Public health surveillance and the media: a dyad of panoptic and synoptic social control

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This paper examines how Foucault’s [(1979). Discipline and punish: The birth of the prison. New York, NY: Vintage Books] concept of the panopticon coexists in a dyadic relationship of social control with the system of the contemporary mass media – the “synopticon” [Mathiesen, T. (1997). The viewer society: Michel Foucault’s “panopticon” revisited. Theoretical Criminology, 1(2), 215–234], and the relevance and significance of this dyad of social control to public health. We consider its application in the examination of several public health issues, including motherhood and gambling, and we extend Mathiesen’s work to include consideration of newer interactive forms of mass media and social media and demonstrate how these contribute to this social control, again examining this in the context of public health issues and campaigns, such as alcohol and smoking, as well as noting that newer media formats may present opportunities for resistance. We explain how this theoretical concept might be used more generally in consideration of public health research and interventions.

Keywords: communications media; public health; social control; panopticon; synopticon

Foucault’s (1979) concept of the panopticon, with its dual focus on surveillance and self-regulation, is well established in the discourses of public health. Yet this concept has limitations, in that it does not acknowledge the social control functions of another significant and complementary aspect of modern society: the mass media. In this paper we consider how the panopticon coexists in a dyadic relationship of social control with the “synopticon” – the system of the modern mass media (Mathiesen, 1997) in relation to public health. We extend the concept of the synopticon to consider how various media devices contribute to their role in social control, and then we use examples from public health, to exemplify these concepts and explore how they contribute to the public health examples. We contend that the relationship between the panopticon and synopticon has become more nuanced than Mathiesen (1997) initially proposed, and that the increasing online presence of mass media, and interaction with social media add further intricacy to this dyad. We suggest that explicit consideration of the roles of the panopticon and the synopticon may offer opportunities for advancing our understandings of social control in public health.

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The panopticon

Foucault developed the notion of the “panopticon” to explain the form of modern surveillance. He used the symbolism of Jeremy Bentham’s prison design to draw attention to an essential societal change whereby modern society became “one not of spectacle, but of surveillance” (Foucault, 1979, p. 217). In Bentham’s prison, the design allowed the prison guards to have an unobstructed view of the entire prison, yet the prisoners did not know if they were being observed at any one time, and so would behave as if under constant surveillance. Using this concept as a metaphor, Foucault argued that surveillance became the pre-eminent form of social control, having replaced the spectacle of sovereign power of previous times. The “few” watch the “many” and important social institutions, including health and medical institutions, undertake surveillance functions such as assessment, classification and diagnosis. These “methods of fixing, dividing, recording” have led to an “immense activity of examination that has objectified human behaviour” which has spread throughout society (Foucault, 1979, p. 305). As a result of potentially being under constant surveillance, the panopticon also encourages self-surveillance and self-discipline, where self-discipline becomes the replacement of torture as the practical method of social control (Eckermann, 1997).

At its most conspicuous, we see this surveillance in the periodic collection of census data, which can then be used to profile various populations and subsequently to guide government policies and responses – such as what public services and facilities may be needed or obsolete – that in turn can affect the life chances of affected populations (Simon, 2002). The sharing of police data across borders to track and pursue criminals internationally is another example (Zureik & Salter, 2005).

In public health, we are familiar with panoptical surveillance in the form of epidemiological data sets (Petersen, 2007) and health screenings (Cheek, Shoebridge, Willis, & Zadoroznyj, 1996). The collection and classification of numerical data on whole populations brought everyone under surveillance (Armstrong, 1995) and so, within populations, problems can be identified and interventions deployed. The collection of large data sets has allowed for the establishment of healthy or “normative” states and unhealthy or “deviant” states (sometimes underpinned by moral arguments), which can then be used to inform political and administrative decisions about interventions to improve health and reduce deviance. In addition to its role in the “discovery” of disease-causing factors, therefore, surveillance through epidemiology has regulatory, evaluative and policy functions (Petersen & Lupton, 1996).

