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*Published in:*

Critical Studies in Television. The international journal of television studies

*DOI:*

[10.1177/1749602016645771](https://doi.org/10.1177/1749602016645771)

*Publication date:*

2016

*Document version*

Peer reviewed version

*Document license:*

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*Citation for published version (APA):*

Christensen, C. L. (2016). The mediatization of health expertise: Health programmes on Danish public service television. *Critical Studies in Television. The international journal of television studies*, 11(2), 204-216. <https://doi.org/10.1177/1749602016645771>

# The mediatization of health expertise: Health programmes on Danish public service television

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## Abstract

This article concerns the Danish public service broadcaster, Danmark Radio, and the programmes on health it produced from 1990 to 2010. It applies a historical perspective and, methodologically, the study is based on a qualitative content analysis of selected health programmes. Theoretically, the article is informed by 'mediatization' theory and demonstrates how television influences changes to the discursive construction of health and health expertise in factual programming in this 20-year period. The analysis demonstrates how early factual programmes were dominated by information on illness, medical treatment and care and communicated by medical experts and laypeople, whereas later programmes present health as an individual and entrepreneurial project that rapidly changes and improves the individual's lifestyle with the help of all kinds of lifestyle experts.

**Keywords:** Health, television, mediatization, lifestyle, expertise, DR

## Introduction

Health is a priority on the political agenda and in many people's minds as well as a central aspect of modern lifestyle and media content in newspapers, magazines and television (TV) programmes. Mediated health expertise is as concerned with offering direction for our bodies and minds as with influencing the food we eat and the way we improve our homes, gardens and family lives. Thus, health involves more than being healthy. In a wider sense, a healthy lifestyle is considered to involve well-being on several levels. Health experts who appear in the media understand health in ways that converge with general conceptions of social and cultural identity (O'Brien, 1995). In particular, health is understood as health promotion, as a way of improving one's lifestyle that depends on an individual decision, a 'will to health' (Higgs, 2009). This way health may be considered a mark of distinction providing the individual with status. Lewis argues that 'popular media around the world today are increasingly concerned with teaching audiences, both men and women, how to manage their everyday lives through a seamless focus on food, home decoration, health, style, and grooming' (2008: 2). What this means is a condition symptomatic of the neo-liberalization of everyday life, whereby health is regarded as a project for which people individually account. For instance, various forms of lifestyle and reality TV bring into focus how to develop healthy individual food and exercise habits: how to lose weight and how to best defend yourself against illness. On the other hand, it gives the media the opportunity to communicate a moral economy that sets out guidelines for how health should ideally be promoted. As a consequence, health tends to become a more individual concern rather than a collective responsibility.

Applying a historical perspective, this article examines how this shift to the personal is reflected in TV health programming. It will focus in particular on the Danish public service broadcaster, Danmarks Radio (DR), and look at the production of its TV programmes on health over the last 25 years as well as what characterizes the health

expertise and discourses of the programmes. Denmark has a strong public service tradition: DR had a monopoly on both radio and TV until 1988, when TV 2 was launched as a second Danish TV channel, with public service responsibilities. These two TV channels are still the most watched channels in Denmark. Their programmes on health have always been popular in terms of viewing figures. However, in contrast to the United Kingdom, for example, Danish TV channels only intermittently broadcast programmes on health (and disease) before the 1990s. Health was given a higher priority on Danish public service TV only after the mid-2000s, when the subject became integrated into prime time, similar to British lifestyle programming strategies (Brunsdon et al., 2001). As early as the 1980s, British TV developed programmes with a broader lifestyle perspective, offering 'to change a person's home, appearance and indeed sense of self' (Palmer, 2008: 1). This lifestyle strategy first started to have an influence on Danish public service TV around 2000, which also integrated a health dimension (Christensen, 2010a; Jensen, 2008). Health-related content was considered important in lifestyle programming, because it was easily integrated and could make up a general discursive frame for programmes about cooking, home improvement, parenting, pets and so on. Thus health issues were explicitly used as a framework to combine very different kinds of content.

