

A Decade of Research on Health Content in the Media: The Focus on Health Challenges and Sociocultural Context and Attendant Informational and Ideological Problems

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There is a burgeoning interest in the health and illness content of popular media in the domains of advertising, journalism, and entertainment. This article reviews the past 10 years of this research, describing the relationship between the health topics addressed in the research, the shifting focus of concerns about the media, and, ultimately, the variation in problems for health promotion. I suggest that research attending to topics related to bodily health challenges focused on whether popular media accurately or appropriately represented health challenges. The implication was that there is some consensus about more right or wrong, complete or incomplete ways of representing an issue; the problem was that the media are generally wrong. Alternatively, research addressing topics related to sociocultural context issues focused on how certain interests are privileged in the media. The implication was that competing groups are making claims on the system, but the problem was that popular media marginalizes certain interests. In short, popular media is not likely to facilitate understandings helpful to individuals coping with health challenges and is likely to perpetuate social and political power differentials with regard to health-related issues. I conclude by offering some possibilities for future health media content research.

The early 1980s heralded a burgeoning interest in the health and illness *content* of popular media or mass media not “identifiably or strategically designed for a definable health campaign goal” such as that in the domains of advertising, journalism, and entertainment (Kline, 2003, p. 557; cf., Basil et al., 1991; Gerbner et al., 1981; Larson, 1991; Payne et al., 1989; Turow & Coe, 1985). By 1990, one edited volume in health communication included a chapter on health images in the mass media (Ray & Donhew, 1990) and another dealt specifically with news, advertising, and entertainment media (Atkin & Wallack, 1990). In the past decade, health communication survey textbooks and edited volumes increasingly used popular media examples throughout their texts and also included more focused discussions of research in at least one chapter (Beck et al., 2004; duPre, 2000; Geist-Martin et al., 2003; Jackson & Duffy, 1998; Kar & Alcalay, 2001; Thompson et al., 2003). Other books provided analyses of health-related representations in different genres and topics (Gwyn, 2002; Marchessault & Sawcchuk, 2000; Parrott & Condit, 1996;

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Seale, 2004a, 2004b; Tulloch & Lupton, 1997). These texts evidence the widespread attention to health content in popular media in a range of interdisciplinary journals.

What are the lessons learned from research on mass media content for health communication? Briefly, research consistently has concluded that health-related content in popular media is problematic from a health promotion standpoint. As I will demonstrate in this review, research indicates that popular media is not likely to facilitate understandings helpful to individuals coping with health challenges; at the same time, popular media is likely to perpetuate social and political power differentials with regard to health-related issues.

The purpose of this review is to examine the relationship between the health topics addressed in the research, the shifting focus of concerns about the media, and, ultimately, the variation in problems for health promotion.¹ First, I suggest that, broadly speaking, there are two categories of health topics that have garnered attention from media content scholars: bodily health challenges and political/sociocultural context issues.² More to the point, with shifts in research *topic*, there are concomitant shifts in the *focus* of the concerns about media content that give different impressions about how the media (can) represent health concerns and, thus, suggest different types of *problems* with the media. Conversely, attention to the topics and foci of media content research brings into sharp relief additional possibilities for interrogating health media. Thus, I conclude with suggestions for future research.

Search

Because mass media research in health communication is so diverse, it is important to explain my search criteria. I searched regional, national, and international communication journals, examining titles, abstracts, and article text (i.e., not keywords in indexes, which often missed relevant studies) for indicators that the study addressed the domains of journalism, entertainment, and advertising media.³ I merged this list with a bibliography of interdisciplinary and international journal articles, book chapters, and books I have been developing during about 10 years of research on media content including those from a 2003 review of health in the media (Kline, 2003). Then, I excluded research related to the Internet and health promotion campaigns (the purview of other reviews in this issue) and mass media reception or audience response research since these studies do not focus on the content of media representations. One dilemma was whether or how to talk about entertainment education (Singhal & Rogers, 1999) literature, which generally considers popular media as a channel for health intervention messages and is therefore more consistent with health campaigns research. I briefly refer to this research when discussing the scope of popular media studies, but do not include it in the review.

