Editorial

The entanglements of media and health in everyday life

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Introduction

Just as the title above suggests, it is difficult to address health issues without considering the role of the media and everyday life: the time and space when health is produced and cared for or put at risk and exposed. In the introduction to this special issue, "Media and health in everyday life", we discuss the three components of the theme. We offer some definitions, but also problematise the conceptual underpinnings and highlight the inter-twinement of the three. We set off by reflecting on health. Then, we engage with ideas around the notion of everyday life. In the final section, we add the component of the media before we present and summarise the nine contributions to the special issue and clarify to what extent they add to our understanding of the theme.

Health

What is being healthy and feeling good? What does health imply? Let us start by saying that health is a banal yet complex phenomenon, and there is no simple answer or evi-dent ("consensus") definition of health. Even the widely cited definition from the World Health Organization (WHO) (from 1948) is often criticised for being too comprehensive, difficult to achieve, and thus constantly questioned. According to WHO, health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2020, p. 1). The definition points towards a transformation taking place in the latter half of the twentieth century and the emergence of a holistic and social health concept replacing a strictly biomedical model of health.

Health (and illness) means different things to different people. The conceptual con-struction and the body expressions vary across social, cultural, and historical contexts. To many, health is synonymous with happiness, harmony, or beauty. However, a healthy person is not necessarily a happy person. A happy person may be severely ill. You can feel good and be happy, but still suffer from a chronic disease. As you notice, it is also almost impossible to discuss health without referring to its opposite – illness – in the same way as we can only fully understand life by reflecting on death and dying.

Health is a vital part of our life, and issues around health (and the maintenance of health and wellness) preoccupy us from the cradle to the grave, from the very first breath to the last sigh and end of life. Health is a universal element and is often a taken-for-granted quality of human life. It is not until it is jeopardised or diminished that it becomes salient and of major concern. Still, we need to bear in mind that health is a luxury some can afford, and others cannot. Health is far from fairly distributed globally (Marmot, 2004), even though for large parts of humankind, health status has significantly improved over the last few decades. Great efforts and large sums of money have been invested in the delivery of health care, which is also one of the largest sectors of most economies in more affluent societies. Access to health care is still limited or barely existent in some parts of our world, but even in very remote and sparsely populated areas, there has been

progress, not least due to digital media and communication technologies and diverse digital health solutions and digital health services (e.g., digital maternal care in remote areas in Africa, or the use of apps in Bangladesh to increase health literacy during the Covid-19 pandemic).

Health unites us but also differentiates us, for example, in relation to age, stage of life, gender, education, class, and life conditions (Marmot, 2004). Just as much as we strive for health and well-being for our own sake, in current Western societies, we are to an increasing degree also expected to be accountable and responsible for our individual health and devote our lives to the ideology of healthism (Crawford, 1980). Healthism situates the problem of health and disease at the individual level. Healthism is a health awareness and health movement, defined by Crawford (1980, p. 368) as "the preoccupation with personal health as a primary […] focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles". Accordingly, we need to make sure that we meet the standards of being healthy, in shape, and fit, living long healthy lives, and keeping death at a distance, through self-help, self-management, and self-surveillance, practising dietetics and exercise, consuming health supplements, and self-diagnosing and treating ailments through the abundance of health services and medical information online. As citizens and potential patients, we need an advanced form of critical media literacy but also a high degree of health literacy to be able to search for, sift through, and critically assess the abundant health information and medical advice online in the jumbles of websites and platforms.

In market-driven neoliberal societies, health has become heavily capitalised. New forms of biomolecular technologies and genomic inventions have made organic or "biological citizenship" even more important than civic citizenship to enhance and optimise human life (Rose, 2007). The term biological citizenship, coined by Rose and Novas as early as in 2004, pays attention to "the ways that citizenship has been shaped by conceptions of the specific vital characteristics of human beings, and has been the target of medical practices since at least the eighteenth century in the West" (Rose, 2007, p. 24). Citizens have thus long been identified, recognised, and acted on in terms of their biology and organic character.