As one of the cases for analysis below, I will look at the first and longest running TV series on health on Danish TV, *Lægens bord* (The Doctor's Desk), which was broadcast from 1997 to 2007. Broadcast about once a week throughout the year for almost 10 years, this series may be characterized as an institution within the institution of DR. Because I am applying a historical perspective to mediated health and looking for changes in health-related TV programmes, a later programme on health will also be included, namely: *Ha' det godt!* (Take Care of Yourself!), which broadcast on DR from 2007 to 2010. This series is selected because it replaced *The Doctor's Desk* and presented new, 'modern' ideas of lifestyle, health and health expertise. Methodologically, the study is based on a qualitative content analysis of selected health programmes between 1990 and 2010, with a specific focus on the two series that lasted between 1997 and 2010. The analysis will consider the purpose of the programmes, their generic composition, their positioning of the viewer as well as their intention to communicate knowledge about health. Finally, the article considers what has characterized changes in health expertise and discourses on health in the programmes.

## Media and health

The media are agents of everything concerning health: from scientific findings, policy recommendations and moral ideas to entertainment, consumer guidance and household remedies – all of which aim to educate media users about health as well as meeting their need for entertainment. The media are thus far from a neutral arena for the dissemination of information about health issues. From a scientific as well as a popular point of view, the media are key players in the articulation of what is considered health. They also help to set the agenda for health policy (Eide and Hernes, 1987: 12).

With its definition of health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity' (WHO, 1946), the World Health Organization declared that, in principle, everyone can and should have a healthy life, and that health and disease are not necessarily opposites. The declaration presents health and disease as dynamic processes rather than as stable dimensions, 'both health and disease are seen as being in a constant state of change' (Wright et al., 2013: 5).

Health is considered health promotion, bringing into focus associations with potential improvement and change. It becomes a utopian aim, referring to an idealized rather than an already existing state (Qvarsell, 1989). As Featherstone et al. (1991) point out, this has made health into a primarily individual project of improvement, in which the individual takes responsibility for his or her own health.

If health is not only a question of whether people are ill or not, but about the quality of life; if health becomes a marker of distinction related to improving behaviour and lifestyle, then knowledge of what can improve health becomes important. In this respect, the media may function as a guide playing an important role in shaping what is understood as 'the good life' in practice (Wright et al., 2013: 179), as well as who is expected to be the expert and who are expected to listen to and trust in that knowledge.

### Mediatization of health

Theoretically, the article is informed by 'mediatization' theory (Hjarvard, 2013) and seeks to demonstrate how TV programming facing strong market competition influences the discursive construction of health in factual programming. Mediatization refers to the processes through which the logic of the media co-constitutes social and cultural activities. The media do not operate outside social reality but are so integrated, obvious and important:

"that their formats, content, grammar, and rhythm – the media logic – have become so pervasive that basically, no social actors requiring interaction with the public or influence on public opinion can ignore the media or afford not to adapt to the media logic" (Strömbäck, 2008: 238).

Mediatization manifests itself at a social level, structuring social interactions. However, it also manifests itself, as Hjarvard (2013) points out, at a macrosocial level in the way in that social institutions are affected by the media intervening between them. In TV programmes on health, the medium acts as an interface between, for example, health authorities and the individual family watching TV. TV and the media in general constitute 'a common world of experiences, that is, they continuously contribute to the presentation and interpretation of how the world works, and, connected to that, they contribute to identity formation and membership of a particular collective' (Hjarvard, 2008: 47). By creating and communicating such a framework, TV is an important player in the development of ideas about health.