¹Kline's (2003) review revealed that the problems identified by content-analytic research vary given guiding theoretical assumptions and related methodologies; notably, the research I review here employed comparable theory and methods and drew similar conclusions.

²Surprisingly, only one study addressed representations of health care relationships (Simi, 1997).

³I could not bring myself to categorize pornography as entertainment, though it is likely this is the most relevant domain; I categorized it as "other" (likewise with popular books on self-help).

Scope of Popular Media Considered

The majority of content-analytic research attends to journalism, especially magazines and newspapers, a sharp contrast to Neuendorf's (1990) observation in her 1990 review that "entertainment television has received the lion's share of social scientific study" (p. 115). Certainly, there is substantial research related to entertainment media: many studies are concerned with the cognitive and behavioral *effects* (both positive and negative) of media representations, others with entertainment-education activities that discuss the potential of interventions that strategically integrate health-promoting messages in mainstream and targeted entertainment media, and still others that combine the two and address the cognitive and behavioral efficacy of entertainment-education interventions. As already noted, this research is beyond the purview of this review.

A new addition to media research is the content analysis of advertising for over-the-counter (OTC) and prescription drugs (Brownfield et al., 2004; Cline & Young, 2004; Kaphingst et al., 2004; Kirksey et al., 2004; Pinto, 2000; Tsao, 1997; also Miles, 1998, on commodified natural medicines). Given space limitations, I note only that concerns about these advertisements have not dissipated (Novelli, 1990) and reference other relevant advertising research throughout this review.

Notably, when research attended to a particular sociocultural group, studies often limited analyses to media with a principle readership of that group:⁴ research about racial/ethnic groups looked at African American media (Hoffman-Goetz, 1999; Hoffman-Goetz et al., 1997; Johnson et al., 1999; Krishnan et al., 1997; Pickle et al., 2002; Stoddard et al., 1998; exceptions include Pratt & Pratt, 1996; Pratt et al., 1996), Hispanic/Latino media (Subervi-Vélez, 1999; Vargas & dePyssler, 1999; exceptions include Vargas, 2000), and Canadian Aboriginal media (Hoffman-Goetz et al., 2005; Hoffman-Goetz et al., 2003). Likewise, research focused on age-related issues and analyzed media targeted to specific age groups including prime-time television for children aged 2–11 (Byrd-Bredbenner et al., 2003), teen media (DuRant et al., 1997; Malone et al., 2002; Smith, 2005; Stern, 2005), and, aside from depictions of menopause, magazines popular among older readers (Kava, et al., 2002).

⁴Sociocultural groups also were acknowledged by addressing health concerns biophysically associated with one group. Homosexuality was referenced in the context of talking about the "gay gene" (Conrad & Markens, 2001), the "reparative therapy" controversy (Stewart, 2005), or HIV/AIDS (Lupton, 1999; see also Gwyn, 1999). Exceptionally, Yadlon's (1997) analysis of breast cancer representations included an insightful discussion of how mainstream media represents a heteronormative discourse (e.g., lesbianism replaces parity as a risk factor), but this is not apparent from the title or abstract of the article. Except for studies about the way that HIV/AIDS depictions "produce and reiterate notions of normative and deviant sexuality" for women (Sacks, 1996; see also Mensah, 2000), gender, in particular, was invoked by talking about health concerns like breast cancer for women and prostate or testicular cancer for men. Additionally, gender studies were concerned with women's health issues such as sexual and reproductive health in general (e.g., Johnson et al., 1999) as well as menstruation, pregnancy and childbirth, and menopause specifically (e.g., Carlson et al., 1997; Gannon & Stevens, 1998). Considering each of these health concerns in terms of the broader categories of sexual and reproductive health related to puberty, fertility, and physiological changes related to aging it becomes apparent that there is a subtle gendering of these as health issues since there is a dearth of research on representations of analogous states in men. In fact, there were few studies concerned with men's health, especially when compared with the proliferate scholarship on women's health.

In the next section, I differentiate between research focused on challenges to bodily health and that focused on sociocultural context issues, emphasizing the concomitant shifts in the ways popular media are problematized for health communication.