Notions around health and illness, just as medicine itself, are currently being transformed. Genetic counsellors offer advice and future-oriented information based on new neuronal data, e.g., brain scans, that may indicate some risk of future disease or even an undesirable behavioural trait. In the quest for health, people come to experience themselves and their lives in biomedical terms and rely on the treatment and judgement of medical and complementary forms of expertise (Rose, 2007). The ones who fall behind and fail in meeting the standards may be stigmatised (labelled as deviant or abnormal), and considered a burden to society, thus in need of control or being disciplined through state interventions and the execution of bio-power (Foucault, 1973, 1978), or the pharma industry at the risk of being medicalised (Conrad, 2007; Briggs & Hallin, 2016).

Now, health is, on the one hand, obviously being reconfigured by media and communication technology and the advanced modern biomedical technologies; on the other hand, health is still banal, deeply rooted in who we are and what we do as humans, and it is thus something ordinary grounded in everyday experiences and practices. For what is the first thing we do when we meet a friend or family member, a colleague, or a fellow citizen? We greet each other and ask the central question: "How are you?" Throughout the day, we engage with ideas of health and well-being by communicating our health status. We share pain or health experiences, even if we are not aware of it. We talk about what we eat, whether we have a headache or back pain, how we sleep, if we feel strong, need some air, or are stressed out. Health is in that sense deeply entangled and a natural part of our day-to-day business, constantly being produced and reproduced, negotiated, and challenged, discursively and through our actions and behaviours.

Everyday life

Similar to the definition of health, everyday life is a complex concept to define unambiguously. Life is fluid and constantly changing but needs some forms to exist, while also transgressing these forms and creating new ones. Everyday life needs friction and ruptures to become visible. The opposite of everyday life and the ordinary is the special occasion, which is often more concrete, limited in time (e.g., the wedding, the birth of the first child, the vacation in 2023), and easier to pin down compared to the everyday occurrences and flow. Bennett (2005, p. 8) refers to "the sheer ambiguity" of the term in addressing everyday life, quoting Featherstone (1995, p. 55) and saying that everyday life "appears to be a residual category into which can be jettisoned all the irritating bits and pieces which do not fit into orderly thoughts". Moreover, Bennett describes the problems in attempting to conceptualise everyday life and its "ordinary nature", "its unavoidable associations with the familiar, the taken-for-granted, the common-sensical" (2005, p. 8), pointing to the important argument that it is precisely this inherent common-sensical and taken-for-grantedness of everyday life that renders it valuable as an object of study. Everyday life plays out across all fields, settings, and institutions; we are part of everyday life at work, in school, in our spare time, at home, etc.

As media and communication theorists, there is no getting around the development of the everyday perspective without mentioning Erving Goffman's (1959) interpretation of everyday life and his widely distributed dramaturgical model of everyday social interaction. This model describes everyday life as a series of performances, played out on various stages in which we present ourselves in different ways (through impression management) depending on the specific context and audience. Individual identities are formed and negotiated as a reaction to the responses we get in these social interactions with our audiences or fellow human beings. Subsequently, Goffman's research on our roles and practical experience from the perspective of everyday life has inspired many media

and communication researchers in different settings to investigate the construction and presentation of ourselves, and lately especially on social media platforms, understood as dimensions of everyday life rather than separate spheres. From this micro-perspective on everyday life interactions, theorists have also begun to conceptualise the everyday as a far more dynamic and contested sphere than previously. As of now, there seems to be some agreement that the concept can no longer be described as homogeneous but must rather be understood as "a highly pluralistic and contested domain" (Bennett, 2005, p. 10). Bennett further writes:

> In the context of late modernity then, both culture and everyday are highly complex and fragmented concepts. Rather than espousing singular and essentialist meanings, they express a range of highly differentiated and contested meanings which are underpinned by the competing knowledges and sensibilities of an increasingly heterogeneous society. (2005, p. 11)

