

Module name/ title: Sickness and later life in media

Paper: Media and Margins

Component I: Personal Details

Role	Name	Affiliation
Principal Investigator	Prof. Biswajit Das	Centre for Culture, Media & Governance, Jamia Millia Islamia University, New Delhi—110025
Paper Coordinator (if any)	Prof. Yagati Chinna Rao	CSDE / SSS / JNU
	Dr. Amiya Kumar Das	Tezpur University
Content Writer/ Author(s)	Ms Pamidi Hagjer	Tezpur University
Content Reviewer	Prof. Biswajit Das	Centre for Culture, Media & Governance, Jamia Millia Islamia, Delhi
Language Editor	Mr. P K Satapathy	Department of English, School of Open Learning, University of Delhi

Component II: Description of the Module

Items	Description of Module
Subject Name	Media and Communication Studies
Paper Name	Media and Margins
Module Name/Title	Sickness and later life in media
Module ID	P9M35
Pre-requisites	
Objectives	
Keywords	Mass Media, Health, Ageing, Sickness, Later Life

1. Introduction

In this module, we will try to understand the concepts of sickness and later life and how this understanding is reflected and represented in media. Although there is a tendency to think of sickness/health and later life/ageing as ‘biological’, we need to accept that it is also social and cultural, as it involves various social and subjective experiences as well. In today’s consumerist society, the modern media has a very important role to play because the ideas and notions of good and bad health, ‘young’ and ‘elder’ persons, etc. is constantly reproduced, and we adhere or aspire to the norms represented by it.

We shall look at the relationship between sickness, later life and media by trying to analyze the foundational concepts of body, health, ageing and public sphere. With the help of various examples from past literature, the differences and hierarchy that exists in our society as a result of conflicting notions of health, sickness and ageing process shall be explored.

2. Learning outcome

You will learn and develop ideas about

- The sociological understanding of human body, old age, and health related issues;
- Issues of ageing , and ageism in global world;
- The notion of body image and its relation with media;
- The impact and role of various forms of media and its portrayals of these issues; and
- Media representations as simply more than reflecting reality and how it re-creates a new reality.

Before we begin to analyze the concepts of sickness and later life, it needs to be understood that these two concepts do not represent a homogenous experience. There are different types of health conditions which can further vary depending on age, sex, gender, culture, race, etc and similarly there are different experiences and understandings of ‘old’ in different societies. They include diverse categories representing different cultures, class divisions, sexual orientations, state and welfare policies, schemes, etc. In addition, through these diversities, we can link both sickness and ageing to social inequalities and how societies deal with two issues can be clearly demonstrated through how media deals with it.

3. Health, sickness, illness, disease:

WHO defines health as “*a state of complete physical, mental and social well-being*”. It gives us important insight into how a society or a nation functions. Standards and notions of health can differ from society to society and sometimes it is often equated

with ‘morality’. This is true especially in case of mental health, and sexually linked diseases and there are cultural standards set for it which is constantly changing with the forces of society and technological advancement. Related to this is the idea of human body, where the ‘natural’ and ‘social’ come together most explicitly. Because we work on our bodies in a variety of ways – through certain kind of diets, clothing, modifications and fitness routines, etc. – it has become, in a way, an extension of the global consumer society. What are our ideas of a good, healthy body is ultimately reflected in what choices we make when we buy or consume products as well how much of our body has to be repaired? This is where medicine, health sectors, state welfare infrastructures and policies have a big role to play. We all know about the striking differences in health, in high-income versus low-income societies. For instance, WHO Report 2003 have shown how Africa with almost 6000000 in 2002 suffered the highest case of parasitic and bacterial infection related deaths whereas Europe with almost 5000000 in the same year had highest case of cardiovascular diseases related deaths. Distinction should also be made between physical and mental health, and by extension, physical ill-health and mental ill-health. The former has most times a clearer cut identifiable symptoms reflecting biological pathology, whereas the latter is more difficult to diagnose and more likely to reflect behavioural and personality disorders. It is also argued that most mental ill-health is chronic and less curable. Societal perceptions aside, these distinctions are important as healthcare systems around the world address them both differently and this formalization of their treatments is a result of modernity.