Topics

Challenges to Bodily Health (i.e., Health States)

Most media content research addressed specific challenges to physical and mental health with the goal of assessing the potential of representations for helping people understand or cope with such challenges to themselves or others. Essentially, these studies questioned whether popular media accurately or appropriately represented health challenges, giving the impression that there are more right or wrong, complete or incomplete ways of representing an issue and alluding to the possibility of consensus about basic understandings of a health issue. Consistent with past research, this research suggests that media representations are still suspect—fraught with inaccuracies, misleading and problematic themes, and images that stereotype and stigmatize.

Even as we try to distinguish between ill and well states of the body, the boundaries are blurred (Geist-Martin et al., 2003). Illness generally is thought to be an impaired state of “normal” physical/mental functioning. Yet, bodily states have been steadily medicalized so that natural processes are reduced to states of illness (i.e., pregnancy or menopause); conversely, social understandings of what constitutes normality have expanded to accommodate the lived experiences of individuals who might in the past have been considered ill (i.e., physically impaired individuals or homosexuals). Notwithstanding this caveat, it is useful to differentiate between illnesses generally traceable to a widely accepted physiological threat (e.g., cancer by cell mutation, diabetes by above-normal blood glucose levels, etc.), chronic conditions that impinge on an individual’s state of health that may or may not be considered health “threats” per se (e.g., physical and mental disabilities),⁵ lifestyle behaviors that place individuals at risk for health threats, and behaviors that presumably offer opportunities to foster wellness. Like the broader topic areas and as I demonstrate in the following section, the shifting focus in research on illnesses, chronic conditions, lifestyles, and wellness led to different conclusions about problems with media representations.

Illness. Research focused on illnesses typically found informational value to be wanting regardless of whether the evaluation was based on the scope of coverage, information provided, or the framing of the topic. First, surveys of journalistic media suggested that the *scope of illnesses attended to in the media do not reflect prevalent health threats* (e.g., Finnegan et al., 1999; Frost et al., 1997; Subervi-Vélez, 1999; Vargas, 2000; Vargas & dePyssler, 1999). For instance, in various magazine and news media, diabetes and HIV/AIDS received more coverage than cancer and cardiovascular disease (Hoffman-Goetz et al., 2003), reporting on various cancers does not reflect actual mortality rates (Hoffman-Goetz & MacDonald, 1999;

⁵Changes and processes related to reproductive health could have been included here, but it appears that their gendered nature trumps their status as chronic conditions; thus, they are discussed in the section on health politics.

Hoffman-Goetz et al., 1997), and there was insufficient coverage of colon cancer (Gerlach, et al., 1997) and of non-HIV STDs (Davidson & Wallack, 2004).

Second, research *questioned the efficacy of the information* provided about illnesses. So, while journalistic treatments of osteoporosis provided a fairly comprehensive and accurate list of risk factors and prevention measures, the information often was ambiguous or incomplete (Wallace & Ballard, 2003). Likewise, HIV/AIDS reporting in African American magazines not only included little new information, but symptoms and transmission methods, treatment modalities, policy, and economics were poorly covered (Krishnan et al., 1997; see also Hoffman-Goetz et al., 2005). Breast cancer reporting was equally inadequate (e.g., Jones, 2004; Marino & Gerlach, 1999); specifically noted was the lack of coverage of scientific research indicating oral contraceptives neither increase breast cancer risk nor protect against ovarian and endometrial cancer (Lebow, 1999), imbalanced reporting of scientific research on hormone replacement therapy (Whiteman et al., 2001), minimal coverage of environmental carcinogens (Brown et al., 2001), and the misleading information in a popular breast cancer diet book (Morgan et al., 1999).

Third, research discussed *thematic variations in representations* of illnesses, inviting consideration of, if not accuracy per se, at least the appropriateness of framing for helping or hindering individual negotiation of health challenges. In particular, research on cancer representations demonstrated the diverse ideological inflections that can coincide with the different audiences addressed or types of cancer discussed, each with more or less potential to resonate for individuals experiencing the problem. For instance, breast cancer in women's magazines generally used a "woman-centered" sense-making approach by framing coverage in terms of coping with its effects, personal experiences, and risk factors (although the same could not be said of silicone breast implant coverage; Andsager & Powers, 2001; see also Andsager & Powers, 1999; McKay & Bonner, 1999). Alternatively, representations of prostate cancer in the *NYPD Blue* prime-time series emphasized that prostate cancer is a "couples' disease" and more pointedly though often simplistically addressed marital and sexual relationships (Arrington & Goodier, 2004).

