it is less visible there. Indeed, the political or institutional health news does expand the view, but not in a way that counters any of the premises within the patient-consumer and medical authority discourses. When air ambulances are grounded, for instance, even news on Facebook instinctively turns to the infallible doctors and the aggrieved patient-consumers as truthful witnesses. And when a new sugar tax is introduced in order to reduce health inequalities, the Facebook updates focus upon the economic consequences for businesses and consumers rather than the reasons why some people consume amounts of sugar that are harmful to their health. Although the Facebook news is considerably less focussed on individual responsibility, then, the stories are not necessarily more focussed on socioeconomic explanation models. Further studies on biomediatization in additional genres and platforms will hopefully add to this picture.

REFERENCES

- Almgren, S. M. (2017). Undoing churnalism? *Digital Journalism*, 5(8), 1060–1079. doi: <https://doi.org/10.1080/21670811.2017.1343089>
- Ben-Davis, A., & Soffer, O. (2019). User comments across platforms and journalistic genres. *Information, Communication & Society*, 22(12), 1810–1829. doi: <https://doi.org/10.1080/1461670X.2017.1297686>
- Berger, J. (2013). *Contagious: Why things catch on*. New York: Simon & Schuster.
- Berger, J., & Milkman, K. L. (2012). What makes online content viral? *Journal of Marketing Research*, 49(2), 192–205. doi: <https://doi.org/10.1509/jmr.10.0353>
- Briggs, C. L., & Hallin, D. C. (2016). *Making health public: How news coverage is remaking media, medicine, and contemporary life*. London and New York: Routledge.
- Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2003). Biomedicalization: Technoscientific transformations of health, illness, and U.S. biomedicine. *American Sociological Review*, 68(2), 161–194. doi: <https://doi.org/10.2307/1519765>
- Clarke, J. N., & Everest, M. M. (2006). Cancer in the mass print media: Fear, uncertainty and the medical model. *Social Science & Medicine*, 62, 2591–2600. doi: <https://doi.org/10.1016/j.socscimed.2005.11.021>
- Eberholst, M. K., & Hartley, J. M. (2014). Agency and civic involvement in news production via Facebook commentary. Paper presented at ECREA 2014, Lisbon, Portugal. Cited by permission.

