Political citizens, consumers, or passive patients? Imagined audiences in the complementary medicine debate

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Abstract

This is a content analysis (2011-2017) of news stories referring to an Australian-based lobby group called the Friends of Science in Medicine (FSM) who have been active in their denouncement of complementary and alternative medicine (CAM) in Australia. Of particular interest are the models of biocommunicability that dominated these news stories. Drawing from the works of Briggs and Hallin, these biocommunicability models enable us to consider whether the news story imagines its audience as passive patients, active patient-consumers, or engaged citizens in the public sphere. Of 76 articles, public sphere stories were the most frequent (n=54) followed by patient-consumer reports (n=36). Prioritising the voices of FSM lobbyists, news stories address their audiences as politically astute citizens or active consumers negotiating a range of healthcare options in an ambiguous healthcare landscape. These models correlate with framings of CAM as lucrative and unethical, illegitimate, with a poor evidence base.

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Introduction

Health media communication plays an enormous role in our daily lives by drawing attention to many health issues that become prominent on the news agenda (Seale, 2003b). The narratives, framings, and key messages contained in such mediated communications may also influence our choices about using particular products and therapies. Health news can be exceptionally powerful in garnering community, professional, government and corporate stakeholder support for health services, policies, and regulation. Understanding the interdependence and interrelationships between health and media offers a much richer picture of the landscape in which the phenomenon of healthcare is constructed, accepted, legitimised, contested, and even de-legitimised. This is relevant to media representations of traditional, complementary, and alternative medicines (CAM) as well as more mainstream biomedical practices and therapies. CAM products and therapies are used by a high proportion of Australians for their healthcare, often in conjunction with mainstream medicine (Reid et al, 2016). A number of CAM practices, such, as osteopathy and Traditional Chinese Medicine, are registered professions with degree programs in universities. CAM researchers have been the recipients of highly competitive and elite Australian grants, including those from the Australia Research Council (ARC) and National Health and Medical Research Council (NHMRC). CAM's prevalence as a sociocultural phenomenon is impossible to ignore and is fascinating for media professionals and scholars from a wide range of disciplines, including health, sociology, law, anthropology, and media.

This study presents a media content analysis (2011-2017) of news stories referring to an Australian-based lobby group called the Friends of Science in Medicine (FSM). Consisting

of "scientists, clinicians, lawyers, and consumer advocates"[1], the group formed in 2011, initially voicing its concerns about the presence of complementary medicine courses in Australian university curricula. Over time, the group's messages broadened to declare its concerns about the presence of CAM courses in the healthcare system (Lewis, 2019; Brosnan 2015). A recent media analysis (Lewis, 2019) found that the key framings of news reports mentioning the lobby group FSM de-legitimised CAM products and therapies. Furthermore, FSM problematised the role of CAM as a purveyor of commercialised products with vested interests within an under-regulated marketplace. Similar patterns of negative media reporting on CAM have been documented in Spain (Cano-Orón, 2019), the US and the UK (Caldwell, 2017; MacArtney & Wahlberg, 2014).

This study extends my continuing research of media framings, based on media reports about FSM and the CAM debate (Lewis, 2019), into the field of biocommunicability (Briggs & Hallin, 2007, 2010). Biocommunicability reflects how knowledge is produced, circulated and received ('communicability') within biomedicalised domains (Briggs & Nichter, 2009). This study investigates the distinctive frameworks within which these news stories have operated. The biocommunicability model categories are: biomedical-authority, patient-consumer, and public sphere. Inspired by the works of Michel Foucault (1997) and Nikolas Rose (2007, 2001) these classifications by Briggs & Hallin (2007, 2010) help us to consider whether the news story is coming from: a) an assumption of biomedical authority to a passive patient audience; b) a position that regards the audience as both patients as well as consumers; or c) one that positions the audience as citizens in the public sphere who may be interested in the broader political implications of the story. The social actors involved here include

[1] https://www.scienceinmedicine.org.au/welcome-message/

journalists and their imagined audiences, as well as others who produce news discourses, including academics and researchers, practitioners, industry representatives, government officials, as well as patients and health consumers (Briggs & Hallin, 2007).

Biocommunicability models offer a mapping process to help us understand how the citizen's body, and all the definitions and practices that shape it, are constructed, categorised, and made sense of via the news media 'with their pedagogical power for reinscribing categories and their performative potential for shaping new ones' (Briggs & Hallin, 2007, p. 45). Thus, the concept of communication and mediatisation here is an important expansion of Foucault's biopolitical body (1997); governed and self-governed, disciplined and self-disciplined, always under surveillance, as well as self-surveilled (Rose, 2007; Clarke et al., 2003).