Identification of similar framing strategies often evoked conflicting evaluations. Indeed, the "struggle" metaphors associated with cancer elicited several assessments. Seale (2001b) challenged Sontag's (1990) original premise that cancer is (problematically) framed using a military metaphor, arguing that the sporting metaphor is more explanatory and has more positive connotations. Images of childhood cancer depicting children as brave and stoic and parents as unremitting guardians of their children's identity however, may create "public expectations and stereotypes that are difficult for parents and children to fulfill" (Dixon-Woods et al., 2003, p. 162). Similar discord was true in studies of the presence or absence of religious discourse in cancer discourse. In mainstream media, the marginalization of religious discourse may be problematic in as much as medical and scientific ideas are unable to "address existential questions of ultimate meaning or justice that often trouble people when they face a life-threatening illness" (Seale, 2001a, p. 437). Alternatively, religiosity and associated cancer fatalism was a central theme in magazines popular with African American women, though the saliency of these messages for the audience still needs to be determined (Hoffman-Goetz, 1999).

Perhaps reflecting a shift in the way that HIV/AIDS and the herpes sexually transmitted disease (STD) are perceived in our society, the discussion of these issues were more in line with the research focused on chronic conditions (discussed below);

thus, studies described the proliferation of stereotyping and stigmatization in herpes discourse (Roberts, 1997) and in HIV/AIDS discourse (Gwyn, 1999; Lupton, 1998, 1999; Sacks, 1996; see also Tulloch & Lupton, 1997, for a singularly comprehensive study of HIV/AIDS and television).

Conditions. Whereas research on illnesses tended to focus on informational value, studies concerned with chronic conditions attended to the ways representations stereotype and stigmatize individuals with these conditions. For instance, studies of *disability* representations noted the use of “disabling” terminology in Canadian and Israeli newspapers (Auslander & Gold, 1999a; 1999b) and the promulgation of pornographic images that sexualize and ridicule women with disabilities (Elman, 1997); another (Kerson et al., 2000) discussed the filmic portrayal of characters with epilepsy, concluding, “Whether people with epilepsy are depicted as freaks or treasures, prodigious or aberrant, if they are demeaned or valued, they are always viewed as different” (p. 107). Even as media coverage of the Paralympic Games included messages about athletes with disabilities that were less stereotypical and potentially more empowering, other messages reinforced damaging stereotypes and belittled the competition and athletes (Schell, 1999). Likewise, studies focused on *mental health* (cf., Brickman, 2004; Coyle & Morgan-Sykes, 1998, for gendered aspects) consistently reported negative portrayals (Hannigan, 1999) whereby people with mental illness were shown to be unpredictable and dangerous (Allen & Nairn, 1997), violent (Diefenbach, 1997), and (among other findings) bizarre and curious (Hazelton, 1997).

Lifestyle/At Risk. In our prevention-oriented society, any number of lifestyle choices are generally accepted to overtly pose a threat to the body—tobacco use and alcohol abuse, illicit and legal drug use, unsafe sexual practices, and refusal to wear a motorcycle helmet or automobile seatbelt (cf., Jacobsen et al., 2001; Pelletier et al., 2000). In these studies, the primary concern was with *injurious role modeling*. Except for a study about the lack of print media coverage of passive smoking research (Kennedy & Bero, 1999; Sepe & Glantz, 2002), most focused on prosmoking content (cf., Mekemson et al., 2004), including: the prevalence of brand and nonbrand prosmoking messages that appeal to teenagers in a range of media (Lee et al., 2004); prevalence of tobacco, alcohol, and drug use in teen movies (Stern, 2005), tobacco and alcohol in music videos (DuRant et al., 1997); violence, sex, and substance use in music videos (Smith, 2005); and appealing characteristics of smokers in movies (Escamilla et al., 2000; McIntosh et al., 1998). A number focused on marketing efforts such as special placements in movies (Basil, 1997), advertising meant to counter New Year’s resolutions to quit smoking (Basil et al., 2000), and billboard ads for alcohol and tobacco (Schooler et al., 1996; Stoddard et al., 1998).