Public health surveillance is undertaken in many settings. These include the collection of population data on individuals’ height and weight for the purposes of calculating body mass index and the associated health risks for different weight categories. The continuous collection of infectious disease data is an example of ongoing population surveillance which is used to determine disease control responses. Other examples include the monitoring of women during pregnancy through scheduled prenatal visits, monitoring of babies at birth and then ongoing surveillance of infancy and early childhood development through visits to child health nurses at particular ages and stages (Armstrong, 1995; Lupton, 2013). In all these cases, the “many” (the members of the populations: overweight people, infected people, mothers and children) are surveilled by the “few” (health professionals and researchers).

Panoptic surveillance informs public health campaigns, and individuals are encouraged to monitor and regulate their own health and health-related behaviours. In this way panoptic surveillance promotes personal responsibility and self-discipline whereby “persons themselves and their bodies are turned into ‘objects’” and individuals enact a “practice of control” (Eckermann, 1997, p. 157). For example, epidemiological studies which have highlighted the harms of alcohol overconsumption (Australian Institute of Health & Wellbeing, 2013) have led to guidelines and
campaigns which encourage individuals to monitor and discipline their own alcohol consumption, and in some instances, the alcohol consumption of others (Australian Government, 2014). Public health concerns around nutrition, overweight and chronic disease have resulted in initiatives which encourage the consumption of five serves of vegetables and two serves of fruit per day (Australian Government, 2008), suggesting that people should be checking their daily fruit and vegetable intake and adjust it if it does not meet the recommendations. During pregnancy, the mother is encouraged to exhibit self-discipline in her behaviours, such as eating, drinking and exercise, to ensure a healthy foetus and pregnancy; and then when the child is born, as the primary carer, the mother is principally responsible for ensuring a healthy childhood for the infant. In modernity, mothers are subject to surveillance through the constant “pressure of being watched by others in formal and informal settings” (Henderson, Harmon, & Houser, 2010, p. 235).

The mass media and the synopticon

Despite its cogency and influence, Foucault’s concept of the panopticon as the pre-eminent form of modern social control has been criticised for ignoring an important development that occurred concurrently with the expansion of universal surveillance: the advent of the modern mass media (Mathiesen, 1997, 2004). Mathiesen (1997) discussed the synopticon concept in relation to media coverage of crime, but it is a theoretical concept worthy of consideration in public health and the media. He contended that the mass media are complementary, parallel and interlinked with the panopticon, and the mass media constitute a system he has termed the “synopticon”. The synopticon allows “the many to see and contemplate the few”, and that the synopticon “directs and controls or disciplines our consciousness” (Mathiesen, 1997, p. 230) through a whole system of messages, produced by many different media stories, rather than isolated single ones. For example, health stories and issues may be represented in the media in a range of formats, such as editorials, advertisements, advertorials, entertainment, movies, series and reality television.

To better understand this concept of how different types of media representations of stories contribute to this system of messages, it is useful to explore different health story formats along with some of the common devices used in the presentation of such stories. Seale (2002, p. 27) suggests that “the media set up and deploy a variety of oppositions … in media health portrayals”. Such oppositions can include life and (the threat of) death, the ugly and the beautiful, the normal and the freak, safety and danger, pleasure and pain, cleanliness and dirt, disaster and repair, heroes and villains, orthodox and unorthodox, professional and lay, and female and male (Seale, 2002, 2003). Core components of these oppositions are the dangers of modern life, villains and freaks, victimhood, professional heroes and lay heroes. In contemporary media, stories about victims and victimhood generally use the most vulnerable in our society – children, such as stories about child abuse and sick children (Seale, 2003). Similarly, others have also found that news and current affairs coverage of health and medical issues readily conform to core representations such as the bizarre, miraculous medical breakthroughs and stories with moral warnings, along with less frequent media representation of stories about prevention (Chapman & Lupton, 1994).