Looking at health programmes from a mediatization perspective entails studying how media influence changes the ways in which health is represented and discursively understood in late modern TV productions. As the analysis below shows, a new concept of health developed in (Danish) TV programmes around the mid-2000s. Since then, health has been considered health promotion as an individual's lifestyle choice and as a form of entrepreneurship involving an entrepreneurial mentality on behalf of the body as well as the whole social identity. This is a result both of this particular concept of health finding its way to the media and of the creation of ideas of health through professional programme production, according to the demands of modern audience-oriented TV production and the media's internal logics characterized, among other things, of multichannel competition, strong segmentation and a general lifestyling (Brunsdon, 2003: 8) of culture and TV programming. As we shall see, DR as a public service institution has developed from primarily communicating knowledge about health originating from, and legitimated by, authorities outside the TV institution itself (such as those from medical science or with other scientific expertise) to itself becoming a

producer of knowledge about health created inside the TV institution. This knowledge is produced whilst taking into consideration the need to find legitimacy and attract large numbers of viewers.

This argument is demonstrated below at the concrete level of specific programmes. It follows the analysis of the media's institutional development, which Hjarvard (2013) regards as part of mediatization. He describes the media's development from a cultural institution, representing different institutions in a general and public arena, to a media institution, managed by media professionals primarily serving specific audience and user segments. One of the strongest signs of this development is that lifestyle experts appear in programmes on health replacing medical expertise. However, this was not the case for Danish programmes on health before 2000, which I will now explore.

### Programmes on health and illness in the 1990s

In contrast to the focus on promoting health today, programmes in the 1990s tended to look not only at health but also at disease. In addition to providing general public information based on medical science, series such as *Det gælder dit liv* (It's Your Life), *Dok2'eren* and *The Doctor's Desk* also dealt with people's everyday lives and experiences of diseases. As an example, a programme from *It's Your Life* (1991) addresses the problem of obesity, with two guests in the studio explaining how and why they are overweight. The programme and its host demonstrate interest in their stories but without setting guidelines on how to lose weight. The programme is primarily informational, giving viewers insight into the extent and personal costs of the problem. The aim of the series is to encourage viewers to understand but not to condemn the personal fates of the guests.

In general, series in the 1990s managed to fulfil a double purpose: imparting information based on scientific research on the cause of disease and its treatment and motivating the audience to reflect on that knowledge. Viewers were positioned to understand the situation of sick people, the specific pathology of an illness and how to live with it, all of which were based on the knowledge of doctors and the experience of ordinary people. In any case, both forms of knowledge – 'knowing that' and 'knowing how' (Gustavsson, 2000) – were represented by scholars and experienced people brought into the studio from outside the broadcasting institution. Essentially, this was sendercontrolled TV, with the aim of informing viewers about different types of diseases, no matter how relevant they might be to the viewer. The agenda of TV production was directed to the public sphere as an arena of common interest. The intention was neither to entertain viewers with programmes about exciting and exotic diseases and people nor to turn viewers into the judge of people suffering from them.

Although the series combined a popular layman's perspective with a scientific perspective, they did not depart from the 'old' idea of health as the absence of disease. All things being equal, the series put illness rather than health at its centre, with the majority of airtime devoted to medical disorders. The officially recognized medical experts, whose knowledge was rooted in science, appeared as the absolute authority. Below I will take a closer look at the communicative intentions that characterized the series, *The Doctor's Desk*.

### Scientific expertise in *The Doctor's Desk*

In the broadcast schedule, the first programme of the series *The Doctor's Desk* is presented thus: 'The doctor, Peter Qvortrup Geisling, answers questions from the viewers.'

Today we look at dietary supplements, having sex after being diagnosed with coronary heart disease and pneumonia' (DR, 30 January 1997). The programme can be compared with the doctor's problem page in magazines. On one hand, it draws on expertise based on medical science; on the other, it is concerned about its relevance to viewers. It is without doubt a sender-controlled programme achieving legitimacy in terms of scientific explanations of illnesses and their treatment. Viewers are encouraged to send in questions, but these concerns also serve to underline that the doctor is able to give an answer to everything under the sun. This hierarchical understanding of the relation between doctor and patient, between knowledge-providing TV channels and knowledgehungry viewers, was characteristic of the series until it ended in 2007.