The opposite of good health could be understood as the condition of ‘ill-health’, which can be defined in multiple ways – sickness, illness or disease. Although they are related, there is an underlying difference between the concept of sickness, illness, and disease. They are often used interchangeably, but it is important to understand how one is different from the other. In the medical world, the practitioners distinguish disease from illness and sickness, by stating that only practitioners are able to assist in diagnosing and treating the disease effectively. Thus, a disease is a condition diagnosed by a medical expert as some form of biological pathology through systematic diagnostic guidelines.

In studies of health, illness has been broadly defined as the state of ill health identified with a person by themselves or a practitioner. In certain cases, this may denote only minor problems, but in other forms of illness, whether self identified or not, might include severe or acute health problems and afflictions. This could extend to a state where an individual’s ability to lead regular life becomes limited. It may also include “identifiable somatic symptoms, reflecting underlying biological pathology”. In medical anthropology, illness is a feeling of not being normal and healthy. Again, it may or may not (such as simple nausea, headaches) be due to infliction of diseases. This gets even more complicated when explaining mental ill health. Abnormal states of mind may be indicators of “minority, immoral or illegal desires which are not sick desires”.

Sickness is related to a phenomenon distinct from disease and illness, namely the social role a person with illness assumes or is given within a social group. It is thus, the social and public component of ill-health. According to Richard K Thomas, “*illness is transformed into sickness when the condition becomes publicly known*”.

through announcement by the infected party. Thus, while illness is primarily a biological state, sickness is a social state”. And this “social” aspect of sickness is significant as it has ramifications on social role performance and social interactions. Talcott Parsons, a Sociologist, developed the concept of ‘sick-role’ to denote this relation between the ‘sick’ party and their rights and obligations. Although heavily criticized for overlooking the realities of sickness, chronic illness etc., Parsons’ perception of sick as ‘sanctioned deviance’, and ‘not productive member’ of society who disturbs the structure, is highly relevant to our perception of ‘good health’.

Thus, we see how sickness is seen as a process where the notion and experience of disease and illness is manifested in societal terms, and the social construction of sickness that occurs in part and through “*medical systems (disease) and forms of suffering (illness)*”, which eventually gets linked to norms and values of the larger society.

4. Ageing, later life and ageism:

We now come to our second pertinent topic – the issue of later life. Ageing is to be understood both as a biological and mental process where one experiences various physiological and psychological changes as well as a subjective and social process (where people negotiate and make sense of these developments) and the societal norms and ideas associated with them. This focus on ageing or ageing population is a result of demographic transition especially in modern industrial societies with a massive increase in elderly population. This trend is the result of: a) decreasing fertility rate leading to decline in the proportion of the young; and b) decreasing mortality rate leading to longer life. Ageing after all is universal, continuous, inevitable and irreversible. Thus, in terms of physical and psychological factors, it involves increasing susceptibility to physical decay with vital functioning of organs in decline thereby making the person vulnerable to ultimate death as well as reduced sensory and emotive processes.

Before looking into the social implications of this biological process, we need to briefly look at how the ‘aged’ represents an open category. It is difficult to define who are the ‘aged’ or ‘old’ or ‘elderly’. WHO (1967) defined old age as, “*the period of life when impairment of mental and physical function becomes increasingly manifest by comparison with previous periods of life*”. What is considered old age varies thus between countries because of different social, economic, and historical situations and conditions. The broad division of human life span is infancy, toddler, childhood, adolescence, young adult, prime adulthood, middle age and finally the old age. Defining it in terms of official/administrative standards could be a practical way. The average age of retirement in most countries is 60 – 65 years after which one becomes a senior citizen. But to group anyone in their 60s and above in the same category is problematic. In case of India (and perhaps non-literate population), for instance, because the majority of the elderly, especially elderly women, have not gone to school and often do not know their chronological age, such tools become close to obsolete. If we were to consider it in terms of life activities, ‘aged’ still remains a heterogeneous category. Peter Laslett (1996) makes a further division of the last stage: third age - “*a period of life free from parenting and paid work, when a more active, independent life is achieved*”, and fourth and final age - “*an age of eventual dependence*”. The former

indicates a younger old who enjoys financial security and good health and are typically more independent while the latter constitutes the older old who become more dependent due to financial and health issues.