Within these different types of media stories there are also specific devices, such as the use of statistics and numbers, metaphors and images, which contribute to the system of messages. Whilst a review of all the differing types of devices that may be used in media stories is beyond the scope of this paper, we explore a few to demonstrate how these may individually contribute to how health issues are represented and how collectively they all form part of the synopticon.
Media coverage of health issues commonly draws on statistics and epidemiology in the creation of newsworthy stories. Statistics are knowledge of the state, and are an administrative apparatus essential for governing the state and for social control (Foucault, 2007). Statistics are an important part of panoptic epidemiology and surveillance activities. They are used to summarise and clarify social issues and provide information on the size of social problems (Best, 2012). They can be used to determine who is to be treated, who is to be subjected to specific interventions and who is to be excluded (Louckx & Vanderstraeten, 2014). Using numbers, such as statistics, in media stories can create strong contrasts (Seale, 2002) and give strength to an opinion by inferring scientific method and findings (Best, 2012). Statistics and numbers can be used as tools in political struggles about social issues; for example statistics can be used to support particular points of view or to garner support or arouse public outrage (Best, 2012).

Metaphors are another device commonly used in media stories, and one which normally goes unnoticed by the audience (Thibodeau, Boroditsky, & Lauwereyns, 2011). The use of enemy and war are classic examples of the use of metaphor in portrayals of health issues (Seale, 2002; Sontag, 2001). Metaphors used in this way can profoundly influence how people understand and respond to social issues (Thibodeau et al., 2011). For example, portrayals of heart disease have been found to use metaphors of defective machinery (Weiss, 1997), in contrast with metaphors of AIDS which have been suggestive of pollution (Sontag, 2001; Weiss, 1997). In media portrayals of obesity, the use of disaster analogies and metaphors raises alarm and contributes to the moral panic surrounding this health issue (Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006; Goode & Ben-Yehuda, 1994; Holland et al., 2011; Saguy & Almeling, 2008).

Images are integral to many media stories. They help us create meaning about social, political and health issues (Gamson, Croteau, Hoynes, & Sasson, 1992). Public health campaigns use images to evoke emotions such as regret, fear and disgust in order to encourage behaviour change (Lupton, 2014). The selection of different images in stories or campaigns can be used to create positive or negative responses. For example, the use of positive imagery in obesity news reporting may encourage people to act more positively towards obese people (Pearl, Puhl, & Brownell, 2012) and may reduce stigma (McClure, Puhl, & Heuer, 2010), whereas images that exclude obese people’s heads and faces can portray obese people as objects of cultural fear (Cooper, 2007) and reinforce stigma (Puhl, Peterson, DePierre, & Luedicke, 2013).

These diverse story formats and devices are components of the wider synoptical system, and these are used to position health issues in certain ways, and in turn contribute to an overarching system of synoptical messages that may work in tandem with supportive panoptical surveillance.

The synopticon’s system of messages can contribute to the enculturation of the audience by creating generic understandings of the world, through producing and reproducing norms and standards of acceptable behaviour. In this way the panopticon and synopticon perform “decisive control functions in modern society” (Mathiesen, 1997, p. 219); and for some health and social issues appear to work very effectively as an integrated dyad of social control.

**Public health media and (un)intended outcomes**

Whilst many public health campaigns achieve their desired aims, there are other examples of public health campaigns with limited success or mixed results, such as within obesity (Walls, Peeters, Proietto, & McNeil, 2011), smoking (Siegel & Biener, 2000) and physical activity (Kahn et al., 2002). There is also potential for public health and health promotion initiatives to do harm by being negatively focussed and creating stigma and disempowerment. For example, public health media campaigns which invoke disgust may marginalise already disadvantaged social groups and individuals (Lupton, 2014). Similarly obesity prevention campaigns may have paradoxical and unintended consequences, such as making overweight people feel devalued
and rejected, leading them to engage in behaviours that may exacerbate obesity (Major, Hunger, Bunyan, & Miller, 2014).

More generally, the ways in which media interact with epidemiological data to present health issues can have negative implications. For example, in Australia Indigenous health news reporting often draws on statistics and epidemiological data to demonstrate poorer health outcomes compared to the wider population (e.g. see such news reports: Hutchens & Swan, 2014; Rose, 2010). Most Australian media coverage of Indigenous health issues have been found to be negative (Stoneham, Goodman, & Daube, 2014), and such negative media coverage of Indigenous Australians perpetuate racist stereotypes among the broader population, and have negative effects on the health of Indigenous Australians (Sweet, 2009).