Programme presenter is the doctor, Geisling. He is most often positioned behind his desk in the studio, talking directly to camera. The studio is arranged as a surgery with a writing desk, a model human torso, a skeleton and posters illustrating the human body. From this position he explains in pedagogical detail, for instance, how different medication influences the body or how a typical disease progresses from the first symptoms to treatment, aftercare and rehabilitation. The doctor's education supports his authority as the presenter. He uses his own medical expertise as well as consults other scientific experts with specialized knowledge about diseases and treatments, such as dentists, dermatologists, paediatricians, psychiatrists and general practitioners.

Although the studio is the main platform, The Doctor's Desk also uses on-location segments related to the topic of the programme, such as pieces from operating theatres or old people's homes. This means that the medical expertise is also seen through a patient's perspective. The programme tells positive stories about patients who were helped by doctors' treatments or demonstrate energy and determination in creating a good life in spite of their illness. Moreover, the positive atmosphere of gratitude and gladness is supported by the item called 'the bouquet of the week', where Geisling presents a bouquet of flowers to someone within the Danish healthcare system who has earned this gesture of acknowledgement. In this way, the often very abstract and difficult macro level of medical science is connected to healthcare personnel and to the micro level of patients' everyday lives, characterized by care, nursing and patience.

Above all, the fundamental assumption of the programme is that it is the task of doctors and science to cure diseases and organize aftercare, giving patients the opportunity for a healthy life. In this sense, illness is considered as something beyond the control of the individual. If a disease cannot be cured, the patient must accept his or her illness and learn to live with it in the best way possible with the help of the healthcare system. The TV series underlines the importance of knowledge, care and nursing as well as a social network of family and friends. This message is communicated both from The Doctor's Desk and by patients who have suffered from different diseases. In general, these early programmes on health may be seen as prioritizing cure above prevention, thus focusing more on care and rehabilitation than risk and risk awareness.

In several programmes, from their private homes, hospitals or old people's homes, laypeople discuss their experiences of suffering, opportunities for treatment and their expectations for the future. These people do not perform the roles of professional or expert authorities; they simply represent their personal experiences of illness. These programmes feature appeal to viewers' empathy and sympathy, as they witness how painful and troublesome illness can be. Thus, laypeople's experiences show the human face behind all the precise scientific talk about disease. These features almost always create a positive atmosphere by showing people's optimism, medical experts' great

expectations for future methods of treatment and the possibility of leading a meaningful life despite illness.

However, laypeople (the so-called 'experts from experience') are not given much airtime and there is no doubt that, in terms of status, the knowledge of the officially acknowledged experts is ranked above that of non-specialists, the TV programmers and viewers. Nevertheless, the presence of representatives of the wider audience testifies to the series' effort to connect with viewers by inviting them to sympathize and identify with the layman. Moreover, it signals the acknowledgment of experience-based knowledge outside both scientific and TV institutions. Perhaps more important in this respect is that the series does not evaluate the knowledge communicated in the programmes either by the people performing as scientific experts or the people suffering from a disease. The participants and their knowledge are not subject to debate within the programmes. Their knowledge is not evaluated as a question of taste, but taken as given because it originates from the world of science and research or from the practical world of ordinary people's experiences. Thus, knowledge is not conveyed in the form of an experiment involving participants; it is communicated from knowledgeable people to viewers who are expected to require that information and happy to receive it. The link of communication is the TV programme, with which viewers are expected to have a relationship based on mutual trust. Such a connection involves commitment on both sides of the TV screen: the programme expects viewers to have faith in the content it communicates, and the viewers need to be able to trust it.

#### Lifestyle expertise in Take Care of Yourself!

In 2007, The Doctor's Desk was replaced by a new and modernized series of health programmes: Ha' det godt! (Take Care of Yourself!). Prior to this, DR had decided to modernize the content: namely, to adapt it to a more audience-centred form of programming, in response to the competition from reality TV on the commercial channels, attracting a younger audience. To meet the demands for entertainment from this viewer constituency and based on audience figures from the general lifestyling of primetime, DR decided to broadcast a programme series combining elements of reality, lifestyle and health information.