This study draws from the theory of 'biomediatisation', a neologism coined by Briggs & Hallin (2016). Biomediatisation is the overlap and enmeshing of mediatised and biomedicalised worlds, and encapsulates the phenomenal impact of both media reporting and medicine in our information-centric lives. It speaks to the extent to which we are immersed in and subsumed by media scholar Mark Deuze's concept of a 'media life', whereby we are not just living amidst media forms, we are living 'in' media (Deuze, 2011, p. 138). At the same time, this new 'mediatised' state of existence is entwined with the biomedicalisation of all things 'health', which exist and are acted out in both public and private spheres. Sociological understandings of contemporary healthcare are inadequate without considering the central role played by media.

Identifying and understanding boundary work is crucial here. A number of scholars have addressed the matter of biomedical boundary work at play as a response to the CAM phenomenon (Saks, 2003; Derkatch, 2016; Brosnan, 2018, 2017; Caldwell, 2017; Gale, 2014). This includes matters of definition and classification of CAM practices and objects

and, importantly, the symbolic violence at work in this defining process (Gale, 2014). CAM representations may frequently draw attention to the deficiencies or the gaps in biomedical practice, which CAM therapies and products often endeavour to accommodate. Despite this, framings of the 'limits of biomedicine' in news reports were rare in an earlier study (Lewis, 2019). Such boundary work is not restricted to biomedical proponents, as the sociology of professions literature attests very clearly (Abbott, 1988). Journalists, whose mandate is also that of serving the public interest, have a sense of the ambiguity of boundaries (in their role as gatekeepers of news amidst the rise in citizen journalism), and they too have a sense of lost autonomy in the news-making process. This relates to declining numbers of journalists in newsrooms, particularly specialised journalists like health reporters. The remaining journalists who are limited for time and under-resourced, invariably turn to 'staged' (Boorstin, 1971) or pre-packaged news (Davies, 2008). All this is occurring as journalists find their role increasingly incorporated in the 'centrality of social and cultural life' (Briggs & Hallin, 2016).

Conflicts over biomedical knowledge and authority are well documented in the scholarly literature (Gieryn, 1999; Bourdieu, 1981; Kuhn, 1962; Abraham, 1994; Derkatch, 2016; Brosnan, 2017, 2015). They take us into a wide range of epistemological territory, including the terrains of biomedical science, scientific and technology studies, the history and philosophy of science, as well as anthropology, and are also articulated across sociologies of professions, scientific knowledge, communication, health, medicine, and risk. When there is political strategising at work, science itself is 'constructed' by numerous claims-makers (who may be coming from completely opposing viewpoints) who profess epistemic authority to speak on a topic like CAM. Thomas Gieryn (1999) argues for the need to understand the subjectivities at play when such controversies arise and groups mobilise to guard their scientific turf. He points out that science, as the:

> legitimate arbiter of reality … gets stretched and pulled, pinched and tucked, as its epistemic authority is reproduced time and time again in a diverse array of settings (1999, pp. x-xi).

Of particular relevance to this study, Gieryn also discusses the 'credibility contest' in science-disputes that brings about winners and losers. During this contest, claims-makers contest one another's representations of reality; their competing narratives, frames, and claims. The losers in the credibility contest, argues Gieryn (1999, p.13):

> see their claims moved out from fact to illusion, lie, ulterior motive, or faith while they (and their methods, practices, organisations, and institutions) get marginalised or excluded fully from the domain of epistemic authority reserved for science and its genuinely licensed practitioners.

Gieryn's statement highlights the point that the stakes have been high for biomedical and CAM practitioners, associations and industries in the FSM-CAM debate, which has gained reasonable traction in mainstream news reports since 2012. CAM practitioners are no strangers to marginalisation or exclusion, yet the entry into the university system of many professions such as osteopathy, traditional Chinese medicine (TCM), and naturopathy has been integral to the credentialising process that is necessary to articulate, form, and legitimise professions (Weber, 1968; Freidson, 1986, 1970; Saks, 2012). This professionalisation through credentialism, and, in turn, the validation of chiropractic, osteopathy and TCM through registration with the Australian Healthcare Practitioners Association (AHPRA), has created new opportunities and possibilities for these groups to thrive – and compete – with the biomedical professions in the healthcare marketplace.