The theoretical perspective of the panopticon and synopticon as a dyad of social control, as presented in this paper, offers a new and innovative conceptual tool for understanding how health issues are represented in the media. We suggest that newer forms of mass media and social media are extending and verifying this dyad, and that this may be creating opportunities to broaden discourses about public health issues. The recognition of the importance of the dual system of the panopticon and synopticon together has valuable implications for public health and may be a useful lens for analysing health-related media data and for considering the potential impacts of public health interventions. To further explore this, we first use the example of motherhood and pregnancy, and then through the consideration of other public health issues we examine the limitations of this dyad, along with how it may be further extended within a changing media environment.

**Surveillance and control of motherhood**

The media represent a broad range of messages relating to pregnancy, with pregnant women being encouraged to “engage in a bewildering array of risk-aversive behaviours to ensure the health and optimal development of their foetuses” (Lupton, 2012, p. 330). Media messages dictate that pregnant women are responsible for their own health and for the health of their foetuses (Sha & Kirkman, 2009). They present optimal ages for pregnancy – neither too young nor too old (Hadfield, Rudoe, & Sanderson-Mann, 2007). Teenage mothers are generally portrayed negatively in the media (Wilson & Huntington, 2006); whereas when women delay pregnancy until after the optimal maternal biological age, the media may portray them as solely responsible for choosing the timing of their pregnancies and then hold them responsible for all the health risks to mothers and babies that are associated with later pregnancies (Budds, Locke, & Burr, 2013). Pregnancies in older women are “routinely pathologized in … media discourses” (Betterton, 2002, p. 260), and older mothers are excluded from visual representations of pregnancy (Betterton, 2002). Such messages – explicit and implicit – can contribute powerfully to social control (Fischer & Poland, 1998).

In cases of pregnant women suffering from obesity, the media highlight the risks these women pose to their children (Keenan & Stapleton, 2010), suggesting that they may be programming their children for lives of poor health and obesity (Warin, Zivkovic, Moore, & Davies, 2012). This is consistent with the suggestion that the media commonly focus on child safety and that children provide the most effective victim portrayals (Seale, 2003).

Pregnant women who smoke are also vilified (Oaks, 2000; Reid, 1997). When an Australian “media personality” was photographed smoking while pregnant, a barrage of media coverage was unleashed, followed by a three-way bidding war for the photographs, in which one of the bidders was the media personality herself, apparently “desperate to keep her cigarette shame a secret” (Byrnes & Dunleavy, 2013). The media personality then “confessed” on air about her smoking and begged the paparazzi not to write her story “because I know how bad it looks” (Byrnes,
In this instance it may be that this media personality threatened “our modern sense of normality” (Seale, 2003, p. 521), and so became a target for media attention. Her transgression provided an opportunity for the media to voice social outrage for putting her foetus at risk. It allowed synoptical media audiences (the “many”) to examine an individual (the “few”). In this instance, the media coverage appears to have reinforced norms of acceptable and unacceptable behaviours for pregnant women.

Public health social marketing campaigns around pregnancy provide another example of the synopticon at work. Campaigns targeting pregnant women encourage them to display self-discipline and good citizenship by avoiding risky behaviours such as alcohol consumption, smoking and over-nutrition. A moral tone is employed that insinuates these women are neglectful and irresponsible if they do not comply with official recommendations (Wigginton & Lee, 2013). The imperatives continue following the births of their children, with new mothers being encouraged to attend regular childhood health and development appointments (for panoptic surveillance activities of weighing and measuring), to ensure healthy eating but not over-nutrition (again suggestive of the ongoing need to surveil one’s child to ensure the child meets socially and/or medically acceptable body weight norms), to immunise against key diseases, etc. If a woman does not comply with any of these requirements, she may be portrayed in the media as irresponsible and a “bad” mother who poses a danger to her children, the family, the wider community and indeed, the country (Bell, McNaughton, & Salmon, 2009). If she omits immunisation, she is labelled thoughtless, irresponsible and uneducated (Conis, 2013).