Take Care of Yourself! was a magazine programme composed of several items, including reports in the style of a makeover serial, tests for participants, competitions for the viewers, clips with evidence from experts, exercise and diet advice and conversations between hosts and participants. What follows is an account of how broadcasting that aimed to provide knowledge of, and insight into, health and disease almost disappeared, in favour of a focus on health as lifestyle entertainment, with the intention of creating fascinating TV experiences. The series was presented on DR's website as 'inspirational TV' thus: Ha' det godt! focuses on the hundreds of thousands of Danes who are technically 'healthy', but who could easily live healthier and feel even better [ . . . ] In order to prove that a healthy life is within reach for everybody, the programme will experiment with different methods of improving health. Both physical and mental health will be in focus, starting with wellness treatments, diets, meditation techniques, work-out plans and combinations of all of the above. (Danish Broadcasting Corporation, DR 2007)

The aim of the series is to motivate viewers in good health to live healthier, stay in shape and feel better. Although ostensibly the point of departure is lifestyle-related diseases, the programme is not about illness. Health improvement and wellness take precedence over medical ailments. The focus is on specific individual plans of action as a

means of building a healthier life, although limited to the individual body. In this context, health is considered in terms of tests on the body using a variety of different methods, and the general framing of the series is one of health as lifestyle.

The female host, Marianne Florman, is a former professional handball player, well known in Danish media. A coach and lifestyle expert, Chris MacDonald, also appears in the programme with a segment called *Chris på vægten* ('Chris on the Scales'). This section challenges ordinary people ('test pilots') to lose weight through tests and experiments. In addition, the presenter from earlier series, Peter Geisling, has his own slot of only a few minutes, called *Aftenkonsultationen* ('the evening consultation'). The fact that the programme has three very different hosts indicates that health expertise is not solely regarded as having its roots in science. Except for the doctor, who is (still) placed in the studio-surgery, the other two hosts are constantly on the move, exercising, carrying out experiments and giving advice. This is a highly dynamic programme. Moreover, by involving both hosts and participants in tests and experiments, health becomes a question of willingness to try something new. Health is considered something that concerns everybody, no matter how healthy and well the person may feel. A risktaking approach to individual improvement becomes a virtue, showing viewers that anybody and everybody can decide to change their lifestyle. In opposition to Dr Geisling's balanced, friendly and pleasant attitude, targeted at an older audience, the other two hosts project liveliness, dedication, power and dynamic drive targeting a younger audience. With this commitment they encourage participants not only to take part in the programme but also enrol them to work as players for the programme. *Take Care of Yourself!* arrogates to itself the authority to facilitate the participants' choice of a healthy life but also the right to judge those who do not make that choice. Choosing a healthy lifestyle is what participants must accept (after all, they have agreed to be tested on the programme). The choice is presented as an offer, but it is morally binding and characterized as a contract. For example, the test subjects in *Chris on the Scales* must lose weight within a few weeks (one person had to lose 1 kg of fat in 12 hours). In this way, the offer becomes an order. This understanding of health is first and foremost a product of the internal logic of the TV programme, in which the participants, in order to be recognized as healthy individuals, are encouraged to do as they are told by the coach and host. Thus, the two aims of the programme – to entertain and to offer effective solutions to 'problems' – are fulfilled at the same time.

In terms of dramatic composition, the programme aims for a high level of activity. It is characterized by many cuts back and forth between various locations and people during the show, giving the viewer the impression of drama and dynamism. The participants as well as the hosts are constantly preoccupied with new activities, pushed to their physical limits. All this, together with the fast pace, supports the programme's intention to inspire and motivate viewers to take action and change their lifestyle. Other dramatizing elements of the programme are exciting tests and experiments designed to entertain the viewer. Inspired by the generic agenda of reality TV (Ouellette and Hay, 2008), the rules of the game, deadlines and milestones are set out both for participants and the female host, forming a scale by which to measure success. The driving force of the programme is tied to the effect of this suspense rather than the opportunity for the viewers to get new insights into health issues. Viewers are presented with people who, through the application of moral pressure, insist on promoting individual health by, among other things, going beyond their own limits. Health becomes a question of whether the individual can demonstrate a strategic relationship with his or her own body

and subject it to personal entrepreneurship.