Health communication scholarship has evolved beyond a mere transmission model of critique and analysis (Seale, 2003a; Briggs & Hallin, 2016). While much social science

research focuses on the matter of accuracy in health reports, which is indeed a valid concern, this allegiance to the idea that the role of health journalists is simply to reproduce biomedical 'facts' as they are presented to them by claims-makers is out-dated, simplistic, and inadequate (Seale, 2003a, 2003b; Kitzinger, 1999; Briggs & Hallin, 2015, 2016). This 'linear-reflectionist' perspective (Briggs & Hallin, 2016) is deficient in how it fails to scrutinise the social, political and economic factors behind what is being represented as 'fact'. It fails to unravel and unmask the complexities arising from the convergence of medicalised and mediatised worlds. It does not interrogate, question, or contextualise professional dominance and relevant 'turf wars' that may be at play. Neither does a functionalist transmission model interrogate scientific knowledge as something susceptible to the machinations of power and political strategy. This is why scholars like Briggs and Hallin advocate an interdisciplinary approach to better understanding how health news is constructed.

In the light of this critique the paper's purpose is to expand media and health literacies, in an environment where a range of CAMs are gradually being mainstreamed into the healthcare landscape (Adams et al., 2012). It aims to subvert the current complacency in health reporting by news-makers and audiences alike, and offers critical insights into the complex landscape of health news. This is often a tangle of fact construction or 'facticity' (Tuchman, 1978) in the context of media representations of CAM. It maps how biomediatisation and biocommunicability function to define and construct CAM in distinction from, and in opposition to, biomedicine. Healthcare is indeed a highly political and politicised landscape, and this paper sheds more light on favoured framings in news stories that report the FSM-CAM controversy. This is the first article to systematically map models of biocommunicability in media representations of CAM and is of relevance to media and communication scholars, health practitioners and industry professionals, policymakers and

regulators, and, of course, citizens who use healthcare services and are impacted by news representations.

Methods and materials

This study is a media content analysis of news media reports that referred to an anti-CAM lobby group in conjunction with CAM practices or products, drawing on Briggs & Hallin's models of biocommunicability, discussed above. The aim of this content analysis was to map the different biocommunicability models that occurred across all news reports during the period of analysis. I was interested in investigating which of the three models dominated in the news stories, as well as those that were less frequent, rare, or entirely absent.

Content analysis enables us to systematically map, measure, and compare different coding categories that emerge from the texts under analysis – in this case, newspaper reports about CAM and FSM (Krippendorff, 2004; Holsti, 1969). It offers a meaningful way to explore the nature and characteristics of communication, such as the what and how of something being said, and to whom, as well as what we can infer from that (Holsti, 1969). Both qualitative and quantitative methods can be applied in content analysis, because particular characteristics in the reports can be mapped and quantified, as well as inferring connotative meaning within the texts. This study uses both approaches.

The 76 news stories that this research draws upon come from Australian mainstream national and metropolitan news outlets, dated between 2011 and 2017. These reports were captured in the 2019 study and the specific search terms and inclusion criteria are defined therein (Lewis, 2019). Importantly, the questions being asked in this research project are very different from the 2019 study, and focus on the imagined audiences being addressed in the stories, via mapping the models of biocommunicability that are frequent or rare across the news stories. It is important to emphasise that this is a very focused mapping of CAM stories

between 2011-2017, which required the FSM association in order to meet the inclusion criteria.

NVivo was used for documenting the coding categories. The coding approach was deductive, drawing on the biocommunicability models articulated in Briggs & Hallin's (2010, 2007) research and described above. After coding the reports for biocommunicability models, this data was cross-tabulated with news frames and intonation from the 2019 study (Lewis, 2019) to measure which frames and types of intonation were most frequently correlated with either medical-authority, patient-consumer, or public sphere models. One other coder was brought in for intercoder reliability measurement, with 13 per cent overlap for the reliability, revealing a high level of intercoder agreement (*kappa*=0.89).

This analysis investigated the biocommunicability models of communication that were most prevalent across the media reports during the longitudinal period. As Briggs and Hallin (2010, 2016) argue, these models do not have to occur exclusively – indeed, in news reports, multiple models may operate in harmony or in tension with one another. For example, the ABC Radio National 'Background Briefing' report about chiropractic, 'Crack a baby's back' (2016), combined all three models of biocommunicability (medical-authority, public sphere, and patient-consumer). This story carries medical-authority commentary from an orthopaedic surgeon and paediatrician, who criticises a chiropractor's approach to treating a baby. At the same time, the report conveys the patient-consumer model as it engages its readers through the featured parents' experience, beliefs, and values associated with using (as healthcare consumers) a chiropractor to treat their baby. The generally politicised slant of the broadcast in turn addresses the listener as public citizen, encouraging readers as engaged participants in the public sphere who have a stake in the issue.

Findings for biocommunicability models across all reports in the dataset have been cross-tabulated with other codings from the 2019 data. These include report framings and primary sources, as well measuring any overlap between biocommunicability models.