The messages represented in news stories converge with those coming from other sources. For example, women’s magazines present special features to coincide with health promotion weeks or days, such as “No Tobacco Day” (Bonner, McKay, & Goldie, 1998), so that editorial and public health social marketing campaign content are often consistent. Media advertising also contributes to the system of control, with mothers often being the target of implicit and explicit promotional images focusing on the health of children (De Iulio, 2013). The embedding of the self-regulation and discipline of “good” parenting into daily parenting practice is encouraged through advertising and marketing campaigns from companies that sell baby monitors which can monitor movement, breathing, sounds and images (Lupton, 2013). In summary, pregnant women and mothers are the targets of an almost endless barrage of synoptical messages which act as a supplementary system in the service of the panopticon.

As Mathiesen (1997) argues, Foucault’s contention that modern society had moved away from spectacle towards surveillance as a form of social control fails to recognise the potency of the contemporary synopticon. On the contrary, in modern society spectacle persists, albeit in a different form: within the mass media, which have become their new locus, replacing erstwhile, outdated forms such as public executions or torture. Spectacle still contributes powerfully to social control, but now it is the people themselves who are made the focus of the spectacle. Not individuals, but “threatening kinds of people” (Seale, 2003, p. 521), has become the object of attention. It is non-compliant, “bad” mothers who reject public health advice and pose threats to themselves, their children and society. In this manner, the categories of “normal”, “acceptable”, “deviant” and “unacceptable” are defined (Cohen, 2011; Cromer, 1978), in terms of either compliance or non-compliance with officially sanctioned public health behaviours. Even from our brief review herein of how the media portrayed a pregnant, smoking celebrity, we can determine several devices used to present the story. The media personality was the “villain”, the foetus the “victim” and visual imagery of the woman smoking whilst pregnant was used to demonstrate her misbehaviour. In this way the synopticon embraces visual imagery (Hier, 2002) and makes use of it as part of its role in social control. The media personality’s subsequent media confession and response are also suggestive that she has internalised a panoptic self-surveillance, informed by an understanding of the risks of smoking (as demonstrated by epidemiological research), and/or the role of the synopticon in exerting social pressure. The
media both create and enforce the concept that the socially acceptable enactment of motherhood depends on self-discipline and personal responsibility, regulated by panoptic surveillance.

**A complex dyad**

We have used the examples of pregnancy, childhood and mothering to show how the panopticon and synopticon may operate as a cohesive dyadic system of social control. Whilst the panopticon and synopticon interact intimately, they are not always in complete alignment. The media is a site for diverse messages and also diversity in the producers of those messages. That is, within the media there may be editorial, advertisements, entertainment-related content, advertorial, pictorial and audience-derived content. Sometimes the messages are not cohesive but may vary according to the social and commercial contexts, and the same behaviours can be represented as either beneficial or harmful. Issues where this may be the case include alcohol, food and gambling. Gambling is portrayed in some settings as acceptable and even desirable and in others as the cause of serious social harm. Social marketing campaigns which address “problem gambling” (Victorian Responsible Gambling Foundation, 2013) and “youth gambling” (Messerlian & Derevensky, 2006) coexist with advertising, movies and general television coverage that show gambling in a positive light. For example, the Melbourne Cup horse race has been socially constructed as a secular pilgrimage, tied to cultural traditions and issues of personal and Australian national identity (Cusack & Digance, 2009); casino gambling is marketed as an exciting and glamorous entertainment (McMullan & Miller, 2010) and advertising encourages lottery gambling by promising the possibility of huge jackpots and easy wins, and life-changing outcomes (McMullan & Miller, 2009). For gamblers the messages are diverse, with public health campaigns sometimes being directly contradicted by other media messages.

In some instances, the panopticon and synopticon can operate as a highly effective dyad of social control, yet the nature of this dyad can be complex and nuanced, and there are also examples where this is in conflict. Media narratives are embedded in wider, complex discourses which can be changing and even contradictory (Hier, 2002). Yet the synopticon can act to intensify surveillance activities.