### Changing lifestyle?

The knowledge presented in *Take Care of Yourself!* is closely related to test results and experiments with participants who, in turn, demonstrate a willingness to change. The focus is on the activity itself, with participants involved in experiments and willing to change under supervision of lifestyle experts. Lewis argues that the ‘focus on “educating” audiences has been accompanied by the rise of a “new and emergent class” of experts concerned with lifestyle and the presentation of self’ (Lewis, 2008: 2; see also, Palmer, 2004). As *Take Care of Yourself!* does not focus on disease, no traditional doctor–patient relationship is established and no scientific experts communicate their professional ‘weighty’ knowledge. On the contrary, a large number of other kinds of specialists feature in the programme, such as coaches, lifestyle and fitness experts, dieticians and therapists – all dedicated to motivating participants to experiment and change their lifestyles. Their role is not primarily to communicate well-researched knowledge but to set up experiments to demonstrate how the will to change can be transformed into concrete, individual action here and now. In this way, they successfully realize the aim of the programme.

The project of the experts is to inspire, convince and show how to take action under the motto of ‘help to self-help’. In line with other lifestyle shows, this one addresses a ‘do-it-yourself self’ (Lewis, 2007: 308). On the one hand, the idea is that everybody is an expert in his or her own life. On the other hand, the presence of experts is justified by the expectation that they will help motivate individual participants to change his or her behaviour and find and cultivate his or her ‘real self’. This so-called real self is not connected to forms of identity, such as social affiliation, ethnicity or gender, but instead it is defined as about the body, capable of being (re)modelling and ready for transformation. The programme addresses a fundamentally adaptable individual, paving the way for virtually any type of expert who suits the format of the programme to assume the authority to guide change.

### Healthy or unhealthy?

Apart from the item ‘the evening surgery’ with Dr Geisling (which describes disease-like conditions and bodily reactions, such as hiccups, waxy ears, colds and depression from the perspective of prevention), the programme rarely mentions disease. The fact that illness often entails waning strength and may mean putting one’s life on hold does not exist within the ‘self-image’ of the programme. The risk of disease may be mentioned in the very brief interviews with family members of the test subjects, who express their concern that the person might become ill, for example, if they do not lose weight. Close relatives thus act as witnesses, namely, to show that many people are living unhealthy lifestyles without even being aware of it. Moreover, they serve as evidence that such a lifestyle has consequences for others besides the unhealthy person. The programme thus encourages an attitude of empathy with these people’s anxieties, at the same time as morally legitimizing a condemnatory attitude towards the test subject.

Essentially, in the logic of the programme, it is not possible simply to be healthy as a state or condition. Health means becoming healthy, striving for it, keeping ‘bad habits’ at bay and actively managing one’s own health. Health is an individual matter, linked to the body and involving a performative aspect. The programme demands that participants show the will to change and improve their bodies. This requires recurrent, individual effort if and when one is sufficiently healthy. In this way, the programme realizes the

same kind of agenda as reality TV programmes on commercial channels, such as *The Biggest Loser* (2004–). Pushed to extremes, what we see on TV is the empowerment of bodies through the logic of media; the healthy body is one made accountable through the media.

### TV as health guide

Seen from a public service and health information perspective, *The Doctor's Desk* and *Take Care of Yourself!* are very different. The perspective has shifted from a focus on disease as a concrete condition that the body may be suffering from, more or less at random (due to circumstances and conditions for which the individual is not full responsible), to the presentation of disease as an abstract condition. From this perspective, the body is considered to be at risk and potential threat that the individual must take action through personal experiments and challenging actions. For this reason, the viewers of *Take Care of Yourself!* are addressed as individual actors who, like every entrepreneur, should take care of their own health projects. Health is a question of individual attitude, based on a choice to be fit – or not. In this sense, TV runs parallel to ideas of health promotion at the level of public health policy.