Results

Seventy-six news reports were sourced in mainstream national and metropolitan newspaper, radio and television outlets between December 2011 and April 2017. Figure 1 shows the frequency of the biocommunicability models. The public sphere model of biocommunicability was the most prevalent in stories across the period at a frequency of 71% (n=54), with the patient-consumer model occurring with a frequency of 47% (n=36). Only three reports (4%) carried the medical authority model. Appendix A shows in greater detail the news framings that occurred within each model of biocommunicability, and provides an illustrative quote for each particular frame.

Overlaps between models that occurred within a report were most common between stories using a public sphere and patient consumer model (n=11). The biomedical authority model was infrequent overall, and all three stories featuring this model had overlap with two public sphere stories and one patient-consumer story.

Consistent with Hallin and colleagues' findings (2013), biomedical insiders – notably FSM spokespeople and biomedical practitioners – were the dominant source in these stories.

The public sphere model of biocommunicability (n=54)

Framings and tone

Public sphere model stories in this study tended to feature framings of CAM as lucrative and unethical (n=18) as well as an illegitimate therapy or profession (n=15). A number of stories using the public sphere model also contained a frame that acknowledged the 'FSM versus CAM debate' that was occurring in Australia (n=11). Eight articles focused on the need for

more rigorous regulation of the professions, with eight reports framing CAM as something that should not be supported by the state, and seven carrying a framing about CAM's existing or potential role in the healthcare system. A smaller number of public sphere articles used a risk framing about CAM more generally (n=6), as well as a frame that CAM should not be taught in universities (n=7) and that it is a waste of money (n=5). More public sphere articles acknowledged the validity of CAM research (n=8) than dismissed it (n=1). Negative intonation about CAM appeared in 26 articles, with 16 reports using a mixed tone and nine neutral in tone. Two articles carried a positive tone towards CAM.

Primary sources

A spokesperson from FSM was the most common primary source found in reports using the public sphere model (n=28). Sources from a professional CAM organisation (n=13), a university biomedical department/research field (n=11), or a professional biomedical body (n=8) were the next most frequent primary sources used, respectively. Biomedical journals (n=6) were used as a primary source in a small number of public sphere stories.

The patient-consumer model of biocommunicability (n=36)

Framings and tone

Stories using the patient-consumer model tended to frame CAM as lucrative and unethical (n=15), and as having a poor evidence base to support its use (n=11). The illegitimacy of CAM as a form of healthcare was another frequent frame in patient-consumer stories (n=11) as well as the framing of CAM therapies or practitioners as risky or dangerous (n=11). A smaller number of articles carried framings that acknowledged CAM's popularity (n=8), its potential efficacy (n=7) as well as framings of CAM as a waste of money (n=8), consumer vulnerability (n=7), and the primacy of biomedical knowledge (n=8). Twenty-three patient-

consumer stories (64%) carried a negative tone about CAM. Less frequent were stories with a mixed tone (n=7). Neutral (n=2) or positive (n=2) intonation was rarer across these stories.

Primary sources

As with public sphere model stories, a spokesperson from FSM was the most frequent primary source (n=18) followed by a professional CAM body (n=10), and university-based voices from biomedical science (n=8).

The biomedical-authority model of biocommunicability (n=3)

Framings

This was not a common model across the reports on FSM and CAM, occurring in only three reports, all of which were negative in tone. As discussed earlier, there was one case where all three models crossed into one ABC radio report about chiropractic being carried out on a baby: 'Crack a baby's back' (ABC radio, 2016). This was the only case where all three models were combined. Notably, this was a longer feature report for a radio current affairs program, which does allow more opportunities for other models and framings to arise.

Primary sources

Given the low number of biomedical authority stories overall, it was not possible to adequately measure a dominant source here. The primary sources cited in these reports include FSM spokesperson, biomedical practitioner, CAM practitioner, hospital spokesperson, professional biomedical body and professional CAM body.

The findings are discussed in the next section.

Discussion

In this section I examine the findings for the different biocommunicability models, and the most dominant framings that arose within each, depending on whether the audiences were imagined as citizen-spectators, active patient-consumers, or as passive patients.