Within media research, the classical work by David Morley (e.g., *Family Television*, 1986) is considered to be a milestone in research on everyday life, investigating domestic television-viewing practices and gendered patterns of media use, as well as family routines and rituals around the media. Building on this work, Silverstone, Hirsch, and Morley (1992) later developed the domestication theory as an attempt to understand the everyday use and taming of media and information and communication technologies in the home, as a process consisting of several stages: commodification, appropriation, objectification, incorporation, and conversion (Chambers, 2016, p. 46). Maren Hartman (2013) has contributed to expanding our understanding of the domestication theory and the domestic sphere with the introduction of mobile media, by posing questions on where to draw the line around a home and home-making (in the sense of an emotional attachment): "What kind of materialities emerge in relation to a possibly more fluid notion of home? And what role do the media – especially mobile media – play therein?" (2013, p. 47). Today, we understand that "the everyday" or taken-for-grantedness is part of all kinds of situations and practices, including when and where human beings are coping with, for example, their health situations. Thus, we can talk about "collaborative domestication" (Lüchau & Grønning, 2021), as the relationship between the user and the world exists throughout the entire domestication process when it comes to media and communication technologies used for health communication purposes, such as video consultations.

Health (and illness) is not something exclusively connected to health care and medical institutions. Health is grounded in everyday experiences and practices and cannot be deselected. We try to underline its ubiquitous conditions by means of the everyday perspective: from ritual health practices, such as having a glass of water with lime and ginger every morning or to run along the same route every Wednesday and Sunday afternoon, to more spontaneous activities, such as taking a walk in the park together with a friend you did not expect to meet or acting on an impulse by bicycling to work because the sun

is shining. The unplanned spontaneous activities are as important in our understanding of human life as the recurrent and ritual ones. Healthy habits are often mixed with ritual, a kind of code, shared by members of a group, e.g., when a special lingo is used in a fitness centre or when invisible rules are knowledgeably followed in a locker room – rules that are so well known that they do not need to make the assumptions of the rituals explicit (taken for granted). Our everyday life is full of rituals and repeated behaviour and actions – also related to health.

Media, health, and everyday life

The media are vital in conveying health information to the general public, and in influencing people's ideas of risks and of what is healthy and what is not. They provide important communicative spaces for health advocacy, health policy formation, and political debate on the health care system and medicine. We know that the media not only offer great opportunities to learn more about illnesses, medicine, and the miracles of our bodies, but also provide a golden opportunity for emotional engagement, joy, and entertainment, as well as empowerment through medical drama, fiction, literature, and other forms of popular culture and health edutainment content (Solange, 2003; Seale, 2007; Briggs & Hallin, 2016; Lewis & Lewis, 2015).

The introduction of the internet and social media and the development of smartphones and app technology have extensively transformed our everyday life just as much as it has transformed our ability to manoeuvre our health. It has reshaped our health experiences, access to health services, medical consultation and treatments, and mobilisation. Digital media and participatory platform culture provide us with infrastructure, tools, power, and fuel to mobilise and claim our rights as patients and biological citizens, feign stigma, and question medical institutions and the pharma industry and even our own medical or genetic destiny (Rose, 2007). The abundance of media content related to health and illness including medicine, *and* the ubiquity of media and digital communication technology in everyday life, makes it even more pertinent to highlight the interconnectedness of health, media, and everyday life in this special issue of *MedieKultur*. The three concepts are closely intertwined and impossible to disentangle. Phones are always out and screens are everywhere, with the internet and social media beeping at us, dragging us into healthy or unhealthy experiences that emerge in settings of "continuous connectedness" (Lupinacci, 2021). Just as much as digital technology provides ways of monitoring and keeping track of our health and bodies, the datafication of our health and our bodies is not always appreciated, wished for, or even known by the individual user. The digital transformation of health and medicine and the consequences thereof need to be further critically investigated. We need to be aware of our health and well-being but also protect human life from the potential downsides resulting from the deep mediatisation (Hepp, 2020) and digitalisation of health and everyday life.

In this special issue, we acknowledge the importance of traditional legacy media (e.g., news media, television, and film) as well as digital media and communication technologies (e.g., Instagram and apps). The legacy media have to a large degree immigrated into the digital media landscape, while maintaining traditional outlets. Legacy media uphold their role as agenda setters, meaning that a lot of the content we come across in social media and online forums is media content recited and regurgitated from legacy media (Briggs & Hallin, 2016).