WHO's World Report on Ageing and Health 2015 states: *“one consequence of this rigid framing of the life course is that the extra years that result from longevity are often considered as simply extending the period of retirement, dependency and non-productivity”*. This often results in the formation of negative attitudes towards the group. This differential treatment on the basis of age is termed as ageism. While it can be targeted toward individuals of any age, two groups that are often targeted are the young and the elderly, and especially through prejudices, induced stereotypes, discriminatory practices, or institutional policies and practices that enable these beliefs. *“This has serious consequences both for older people and society at large. It can be a major barrier to developing good policies because it steers policy options in limited directions. It may also seriously impact the quality of health and social care that older people receive”* (WHO World Report on Ageing and Health, 2015).

5. Representations in media:

Today, we live increasingly in and through media. What is significant is how new media technologies have a distinct role in many of our daily activities. Besides relying on the media as our main source of information, we also develop new ideas, attitudes, and aspirations, shape our existing culture and customs, and fashion new norms and reality through it. The new media we live and experience today is what we term as mass media – the technological means of communicating ideas, information, etc to a mass audience through various devices. The human history as we know has gone through different stages of communication – from age of gestures, to the use of speech, to the creation of writing, to the age of print, to the growth of electronics, and finally to the information age. With each passing stage the role of media, to its transformation to mass media, has gone beyond simply transmission and functioning as a neutral process, to that of spreading of shared meanings that society associate themselves with. In this sense, mass media is an instrument, or more so, a process, of creating shared meanings that people can identify with, that equips people with the vocabulary and information to engage in a conversation and dialogue. Thus, “the media is not just about answering a community's needs for information; it is as much about constituting that community”.

Broadly mass media can be classified into the following categories:

1. **Print Media** which includes newspapers, magazines, books, pamphlets
2. **Broadcast Media** which includes television, films, radios etc
3. **Digital Media** which includes internet and mobiles

Media representation thus denotes how mass media deal with, depict and portray specific groups, communities, ideas, experiences, values, issues and topics etc. to mass audience. The purpose or function of the content could vary from transmitting information for purpose of surveillance such as dangers of ecological disasters (e.g., floods, droughts, tsunami, earthquakes), epidemics (dengue, zika, ebola, H1N1 virus),

news about economy (stock market) or political situation (elections, trials), fostering community sentiments (by dramatizing deviants such as youth crime, sex offenders) etc. There is thus an act of resembling wherein the representation becomes a medium, and because of its ability to be copied, the representation becomes more accessible through communication on a mass level. It involves how language and systems of knowledge production selects, breaks down, reconstructs and finally circulate meanings which may be highly selective at times.

5.1 Representation of sickness:

Several research works have concluded that mass media remains the most important and influential primary source of public information on illness and issues of health and fitness. Building public opinion on a myriad of health related issues through mass media has proven to be highly effective. For instance, local health systems and non-governmental organizations frequently highlight sickness caused by bacterial diseases such as malaria, dysentery, cholera, typhoid, etc. through newspaper adverts or on billboards across cities, towns and villages.

What needs long term commitment and affects equal number of individuals are chronic conditions which includes a vast range of sickness caused by cardiovascular conditions, cancer, diabetes, HIV-AIDs, substance addiction, muscular and joint illness, epilepsy, obesity etc. These are sicknesses which have substantial representation, for example, cancer is a re-occurring theme in movies and television shows. The effects of diabetes, cardiovascular conditions and its prevention are constantly highlighted through fitness campaigns for healthy diet, organic food products etc. Although depictions of HIV-AIDs and other sexually transmitted diseases have increased, there is still a great deal of stigma and discrimination. Mass media have shown the trend to generalize by emphasizing the risk to a particular age group or strata, sex or sexual orientation, income group, etc. thus leading to stigmatization, as opposed to focusing on the behavioral patterns of individuals which pose greater risk. Serious sickness, such as cancer, has received a fair deal of media coverage, but, again the case of misrepresentation is also highest here. Critics have noted how ‘patients’ are often shown as feisty, almost healthy, etc. when in fact the process is mostly the opposite. The fact that there are very few ‘medical dramas’ on television networks which have sustained for long, audience supports the tendency of media to focus on one dimension of sickness. Chronic sickness can be complicated because it may not have overt or explicitly visible symptoms (as in case of degenerative disorders). Thus it falls in the danger of being underrepresented. Mental sickness has often been portrayed in poor light because of which we see those actually affected are shunned away from society, locked in mental institutions and are given high medications. It is often shown as a case for violence, unpredictability (such as in schizophrenia), as a reason for social inefficiency (in case of ADHD, OCD etc). On the other hand, depression which is a very serious and common mental sickness is instead not given its due focus as a disease despite being mentioned commonly. When it is mentioned that everyone gets ‘depressed’, it is showing that depression is not accepted as a disease. In fact, the serious consequence of this is that today people are afraid to even mention that they are depressed simply because one would not fully understand like they would understand a physical illness.