Along with complex and dynamic discourses, audience diversity may also impact on the influences of the panopticon and synopticon. A limitation of the panopticon/synopticon dyad is that it does not take account of how media audiences engage with media content. Media audiences make selective decisions about the media sources they access based on their personal preferences (Iyengar & Hahn, 2009), and they interpret what they see and hear in the media within the context of what they already know, and what they have learnt from other sources (Kitzinger, 1998). Audience engagement and readings of media messages can be diverse – they may align with dominant media discourses and ideas, or audiences may reject and resist how an issue is represented in the media (Seale, 2003), although it may be that newer forms of media and social media do provide insights into how audiences engage (see section herein on *Modern forms of media – extending social control* for further discussion on this).

We do not propose that the synopticon will act as a cohesive form of social control for all health issues, but we contend that it offers a useful theoretical tool for considering how health issues are portrayed in the media and how these issues may interact with public health data. Researchers and public health practitioners commonly draw upon epidemiology and other public health data sets to build a case for research and programme funding or to advocate for change. Using the theoretical concepts presented herein can help researchers and practitioners to elucidate potentially paradoxical ramifications of presenting their “case” in such a way. The earlier example of coverage of Indigenous issues in Australian media and the negative outcomes from such coverage is a pertinent example. Whilst there is an essential and legitimate role for
researchers, practitioners and the media in providing evidence and highlighting disadvantage and poor health outcomes, using the panopticon and synopticon to consider an issue allows for the recognition that there can be detrimental impacts of such reporting, which may be in conflict with public health intentions.

Media coverage of obesity is another example where consideration of how panoptical public health data and the synoptical media influence can be useful in understanding and then potentially working towards reducing unintended and paradoxical outcomes. Media coverage of obesity data has been found to be problematic (Boero, 2007; Holland et al., 2011), and ironically the stigmatisation of obesity in media coverage can lead some people to engage in behaviours that may contribute to obesity, through consuming more calorie-rich food and reducing feelings of self-efficacy in relation to being able to control diet (Major et al., 2014). Furthermore, obese people feel that the difficulty of weight loss is not well understood by other people (Puhl, Moss-Racusin, Schwartz, & Brownell, 2008), yet public health campaigns, which draw upon epidemiological data, portray weight loss as easy which is in contrast with the experiences of obese people (Lewis et al., 2010). Having a better understanding of how these factors work together could be used to aid in the development of intervention and campaigns where efforts are made to reduce or eliminate such unintended consequences, whilst still aiming to achieve stated public health outcomes.

As these examples illustrate, using the panopticon and synopticon researchers and practitioners can consider how the evidence and data they present may add to discrimination and stigma experienced by the population they are trying to help. This may encourage the development of different perspectives, such as a strengths-based perspective, rather than the traditional “deficit” perspective, which may better reflect the experiences and hopes of people. In this way, the synopticon and panopticon allow the exploration of an issue from a range of perspectives, and so may aid in improving practice and influence, and also highlight ethical issues.

Used alongside other perspectives and theories, such as audience research, the panopticon and synopticon may offer insights into how media health issues can be shifted to be more aligned with public health objectives.

Modern forms of media – extending social control

In describing the interaction between the panopticon and synopticon, Mathiesen (1997) provides the example of consumers synoptically watching television advertisements, which result in them buying products, with their transaction panoptically surveilled by the advertiser. Yet opportunities to directly interact with the mass media have changed considerably since Mathiesen (1997, 2004) developed the concept of the synopticon. Whilst he did recognise the Internet as part of the synoptical system (Mathiesen, 2004), he was somewhat dismissive of its potential interactivity contending that this was limited by its narrow user base and increasingly commercial focus (Mathiesen, 1997). He did not envisage how new media forms and social media would interact and extend traditional mass media formats.