All in all, this special issue covers examples where media, health, and everyday life are entangled, e.g., on a national health platform over a public service documentary about gene testing, to the analysis of visual microblogging on different Instagram accounts focused on well-being and sharing of experiences. All articles capture the everyday context and discuss with different weighting the possibilities and challenges for our health and ways of thinking about health through and with media. The eight articles represent both traditional news media and digital media from the following perspectives: platform, user, representation, gender, news media, and health professional.

The first article is based on a study of one of the most frequently used eHealth platforms in Denmark: sundhed.dk. Martina Skrubbeltrang Mahnke, Matilde Lykkebo Petersen, and Mikka Nielsen's article, "Data sense-making and communicative gaps on sundhed.dk" highlights the profound changes that digital technology and digital health data have on patients' everyday life. The empirical analysis draws on 24 interviews with users of the platform. Mahnke, Petersen, and Nielsen argue that, in everyday use, patients are often left alone when it comes to understanding complex medical communications and that patients' access to digital health may leave them insecure, puzzled, and with new unanswered questions.

In the second article, "Ageing with apps: A Foucauldian study exploring older people's use of apps in managing their physical health", Martin Vinther Bavngaard explores how and why older Danes (+65 years) use apps as self-governing technologies. The study is based on interviews with ten senior users, 65–79 years old, and contributes to bridging the gap between effects-based research on older people's app use and critical-sociological studies on self-tracking practices.

In the third article, and through the use of the hashtag #strokesurvivor, Maria Schreiber investigates practices of sharing the experiences of stroke under the title "#strokesurvivor on Instagram: Conjunctive experiences of adapting to disability". The experience of having a stroke is shared by a diverse group of people when it comes to age, gender, origin, and profession. Based on long-term online observation and interviews, Schreiber investigates what kind of sociality #strokesurvivor represents and what recurring narratives are constructed in these accounts.

In the fourth article, entitled "Reconfigurations of illness and masculinity on Instagram", Mie Birk Jensen and Karen Hvidtfeldt explore, through the conceptual lenses of "biological entrepreneurship", "bodywork", and "spornosexuality", how men's experiences

of living with illness are mediatised. The article is based on four Danish Instagram profiles centring on experiences of living with different diagnoses.

In the fifth article, "Datafied female health: Sociotechnical imaginaries of femtech in Danish public discourse", authored by Sara Dahlman, Sine Nørholm Just, Linea Munk Pedersen, Prins Marcus Valiant Lantz, and Nanna Würtz Kristiansen, the emerging public interest in femtech is critically explored, by means of the mixed method of data sprints and controversy mapping, drawing on Actor-Network Theory (ANT). Using a large (10-year) data set on public debate, the sociotechnical imaginaries are analysed and discussed under the headlines of "individual adoption", "period tracking", "sextech", and "collective potentiality".

Thereafter, and based on a close reading of the Danish documentary *Gentesten ændrede mit liv* [*The gene test changed my life*], Ann-Katrine Schmidt Nielsen and Carsten Stage investigate how mediated experiences and narratives of pre-patienthood are constructed. The article "Genetic hauntings: Mediating pre-patienthood and haunted health on TV" raises important questions about the consequences and dilemmas of mediating existential situations in which the present is infused with knowledge of genetic heritage and potential future illness.

From the Danish documentary, we move on to international film and fiction series. By analysing ten blockbuster films and fiction series from 2013 to 2020, Sergio Villanueva Baselga examines the main characteristics of media representation of HIV in the article "The Philadelphia Syndrome, or an insurmountable cultural trauma: Outdated mainstream visual representations of HIV in times of undetectability". Baselga proposes the idea of a *Philadelphia Syndrome* to explain and critically reflect on the hegemonic constructions of HIV in popular culture.

Finally, we end the special issue by looking at one of the health professionals' practices on social media in Martin Engebretsen's article: "Communicating health advice on social media: A multimodal case study". This provides a multimodal discourse analysis of the Norwegian psychologist Maria Abrahamsen's Instagram account and selected posts. The analysis leads to an interesting discussion of opportunities and challenges when professional health workers enter social media.

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