CHAPTER 1

Introduction

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At the time of writing this introduction, the coronavirus outbreak has become an international public health emergency of an unprecedented global scale. Starting in mainland China, where the coronavirus disease (COVID-19) was first reported from Wuhan, China, at the end of December 2019, the disease soon reached other territories with significant outbreaks in South Korea, Iran, Italy and other countries in Asia, Europe and America. As of early March 2020, there are few domains where the virus outbreak had no impact. Besides the growing amount of people affected by the disease, the coronavirus (COVID-19) has impacted national and international economies with global stock markets tumbling even as death toll climbs past 3000. The coronavirus is having a significant effect on international tourism and aviation, as many countries and regions have imposed temporary bans and introduced more strict border controls. In Europe, the debate on migration is now linked to the virus, whereas in Italy all schools and universities are temporarily closed. Major sports, entertainment and other public events like those organized by the international cycling union (UCI) are threatened with cancellation due to the...
pneumonia epidemic. The lockdown of a metropolitan area, like Wuhan in China or of smaller Italian cities in Lombardy and Veneto, is described by opinion makers as one of the most significant social experiments ever, which might change work-from-home practices and other future economic and social behaviour. The health crisis is even discussed in terms of its geopolitical and economic consequences, with some speculating upon its impact on China’s recent growth as an emerging world power.

We believe that for future historians of the 2019–2020 coronavirus crisis, however, it will be impossible to understand the far-reaching consequences and complexities without taking into account the roles played by media and communication. One of these is that news media and social media platforms not only are inundated with secure information, but are also spreading all kinds of disinformation on the epidemic. Whereas national authorities and health officials, in a growing number of countries, work hard for clear medical information and try to counter a wide-scale panic, the coronavirus outbreak has produced an overabundance of less accurate information. According to the World Health Organization (2020, 2), this “makes it hard for people to find trustworthy sources and reliable guidance when they need it”. This “infodemic”, as the WHO called it, is likely to cause an amplification of the panic, and this spiral of misleading information requires authorities to invest heavily in providing evidence-based information to the general public.

More fundamentally, however, the role of the media in the coronavirus crisis illustrates perfectly what Andreas Hepp and Uwe Hasebrink (2018, 16) call “deep mediatization”. This refers to a complex, long-term, non-linear and often contradictory process where different social domains are being more and more shaped by “an increasing spread of technologically based media in society”. For Hepp, Hasebrink and other scholars working around this concept (e.g. Couldry and Hepp 2018; Hjarvard 2013; Livingstone 2009), “it is no longer expedient to grasp the social impact of ‘media’ merely as the influence of a distinct domain (i.e. journalism) which is separate from other domains of the social world” (Hepp and Hasebrink 2018, 16). According to Hepp and Hasebrink (2018, 17–18), “No matter which domain of society we consider, its formation is in one way or another related to the technologically based media of communication, which are all becoming digital.”

Although the coronavirus emergency is an extreme example, it perfectly illustrates also how in contemporary society health issues and media are becoming more than ever closely intermingled. This volume on food,
nutrition and the media offers many examples of how images, stories and discourses on health are mediatized. One of the premises of this volume is that media not only inform patients, citizens and audiences on issues related to health, illness, (mal) nutrition and lifestyle. Following mediatization theories, most of the contributions follow the argument that the social world is fundamentally interwoven with media, and that media have the power to determine the perceptions and meanings of health and nutrition in the contemporary social world.

The field located at the intersection of media, communication and health has exploded in many different directions. Its research agenda has become much broader than what was often at the heart of health communication (e.g. public health campaigns, health education and communication between doctor and patient). An essential part of this expanding research agenda remains one of studying health-related information and discourses on health. Most of the contributions to this volume take this perspective, with many interesting examples of how food-related information are represented and mediatized.

A second field of research looks at the production of these mediated narratives and discourses, with traditional media diminishing their importance as critical gatekeepers in the flow of information between the medical world, the health industry and health officials on the one hand and citizens, consumers and patients on the other. One factor changing this relationship is the abundant availability of health information provided by Google, Wikipedia and all kinds of other digital platforms. Another is that many of the stakeholders in the health environment like the pharmaceutical industry or health insurance companies now have sophisticated tools to connect with, inform and influence citizens and patients. The health environment, however, became much more dynamic also with patient-support and advocacy groups, consumer organizations, and other stakeholders. Research on power relations between these stakeholders, and on how they are successful in influencing health communication and information, is still in its infancy (e.g. Van den Bogaert et al. 2018).

The third part of a broader research agenda on health and media refers to the receiving end of the health information chain. One important factor here is that thanks to the abundant availability of online health information on nutrition, diseases and health in general, citizens and patients have become more active. This empowerment of health information seekers tends to change the traditional patient–physician relationship. With Google, Wikipedia and other online health information platforms
becoming quick “know-it-all” parties (e.g. Huisman et al. 2019), the nexus between the media, the health industry and citizens have fundamentally changed.

REFERENCES

Couldry, Nick, and Andreas Hepp. 2018. The Mediated Construction of Reality. Cambridge, UK: Polity Press.

Hepp, Andreas, and Uwe Hasebrink. 2018. Researching Transforming Communications in Times of Deep Mediatization: A Figurational Approach. In Communicative Figurations. Transforming Communications – Studies in Cross-Media Research, ed. Andreas Hepp, Andreas Breiter, and Uwe Hasebrink, 15–50. Gewerbestrasse, Switzerland: Palgrave Macmillan.

Hjarvard, Stig. 2013. The Mediatization of Culture and Society. London: Routledge.

Huisman, Martijn, Stijn Joye, and Daniël Biltereyst. 2019. Searching for Health: Doctor Google and the Shifting Dynamics of Older Adult Patient-Physician Interaction. Journal of Aging and Health. https://doi.org/10.1177/0898264319873809.

Livingstone, Sonia. 2009. On the Mediation of Everything. Journal of Communication 59 (1): 1–18.

Van den Bogaert, Joyce Stroobant Sarah, and Piet Bracke. 2018. (Dis)entangling Medicine and Media: A Qualitative Analysis of the Relationship Between the Fields of Healthcare and Journalism. Health Sociology Review 28 (1): 69–84.

World Health Organization. 2020. Novel Coronavirus: Situation Report – 13. Geneva: WHO. Available at: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200202-sitrep-13-ncov-v3.pdf. Accessed 2 March 2020.