Wellness. In contrast to the idea that some behaviors pose a threat to health, the idea of wellness speaks to opportunities for improving health such as eating nutritious foods and exercising to bolster physical health in general and to avoid weight-related health threats. Yet it appears that media messages do more to undermine wellness than to foster it. Media messages perpetuate the social ideal of slimness that contributes to body dissatisfaction and, thus, eating disorders (Wilson & Blackhurst, 1999): television shows over-represent thin women and deprecate heavier women (Fouts & Furggraf, 2000) and men (Fouts & Vaughan,

2000) and underweight *Playboy* centerfolds highlight social pressure to be thin (Katzmarzck & Davies, 2001). At the same time, media messages about diet and nutrition emphasize personal management of weight or the “watch what you eat” mentality (cf., Lawrence, 2004; Rothblum, 1999) but give little advice on how to do this in healthful ways: food advertisements do not conform to dietary recommendations (Byrd-Bredbenner & Grasso, 1999), dietary supplement advertisements do not attend to safety issues (Kava et al., 2002), and alcohol advertisements outweigh healthful food product advertisements in African American women’s magazines (Pratt & Pratt, 1996). While Pratt and colleagues (1996) reported a decrease in diet pill advertising and increases in advertisements related to more healthful methods of weight management, in this study the determination of “healthful” was based on advertising claims (e.g., low calorie, light, low salt, etc.) that may lack credibility (Novelli, 1990).

Politics and Sociocultural Context: Public Policy, Controversies, Health Scares, and Ideologies

While research on health challenges tacitly assumed that some form of consensus could be reached about the “right” way to represent health issues, research related to sociocultural context issues suggested that the basic understandings of the issues discussed are contested and that competing groups are making claims on the system. In these cases, the question was *whose* voice is privileged, why, and to what effect, including the media’s own interests and how they affect coverage. Some of this research suggested that there is more multivocality in political discourse than generally presumed in critical studies (Gabe & Bury, 1996; Pollock & Yulis, 2004; Turow & Gans, 2002). The preponderance, however, indicated that the problem with the media is that it marginalizes certain interests while other interests are privileged. In the discussion that follows, I describe the research concerned with the privileging of certain interests in the media, noting some studies that either did not compare the representation of competing interests or posit the perpetuation of social power differentials, detailing those that were concerned about hegemonic influences, emphasizing the implications of politicizing challenges to bodily health, and summarizing conclusions about the role of the media in privileging interests.

Privileged Interests. On occasion, studies described the rhetorical strategies used to *gain acceptance* of a particular narrative or perspective without overtly comparing competing voices. One study analyzed the book *The Hot Zone*, a nonfiction account of (overhyped) real-life events as an exemplar of the rhetorical strategies invoked to perpetuate the “urban legend” of the Ebola virus scare (for similar discussions of journalistic media, see Gwyn, 1999, 2002); another considered the popular film *Erin Brockovich* to discuss the “visual imagery from which the theme of risk-related ‘cover up’ is culturally constructed” (Ferreira, 2004, abstract). Other studies suggested that privileging may be more a matter of effective framing than an implicit power differential, as when one political candidate gets more coverage because his campaign platform makes for better news than the other (Mebane, 2003) or when competing interests are covered as frequently but one side (e.g., the tobacco industry) appears to present qualitatively more consistent and persuasive framing than the other (e.g., health control advocates; Menashe, 1998; see also Malone et al., 2002).