An important emergent addition to mass media is interactivity – the ability for readers to comment online in response to news articles (Santana, 2011). Readers’ comments can be speculative, rude or insensitive, and might not be published if written by staff member or submitted in a letter to the editor (Hlavach & Freivogel, 2011). We propose that readers’ comments may present an expansion of synoptical influence. We reviewed an online news article (Hagan, 2014) about binge drinking in pregnancy. The article had 10 online reader comments before the comments were closed, the majority (eight) of the online reader comments were in alignment with public health recommendations for alcohol abstinence during pregnancy. Readers’ comments included “Alcohol kills baby’s brain cells, just as we know it does to adults. Why would you do that to your unborn child?” and “We need to call it what it is. It’s child abuse … ” There was one contrary
reader comment which suggested that the current focus on alcohol abstinence during pregnancy is all about political correctness: “Yet the PC [sic: political correctness] brigade is up in arms about a single drink, a classic case of an apex fallacy of heavy drinking bad so all drinking bad”. In this example, the “many” (online media readers) can see, contemplate and then comment on the “few” (binge drinking pregnant women). However, the one contrary reader detailed above highlights the opportunity for resistance to the panopticon and synopticon, and how this resistance can be displayed publicly. Consistent with this, Doyle (2011) suggests that whilst the rise of the Internet has been criticised for providing further opportunities for surveillance, it has also given rise to additional opportunities for resistance and activism.

The interaction between mass media social marketing and Twitter is another emerging area which may attest the influence of the synopticon. An anti-smoking media campaign used Twitter alongside its usual media activities to enhance its public health message (Szczypka, 2013). Again the “many” (Twitter users) were able to comment on the “few” which was an imagery of a woman who had a “hole in her neck” from smoking-related cancers that was used in the anti-smoking campaign. This campaign also exemplifies how fusion of the panopticon and synopticon may occur. For example, the data from such campaigns can be tracked in terms of Twitter metrics (number of views, tweets and retweets), along with web analytics, such as click throughs and number of page visits onto associated websites, so that panoptic surveillance can be undertaken on the reception of the synoptic message.

These converging media environments and new media practices add another layer of complexity to the synopticon which has not been considered in detail before.

**Applying the dyad**

Consideration of the panopticon and synopticon may be useful in two practical ways in public health. Firstly, it may be useful as a novel theoretical framework and conceptual tool in public health media research, such as when analysing health-related media data and also audience reception and responses to health-related media. There are many studies that explicitly examine media coverage of health issues, but there are limited studies which examine how such media coverage relates to public health data collection and dissemination, and media and social media coverage using sociological perspectives. The panopticon/synopticon dyad could be used to inform the development of such studies through theory-informed sampling so that researchers include both data sets (media and social media data and public health surveillance activities and associated public interventions) in their studies. In this way the sample selection is conceptually driven by the theoretical framework (Curtis, Gesler, Smith, & Washburn, 2000). For example, when seeking data relating to a health issue, within a bounded timeframe, researchers could collect (i) media coverage (news, entertainment and/or advertising) on the issue as one form of data, (ii) public health reports and announcements about the health issue as another data source, (iii) information about public health social marketing interventions about the health issue as another data source and (iv) any social media responses and interactions with the three aforementioned data sets (tweets, Facebook posts, reader comments on online articles, etc.) as a final data source. Whilst this would potentially be a large and complex data set, this breadth of data could provide insights into how these various forms of data interact as a system and how they may reinforce or contradict one another, including consideration of how spectacle may feature, be interacted with and (possibly) used to emphasise self- and community surveillance.

The dyad could also be used to inform the development of interview schedules when interviewing people about their perception of public health issues and media portrayals of public health issues, so that perceptions of such interactions could be explored, along with responses to these forms of social control. For example, when investigating media coverage of a health...
issue with community members, interview schedules could explicitly explore (i) perceptions of how the health issue is covered in different media formats (e.g. news, entertainment and advertising); (ii) how the person may interpret any similarities or differences in these different forms of coverage; (iii) how the person perceives such coverage relating to the research findings and the interests of government, non-government organisations and the private sector; (iv) if they personally respond to such coverage through their social media activities; (v) what they think of more general social media activities around the issue and (vi) their perceptions of the influence these different factors have on their own health behaviours and concerns, and those of other people. The dyad could be used to assist in understanding online media and social discussions about health issues, as it allows researchers to explicitly consider the role of public health data in shaping such discussions and can allow for the consideration of opposition and resistance that may manifest in such places. This dyad could also be used when conducting thematic analysis on relevant data sets, in that thematic analysis allows for the consideration of pre-existing theory to aid in interpretation (Liamputtong, 2009), so that these theoretical concepts can be used to analyse and interpret data. Additionally formal consideration of the dyad might be used to raise awareness amongst researchers and practitioners that activities promoting public health data can have unintended, and sometimes negative, consequences when such data are presented in the media.