- Eide, M., & Knight, G. (1999). Public/private sphere: Service journalism and the problems of everyday life. *European Journal of Communication*, 14(4), 525–547. doi: <https://doi.org/10.1177/0267323199014004004>
- Ekström, M., & Westlund, O. (2019). The dislocation of news journalism: A conceptual framework for the study of epistemologies of digital journalism. *Media and Communication*, 7(1), 259–270. doi: <https://doi.org/10.17645/mac.v7i1.1763>
- Fairclough, N. (1992). *Discourse and social change*. Cambridge: Polity Press.
- Feezell, J. T. (2018). Agenda setting through social media: The importance of incidental news exposure and social filtering in the digital era. *Political Research Quarterly*, 71(2), 482–494. doi: <https://doi.org/10.1177/1065912917744895>
- Fonn, B. K., Hornmoen, H., Hyde-Clarke, N., & Hågvar, Y. B. (Eds.) (2017). *Putting a face on it: Individual exposure and subjectivity in journalism*. Oslo: Cappelen Damm Akademisk. doi: <https://doi.org/10.23865/noasp.28>
- Hermida, A. (2014). *Tell everyone: Why we share & why it matters*. Toronto & Ontario: Doubleday Canada.
- Hornmoen, H., Roksvold, T. & Alnæs, J. (Eds.) (2015). *Individet i journalistikken*. Oslo: Cappelen Damm Akademisk.
- Hågvar, Y. B. (2016). *Nyhetsjjangere i nettaviser: Tekstnormforskjeller mellom nett- og papirnyheter i VG, Dagbladet og Aftenposten 2010–2014* (PhD dissertation). University of Oslo, Norway. Retrieved from <http://urn.nb.no/URN:NBN:no-55370>
- Hågvar, Y. B. (2019). News media's rhetoric on Facebook. *Journalism Practice*, 13(7), 853–872. doi: <https://doi.org/10.1080/17512786.2019.1577163>
- Kalsnes, B., & Larsson, A. O. (2017). Understanding news sharing across social media. *Journalism Studies*. doi: <https://doi.org/10.1080/1461670X.2017.1297686>
- Kim, S.-H., & Willis, L. A. (2007). Talking about obesity: News framing of who is responsible for causing and fixing the problem. *Journal of Health Communication*, 12(4), 359–376. doi: <https://doi.org/10.1080/10810730701326051>
- Mediebedriftene (2018). *Undersøkelse om betaling for nyheter 2018*. Retrieved from https://www.mediebedriftene.no/siteassets/dokumenter/betalingsrapport/mbl_rapport_betalingsfornyheter_2018.pdf
- Medienorge (2018). *Opplagstall norske aviser*. Retrieved from <http://www.medienorge.uib.no/statistikk/medium/avis/190>
- Olsen, R. K., & Solvoll, M. K. (2018). Bouncing off the paywall: Understanding misalignments between local newspaper value propositions and audience responses. *International Journal on Media Management*, 20(3), 174–192. doi: <https://doi.org/10.1080/14241277.2018.1529672>
- Paulsen, I. H. (2018). *Depresjon, drap, sammenbrudd og fisk: Endringer i dekingen av depresjon i Bergens Tidende og VG mellom 1996 og 2016* (Master thesis). University of Bergen, Norway. Retrieved from <http://bora.uib.no/handle/1956/18782>
- Slette-meås, D., & Kjørstad, I. (2016). *Nyheter i en digitalisert hverdag: En landsdekkende undersøkelse av ungdom og unge voksnes mediarelaterte praksiser og nyhetskonsumenter via smarttelefon, sosiale medier og nyhetsaggregatorer*. Oslo: Forbruksforskningsinstituttet SIFO – Høgskolen i Oslo og Akershus. Retrieved from http://www.medienorge.uib.no/files/Eksterne_pub/2016_sifo_nyheter_digitalisert_hverdag.pdf

- Statistics Norway (2018). *Norsk mediebarometer 2017*. Retrieved from https://www.ssb.no/en/kultur-og-fritid/artikler-og-publikasjoner/_attachment/346186?_ts=162d7feae58
- Stout, P. A., Villegas, J., & Jennings, N. A. (2004). Images of mental illness in the media: Identifying gaps in the research. *Schizophrenia Bulletin*, 30(3), 543–561. doi: <https://doi.org/10.1093/oxfordjournals.schbul.a007099>
- Strömbäck, J. (2008). Four phases of mediatisation: An analysis of the mediatisation of politics. *The International Journal of Press/Politics*, 13(3), 228–246. doi: <https://doi.org/10.1177/1940161208319097>
- Thurman, N. (2018). Newspaper consumption in the mobile age: Re-assessing multi-platform performance and market share using “time-spent”. *Journalism Studies*, 19(10), 1409–1426. doi: <https://doi.org/10.1080/1461670X.2017.1279028>
- Trilling, D., Tolochko, P., & Burscher, B. (2017). From newsworthiness to shareworthiness: How to predict news sharing based on article characteristics. *Journalism & Mass Communication Quarterly*, 94(1), 38–60. doi: <https://doi.org/10.1177/1077699016654682>
- Welbers, K., & Opgenhaffen, M. (2018). Presenting news on social media. *Digital Journalism*. doi: <https://doi.org/10.1080/21670811.2018.1493939>
- Wodak, R., & Meyer, M. (2009). Critical discourse analysis: History, agenda, theory and methodology. In R. Wodak & M. Meyer (Eds.), *Methods of critical discourse analysis* (2. ed., pp. 1–33). Los Angeles / London / New Delhi / Singapore/Washington DC: Sage.
- Zhang, Y., Jin, Y., Stewart, S., & Porter, J. (2016). Framing responsibility for depression: How U.S. news media attribute causal and problem-solving responsibilities when covering a major public health problem. *Journal of Applied Communication Research*, 44(2), 119–135. doi: <https://doi.org/10.1080/00909882.2016.1155728>