More frequently, however, the issue was whether hegemonic forces contributed to the entitlement of certain interests and, thus, constituted social power differentials. Studies in this vein were consistent with dominant ideology critiques that affirm binary or oppositional discourses that privilege powerful groups and marginalize subordinated groups (Condit, 1994; cf., Logan, Park, & Shin 2004). For instance, research regarding silicone breast implants generally found influential policy actors' perspectives prevailed over those of marginalized activists (Andsager & Smiley, 1998; Powers, 1999; Powers & Andsager, 1999; Vanderford & Smith, 1996). In particular, when broadly construed institutional discourses such as those of science, medicine, and patriarchy were examined, findings decisively concluded that representations constituted hegemonic discourses. Thus, with regard to scientific and medical hegemony, prime-time medical dramas privileged the technological imperative associated with medical hegemony (and medicalization) and marginalized nontechnological or alternative forms of health care (Harter & Japp, 2001) and television health documentaries fostered medicalization by using depictions of lay people to "personalize and normalize medical care and to legitimize medical surveillance and intervention" (Hodgetts & Chamberlain, 1999).

Overwhelmingly these studies recount the unequal gender relations represented by health discourses and, importantly, demonstrate the effect for research of politicizing challenges to bodily health. Studies identified a variety of oppressive discourses including the medicalized representations of menopause (Kaufert & Lock, 1997) and menstruation (Cheek, 1997; Markens, 1996), paternalistic racism in news accounts of "crack mothers" (Meyers, 2004), and victim-blaming representations of breast cancer (Clarke, 1999a; Kline, 1999). Research also suggested that women who do not enact traditional codes of femininity are depicted as posing a threat to both women and men. A comparison of news portrayals of breast, testicular, and prostate cancers revealed that "to be a 'feminine' woman is to be vulnerable to breast cancer and to be a 'masculine' man is to be vulnerable to testicular cancer when young and prostate cancer when older" (Clarke, 2004, p. 550; see also Clarke, 1999a, 1999b; Clarke & Robinson, 1999), thus "the threat of the disease seems to be less a threat to life itself than a threat to the proper, i.e., gendered enactment of life" (p. 549). Moreover, breast cancer discourse perpetuated the notion that the disease is caused by individual risk factors resulting from nontraditional behaviors including reproductive choices, diet, and use of tobacco and alcohol (Lantz & Booth, 1998; Yadlon, 1997). Conversely, men were depicted as suffering a mental health "crisis" resulting from "the enactment of a traditional, hegemonic masculinity" (Coyle & Morgan-Sykes, 1998, p. 279). Yet hegemonic masculinity was not the problem; rather, the threat was a function of discord between traditional male and contemporary female roles that makes men "the new victims of advancing, ambitious, driven, sexually demanding woman who are unattuned and inattentive to men's needs and who are succeeding often at men's expense" (p. 279; see also Lyons & Willott, 1999). In other words, the most remarkable aspect of studies on men's health media was the implication that representations undermined women or petitioned them to maintain and perpetuate male privilege and power (Bloom, 1997; Lyons & Willott, 1999).

The Media's Role. That news values can conflict with science, medicine, and public health agendas is not new to health communication scholars (Atkin & Wallack, 1990); yet, in considering the ways that media can privilege certain interests, many of these studies try to refine our understanding of those competing

priorities.⁶ Most generally, representations of issues vary from one source to the next. In part, this was a function of the media genre (Andsager & Powers, 1999; Henderson & Kitzinger, 1999). In representations of managed care, general newspapers had more neutral stories, business press attended to economic news and political debate with less dramatic elements, and broadcast stories and special series were more negative and incorporated more graphic personal stories (Brodie, et al., 1998; see also Burgoyne, 1997). Other variations derive from the political biases of different news sources (Stewart, 2005). Understanding this aspect of news media is particularly salient for health media advocacy groups and health campaign specialists intent on employing the news media to the greatest possible advantage; in short, information (especially press releases) must be tailored for different media outlets.