Secondly, it may be useful as a theoretical tool to aid in the development of theory-informed public health responses, whereby this theoretical perspective is used as a tool for enhancing understanding of complex situations and public health problems (Green, 2000). As noted herein, considering the potential interaction between the synopticon and panopticon may highlight unexpected and/or unintended impacts of interventions. Arguably interventions developed with explicit and deep theoretical foundations are more effective than those lacking a theoretical base, and also that interventions which bring together multiple concepts and theories have larger effects (Glanz & Bishop, 2010). Different types of theories can be used in different ways: “explanatory theory” describes the reasons why an issue exists, and helps to identify factors which contribute to an issue and which can be challenged and changed; whereas “change theory” guides the development of interventions, as it clarifies concepts that can be translated into programme strategies, and serves as a basis for programme evaluation (National Cancer Institute, 2005). The panopticon and synopticon dyad as we have presented herein, with our additional consideration of its interaction with newer media forms, is an explanatory theory, and when applied with other theories may provide useful insights for the development and delivery of public health interventions.

For example, behaviour change programmes have been criticised for focusing on the individual and ignoring the wider social and structural influences on health (Baum, 2003). If using the transtheoretical model of change (Prochaska & Velicer, 1997) as the basis of a behaviour change intervention, whilst also being cognizant of the wider environment, the synopticon/panopticon might be a useful addition in considering the interplay between public health data, surveillance and media in the broader social environment and how this may impact on behaviour change for individuals at different stages within the model (precontemplation, contemplation, preparation, action, maintenance and termination) and so assist in tailoring activities to move people through the stages of change. As such, combining behaviour change theories with social theories, such as the panopticon and synopticon dyad, can aid in a richer understanding of the health issue being addressed. Another way of using the panopticon and synopticon dyad with other theories may be when considering social marketing campaigns. Social marketing is based on the adaptation of the modern commercial marketing theory and practice, and is used as a means of guiding and aiding social change campaigns (Dann, 2010). As the synopticon considers the media “system”, it takes account of broader media activities (such as advertising and
entertainment media), which are beyond what would generally be included in a social marketing campaign. Using the synopticon to understand the media environment could allow researchers and practitioners to consider what other media influences may be supporting or hindering their efforts. When also then used with the panopticon, researchers and practitioners can critically consider how their use and the broader use of panoptical surveillance and public health data may hinder or support their social marketing campaign activities.

Many key public health strategies are dependent on epidemiological (panoptical) data and media-based social marketing (synoptical) campaigns. Formal theoretical consideration and analysis of the role and nature of both the panopticon and synopticon in public health issues, of the complex interplay between them and of emergent online media modalities may increase understandings of public health issues and identify factors contributing to such issues, and so be suggestive of what could engender required changes. Recognition of the interconnectedness of these modalities of social control, both tied to the deployment of media resources but requiring different and sometimes opposite approaches, may generate novel tools for addressing health issues that presently appear intractable.

The theoretical perspective of the panopticon and synopticon as a dyad of social control, as presented in this paper, offers a new and innovative conceptual tool for understanding media representations of health issues. Our examination and discussion of the panopticon and synopticon build upon Mathiesen’s work (1997, 2004), by applying it to public health issues. Furthermore, we have extended these theoretical concepts by demonstrating how various media story formats and devices contribute to the synoptical system, and also by showing the contribution of new media forms to the synopticon and panopticon. The dual system of the panopticon and synopticon is a valuable theoretical concept for understanding public health issues and interventions.

Future examinations of the panopticon/synopticon dyad and public health could present and explore these ideas more explicitly in relation to Foucault’s conceptualisations of how knowledge, power and discourse interact, and particularly consider public health data and campaigns, media coverage and social media activity as discursive practices in enacting power and social control.

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