I therefore consider this as an example of a mediatization process. Both the ideas of health and the expertise featured in the programme are adapted to the professional logic of TV production. This logic is about producing viewer-friendly programmes in line with other forms of TV entertainment. The aim of such programmes is not to be a platform for knowledge communication from other institutions outside of TV. Knowledge is communicated from what may be called 'self-invented' experts, who characteristically accept and adapt to the logic of viewer-friendly, factual media entertainment. However, these programmes demand that the advice they provide will be followed and impact immediately on the participants. With self-invented experts performing as the main actors, the TV programme itself (as well as the media logic in general) produces the idea of health and expertise as it communicates it: the achievement of health as a prepackaged solution.

From this perspective, TV viewers become acquainted with health problems in both a broader and narrower sense than before. This concept of health is broader in that it closely corresponds to ideas about lifestyle. It is not defined as the absence of disease but instead has associations with 'soft' aspects such as wellness, quality of life and the good life. Health is not connected narrowly to the opposition between the sick and the healthy body. Instead, it comprises a whole way of life. For this reason, it may be discursively useful for other types of programmes, such as those on food, home, exercise, fashion and family life. Conversely, the concept of health becomes a narrower problem in the sense that programmes on health attend first and foremost to entertainment, with implications for the selection of particular perspectives on health. For example, the problem of obesity has received an overwhelming amount of attention on Danish health programmes over the last 10 years, whereas the health-related consequences of, for instance, poverty and pollution have been almost completely absent. Competitions, tests and personal dramas – with emotional 'blood, sweat and tears' – have emerged as key elements of Danish public service contributions to communication about health. It has become similar to a personal game show; what is important is the will to personal and rapid change, whilst adapting to ground rules and moral norms. Ideas of health are affected by the media's demand for dramatically successful entertainment, able to attract large numbers of viewers. One must now look wistfully at the appeal for human and compassionate

understanding of what disease is and may involve, as well as the appeal for timeconsuming care, nursing and social networks, which were part of the aims of the earlier programme, *The Doctor's Desk*.

## Conclusion

The 1990s TV programmes on the Danish public service channel, DR, relied on health expertise from institutions outside the media institution. They made use of external, medical experts. However, heightened competition from commercial TV channels, segmentation as a programming strategy and increased audience-oriented programming inspired by reality TV on commercial channels as well as a successful turn towards lifestyle content were among the factors that promoted a modernized public service profile on health. Since 2007, programmes on health have increasingly created their own experts, who are produced and tailored to the needs of TV and the demand for dramatically successful content. As this analysis has shown, the early factual programmes were dominated by information on disease and treatment and communicated by medical experts. It also demonstrated that 'care' was regarded as an absolute necessity in order to cure patients successfully. Scientific experts and laypeople, as well as the hidden 'voice' of the DR institution itself, communicated this element of care. In contrast, later programmes have presented health as an individual and entrepreneurial project that may rapidly change and improve individual behaviour with the help of many kinds of lifestyle experts. In this way, a shift has taken place from programmes focusing on aspects of medical care and careful recovery to programmes focusing on the individual responsibility for prevention. This shift has had at least two consequences that are relevant to this article: first, it increases the focus on risks and attracts attention to risk awareness; second, it opens up a potentially endless number of health topics for TV production. Thus, the change in DR's health communication that took place over the period 2007–10 has been followed by several series that focus on the role of TV as a provider of health entertainment, a facilitator of lifestyle expertise and a guidance to people's individual health behaviour. We have not yet seen the end of these efforts to promote health.

## Author's note

The article is a substantially revised version of an earlier study published in Danish in *MedieKultur* 54, 2013.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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