It is also difficult to *synchronize information provided by scientific outlets with that reported in the news*. While there may be correlations between media coverage and medical activities associated with a health threat (Corbett & Mori, 1999), it is difficult to convey complicated and contingent information to journalists who need to be direct and succinct—and also dramatic. For instance, the Centers for Disease Control and Prevention (CDC) issued extensive highly detailed information about Anthrax during that scare, but there were still numerous incongruities between the information provided and news reports (Mebane, Temin, & Pravanta, 2003). Journalists generally were responsive to CDC requests however, to add specific information or revise statements when pointedly asked to do so. Thus, “health officials should request that reporters disseminate specific pieces of information” (Mebane, Temin, & Pravanta, 2003, p. 79). Still, health promoters should carefully attend to how information is disseminated to the press; as one study revealed, press conferences may only contribute to the sensationalizing of health threats (Lofstedt, 2003). Moreover, health promoters may want to keep in mind that the scientific paradigm associated with epidemiological research attends to the scientific “facts,” whereas news reporting is concerned with “storied” accounts of health threats. One study suggested that the “news media’s framing of risk has more to do with its reproduction of moral outrage components than with ‘scientific’ notions of calculable risk” (Brown, Chapman, & Lupton 1996, abstract; also Bird, 1996).

Conclusion and Suggestions for Future Research

In sum, this research recognizes that we cannot take for granted that popular media representations will or can reflect health issues in ways that are health promoting, but also that we cannot ignore the influence of these often-unintended messages on health and illness knowledges and ideologies. By reflecting on the ways that the topics considered engender different foci and, thus, point to particular problems with media content, we not only gain a more sophisticated understanding of the relevance of popular media for the discipline of health communication, it also directs attention to the opportunities for health promoters to integrate in their projects

⁶The entertainment media research I include here referred to media that was commensurate with or was treated like traditional news, invoking, if not journalistic standards, an alignment with the critiques of news media. For example, West’s (2005) study of the intense public debate about the movie *John Q.* analyzed news media and discussed the controversy over whether the movie met the standards of good journalism and good political debate. The “fair and balanced” criteria also was used in Turow and Gan’s (2002) analysis of the health policy issues depicted in prime-time medical dramas.

strategies for responding to these concerns. In short, it is not just the informational value of popular media, but also the ideological commitments reflected, maintained, and perpetuated in popular media that should be taken into account in health education and promotion campaigns, media advocacy, and entertainment-education efforts and even interpersonal, group, and organizational training activities.

At the outset of this review, I suggested that the topics and foci of previous research not only give certain impressions about how the media can represent health concerns, but also bring into sharp relief opportunities for redirection in the research. Thus, here I summarize some possibilities for future health media content research.

- We could expand our repertoire of media domains content analyzed, especially entertainment media that can impinge on the health understandings of the average person who may or may not read newspapers or magazines but who, in all likelihood, watches television and rents videos. This could include but should not be limited to entertainment-education research.
- We could attend to a wider range of sociocultural groups and the ways in which their concerns are invoked and undermined in both targeted and mainstream media. Not only are specific sociocultural groups influenced by undifferentiated messages about health and illness, privileged sociocultural groups also gain an understanding of marginalized groups from mainstream mass media; limiting racial/ethnic studies to ethnic media misses an important element of social understandings of health issues that affect these different groups.
- We could diversify the health challenges that gain our attention. One need only take a look at the list on the National Institutes of Health (NIH) website to get a sense of the array of health concerns faced by individuals in our society. For instance, notably absent from this literature was consideration of “invisible” chronic illnesses including chronic fatigue syndrome, irritable bowel syndrome, and fibromyalgia; ethnic/racial illnesses such as Tay Sachs or sickle cell anemia; or even mundane health concerns (like the childhood fevers that frighten and frustrate many parents of young children).
- We could identify ways popular media represents a plurality of voices (Condit, 1994) in order to understand and then grapple with competing interests. There is some suggestion that medical establishment hegemony is being challenged (our own research is evidence of that) and that alternative approaches to health understandings and care are on the rise (i.e., holistic and homeopathic medicine, self-help, and natural remedies, and nonmedicalized strategies for dealing with health concerns such as midwife attended maternal care and home births). Assuming that popular media has articulated and contributed to this movement, we could explore how these competing interests are represented in the mass media. In other words, we should not presume that popular media inevitably undermines social, political, and individual health.

If we acknowledge that popular media is an important force in our society—that individuals dealing with a health situation bring “into that interaction all of the personal knowledge and experiences that define them, including exposure to any number of news, entertainment, and commercial messages coming from sources that vary from television to print to Internet bulletins” (Parrott, 1996, p. 275)—then we must continue to find ways to tease out the nuanced meanings and implications of those representations.

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