

Media, Medicine, Citizen, Capital: Theorizing the Production of Health and Disease

Review by William J. Robertson

Making Health Public: How News Coverage is Remaking Media, Medicine, and Contemporary Life

by Charles L. Briggs & Daniel C. Hallin

Routledge, 2016

In *Making Health Public: How News Coverage is Remaking Media, Medicine, and Contemporary Life*, Charles L. Briggs and Daniel C. Hallin engage in a collaborative interdisciplinary project aimed at illuminating the co-constitutive nature of media and medicine in the contemporary world. Briggs, a linguistic and medical anthropologist, and Hallin, a media and journalism scholar, have created a text that beautifully illustrates how health communication does more than simply convey biomedical knowledge to the public but actually takes part in ongoing processes of medical practice and knowledge production. Building on their past work on biocommunicability (Briggs & Hallin 2007; see also Briggs 2011), the authors introduce the concept of biomediatization to argue that biomedicine and the media are not two separate entities but instead work in tandem to produce bodies, medical spaces, and social relations more broadly.

The text is divided into two parts, each with three chapters, bookended by introduction and conclusion chapters. The Introduction succinctly and clearly lays out a map of the arguments and evidence that are presented in more detail in the main body of the text. It also provides some details about how the authors began working together and the bodies of literature they bring to bear on the project as well as a detailed explanation of the authors' three methodological/analytical approaches. First, they compiled and analyzed a massive set of news content, primarily from the mainstream media, to better understand the role of media in the creation and circulation of public understandings of health. Second, they have been engaged in ethnographic data collection since 2003, including interviewing

people in the media (e.g., reporters and editors) and health professionals (e.g., clinicians and health administrators) as well as engaging in participant observation in public health offices to observe how media shapes agendas and practices that inform the public's perception of health and disease. Third, they examined websites, polls and surveys by health organizations, and conducted focus groups to gauge the reception of health media among the public. Each of these approaches supports and informs the others in important ways such that none of them alone would have been enough to support the claims the authors make.

Part I lays out the authors' theoretical framework in a lucid and engaging manner. Chapter 1 reviews the concept of biocommunicability, which refers to the ways biomedical knowledge is created, circulates, and is received. The authors discuss three types of "biocommunicable models," which they use to explore the complex and interwoven issues of biomedical authority, patient consumerism, and citizenship. The ultimate argument of the chapter is that such models play a performative role in shaping and producing bodies and social relations, and they begin to theorize the specific ways this performativity occurs in Chapter 2 by introducing the concept of biomediatization.

Biomediatization is meant to complement and extend biocommunicability in that biocommunicability tends to treat the media and medicine as two separate though interactional entities, but biomediatization draws attention to how the two are actually deeply intertwined to extent that they are both implicated in the production of medical knowledge, the practices of medicine and public health, and in the construction of bodies and social relationships. Chapter 2 grounds this theorization in ethnographic data, and the authors share some of their own experiences to help contextualize biomediatization in quotidian life.

Shifting back to a more analytical tone, Chapter 3 explores issues of genre and framing in health media, paying particular attention to how journalists deal with (and, indeed, reproduce) biomedical authority. Far from simply engaging in representational and informational practices that present unbiased reporting on health and medicine, Briggs & Hallin demonstrate how health news is framed in socially, culturally, politically, and morally loaded ways. To do this, they analyzed health news on network television and coded each story as fitting into one of three frames: (1) a Biomedical Frame for when a story focused on biological causality or technological interventions; (2) a Lifestyle Frame for when a story emphasized an individual's life choices; and (3) a Social Frame for when a story emphasized social causes (e.g., political or economic structures) outside of individual control. Perhaps unsurprisingly, they found the Biomedical Frame was the most dominant. Briggs and Hallin thus argue that processes of biomediatization uphold and reproduce biomedical authority not just over health and

illness but other domains of life as well, though this happens in nuanced ways.

Part II contains three chapters that each present a different case study where Briggs & Hallin demonstrate the usefulness of the framework laid out in Part I. Chapter 4 focuses on the 2009 H1N1 (also known as “swine flu”) pandemic and interrogates the roles reporters played in producing diseases as social objects, especially in relation to issues of the state and biosecurity. Chapter 5 focuses on the pharmaceutical industry, paying close attention to the role of journalism in the merging of biomedicine and capitalism. Chapter 6 explores the ways health journalists invoke “post-racial” thinking to produce normative models of citizenship that often foreclose racial and ethnic minorities from access to such citizenship due to “cultural barriers” and indeed are themselves complicit in processes of racialization. These case studies reveal the power of biomediatization by providing concrete examples of the co-constitution of diseases through both biomedicine and media in both past and ongoing biopolitical issues.

The Conclusion briefly re-summarizes their main arguments and provides a few parting comments about some of the authors’ concerns and hopes for the kinds of work this text might encourage. Perhaps the most important take-away message from the concluding chapter is how biomediatization “involves neither the colonization of media by biomedicine, nor the other way around, but the creation of a complex field of boundary-objects and hybrid practices” (207), reminding readers that health news is an object that both journalists and biomedical professionals have in common, which is indicative of the entanglement of seemingly disparate social fields that include journalism, public health, biomedicine, consumerism, and citizenship.

Briggs and Hallin have provided an important conceptual framework that can be applied in many different contexts using a variety of methods (as demonstrated in their case studies). While their methods are appropriate for the scope of their project (built on over a decade of collaboration), their methods could also be useful for shorter projects as well. Their different areas of expertise have allowed them to create a unique text that is suited for a wide-ranging audience, which might include anthropologists, communication studies scholars, other social scientists and humanities scholars, clinicians, people in public health fields, journalists, activists, and the public. For anthropologists specifically, this text could be useful for those interested in biomedicalization, media and journalism, the sociocultural production of health and disease, language and communication, citizenship, biopolitics, political economy, professionalism and expertise, knowledge production, and performativity. The text’s engaging and accessible writing would make it a good fit for undergraduate and graduate courses alike.

Ultimately, Briggs and Hallin have crafted a well-written and engaging text that provides a useful framework for studying health and disease in the 21st century. This book has the potential to inspire anthropologists to take more seriously the role of media in the production and circulation of medical and lay knowledge about health and disease. Biomediatization is an especially valuable contribution to medical anthropology, and the concept could easily take a place alongside and re-shape understandings of many popular conceptual frameworks in medical anthropology such as biomedicalization, biocommunicability, embodiment, performativity/enactment, and pharmaceuticalization.

References Cited

Briggs, Charles L.

2011 Biocommunicability. In *A Companion to Medical Anthropology*, eds. M. Singer & P. I. Erickson. New York: Blackwell Publishing. 459-476.

Briggs, Charles L. and Daniel C. Hallin

2007 Biocommunicability: The Neoliberal Subject and its Contradictions in News Coverage of Health Issues. *Social Text* 25(4): 43-66.

William J. Robertson is a PhD Candidate in the School of Anthropology at the University of Arizona. His research interests involve questions concerning how biomedical knowledge and practice are wrapped up in the production and reproduction of sex/gender and sexuality.



© 2017 William J. Robertson