Thus, the inaccuracy of health information as it appears in media has long been a concern of advocates of such sickness as imprecise information and commercial messages affect consumer behaviour by decreasing the urgency with which we act to prevent and detect such conditions.

5.2 Representation of Later life:

Because of strong culture of ageism, the process of growing old is not always represented positively by the media. In case of advertisements, images of older men and women on the covers of lifestyle, fashion magazines or in television adverts are few. We find that most magazines and adverts collectively present a slim, fit, wrinkle-free, youthful image that's impossible to maintain in the entire course of life. With many adverts for anti-ageing products, it promotes ageing as something to be challenged or if possible reversed. The heightened use of digital manipulation to make any signs of aging invisible makes this even more evident. Dove, a global personal care brand, challenged those beliefs through its award-winning campaign for Real Beauty. On the other hand, there are advertisement campaigns that demonstrate and portray older adults as "super seniors" who are healthy, wealthy and defy ageing, who are keeping up with technology, want to consume same products as youth do, etc. Thus, absent in the mass media are portrayals of a balanced notion of ageing; one that reflects both the challenges and difficulties of getting older, while accepting the experiences connected with ageing. One common theme is when elders are commonly characterized as sweet, vulnerable and warm who are incompetent and deserve the sympathy and compassion. News stories that feature older people as crime victims are an extension of the image of vulnerable group who are in need of charity and protection as they are defenseless on their own. Whereas those who defy such negative stereotypes are depicted as strange, funny and comical, trying to be 'hip' and 'cool' etc. On television dramas and cinema, older characters appear less frequently and in less prominent roles than other adult characters, which are predominately portrayed as emotionally, physically and mentally healthy. Instead, older characters talk about age, linking it to death – a disheartening process. Thus, ageing individuals are typecast on the basis of generalizations about declining health, happiness and attractiveness.

Negative portrayals far outweighed positive portrayals and most advertisements target pension and insurance related issues, health (with major focus on heart, joint etc.) but rarely do we see media discussing other disabilities. This lack of representation in the mass media may contribute to marginalizing older adults and also the way older adults see themselves. Thus stating from WHO World Report on Ageing and Health, 2015:

"...some of this prejudice arises from observable biological declines. This so-called objective starting point for the stereotype of older age may be distorted by awareness of disorders such as dementia, which may be mistakenly thought to reflect normal ageing. Furthermore, because ageism is assumed to be based on these presumed physiological and psychological facts, little or no account is taken of the less obvious adaptations made by older people to minimize the effects of age-related loss, nor the positive aspects of ageing, the personal growth that can occur during this period of life and the contributions made by older people. This socially ingrained ageism can

become self-fulfilling by promoting in older people stereotypes of social isolation, physical and cognitive decline, lack of physical activity and economic burden”.

6. Conclusion:

In new socio-cultural context, individuals are constantly appropriating media to elaborate on their physical and mental situations. This is especially true in case fast evolving social media where the content caters to individual at the centre. For instance, websites such as YouTube which caters to the production and sharing of media, discussions on sickness and ageing has found a new start. The participatory nature of social media has transformed media into a more active one with a wider audience reach. Millions of forums and channels exist online where debates and discussions are encouraged. However, it has also increased the vulnerability of those who are sick, to abuse and harshness. Although it is exaggerated, the fact is that growing old is also accompanied by a rising incidence of disease and disability. To alter the experience of later life and sickness in our societies, negative stereotypes need to give way to realistic portrayals; misrepresentation and under representation of diversity should stop so that such portrayals cover the variety of experiences without attaching a value judgment. The fact is that by overlooking the diversity of experiences and with media highlighting the similarities instead of diversity, the policy makers tend to create legislations and welfare schemes that will never address these issues in all its complexities. The visibility will send a strong message, reinforcing the fact that sickness needs to be addressed by society as a whole and that ageing is a natural process and older adults are part of the social fabric.