Public sphere stories

The public sphere model was the most common in the news stories. These particular reports enable audiences to 'weigh in' on most commonly framed concerns about industry integrity and CAM's broader legitimacy, as well as directly highlighting the FSM-CAM debate as a biomedical controversy. This satisfies a public sphere orientation, as well as news values of conflict and negativity (Lewis, 2019; Nisbet & Fahy, 2015) and treats the audience as citizen-spectators (Briggs & Hallin, 2016). In this model we often see reporters collaborating with activists (like FSM) to 'provide alternative circuits for the dissemination of health information' as a measure to pressure and prompt government officials to respond to an issue (Briggs & Hallin, 2010). These stories emulate political reporting by portraying health as part of the public sphere, a place where priority is given to highly credentialled and elite expert voices (Briggs & Hallin, 2016). This process demonstrates how biomedical hegemony can be reinforced in this model. For public sphere audiences, the value of what is articulated by the primary voices in the reports is less about scientific knowledge or expertise than the actual appeal of the experts' voices, their authenticity, their relatability, and the appeal to 'common sense' (Briggs & Hallin, 2016). Thus, a spokesperson that may have little or no knowledge or understanding of the evidence-based research occurring with herbal medicines, for example, still carries *ethos*, based on the fact that this spokesperson is a medical doctor who is affiliated with university institutions.

The political jousting represented in public sphere stories is generally retained to the voices of FSM, and those counter voices from CAM industry and professional bodies like

Complementary Medicines Australia (CMA) and the Australian Chiropractic Association (ACA). Other participants come from university biomedical science departments, university management, and professional biomedical bodies like the Australian Medical Association (AMA). Lay people were not cited at all as sources in these stories, and CAM university researchers were only cited in three reports. The virtual absence of the latter group voice hints at the intrinsic political nature of these reports, a point that I have discussed elsewhere (Lewis, 2019). These stories prioritise sources that are non-experts of CAM, which effectively negate CAM's place in the mainstream healthcare system. The absence of a voice from the university sector in CAM research (particularly in relation to the accusations of pseudoscience) does not appear to offer much space for robust scientific argument. This is typical of mainstream news media stories (as well as public sphere stories) and is in keeping with Briggs & Hallin's postulation that scientific argument is not typically used in public sphere stories (2016). The absence may also be a matter of journalists' reluctance to add complexity to the debate, which is unconducive to news reporting. They rely on their satisfaction with counter-arguments from industry associations, or they may indeed believe that researchers of CAM-based products and therapies such as acupuncture, herbal medicine, or chiropractic lack credibility, therefore are comfortable excluding their voices – in the same way journalists might eliminate the voice of a climate change denier or anti-vaccination advocate. It could be a matter of efficiency--news-making is at the mercy of deadlines--and a disinclination of many CAM researchers to make an effort to counter FSM claims or to even engage on media platforms (Lewis, 2019). These interpretations can only be tested through direct interviews with journalists reporting on these issues, the absence of which is a limitation of this study.

Stories with a public sphere orientation were occasionally specific about issues such as the need for regulation of CAM risks, but more frequently operated at a broader level of criticism towards a universal 'CAM', which is telling in the prominence of framings of a

lucrative, potentially unethical industry, as well as a more general framing of illegitimacy in these reports. Addressing every single CAM treatment, philosophy, product, and practice as one homogenous entity is not scientifically diligent, nor is it helpful to better understanding and intelligently addressing the often complex issues that surround less mainstream therapies and practitioners that emerge and appeal to citizens and other stakeholders in an increasingly pluralistic health landscape.

Despite the dominance of 'illegitimacy' and 'lucrative-unethical' framings overall, some public sphere stories acknowledged the existing or potential role of CAM in the healthcare system as well as the validity of CAM research. This highlights an ongoing tension and ambivalence about CAM that has been extensively discussed in the sociological literature, where the quagmire that is 'CAM', 'a chaotic conception without taxonomic closure' (Doel & Segrott 2003, p. 741), is incommensurate with biomedicine and is represented as at once legitimate and illegitimate in a confusing neoliberal healthcare system that must both revere consumer choice as well as regulate it. It also suggests that the discourse carrying de-legitimising framings of CAM (Lewis, 2019) also serves to legitimise CAM to some extent, because of this acknowledged potential.[2]

Ambivalence is further exacerbated by the sociopolitical forgetfulness with which these news reports approach vested interests. The problems raised by the convergence of biomedicine and the pharmaceutical marketplace throughout the twentieth century seem to be either forgotten or ignored in this newly constructed CAM-industrial complex:

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[2] I observed a similar pattern in my previous analysis of media reports about herbal medicine from 2005 to 2010, which indicated that the potential efficacy of plant medicines received a substantial rate of acknowledgement in the news stories, along with the predominance of risk framings about them (Lewis, 2015, 2011).

> "There would be pressure on the researchers (with) $15 million at stake. We wouldn't really want to produce negative results." (*ABC Premium News*, February 5, 2014).

Rather than this coming across as an admission of what may occur when biomedical research and the pharmaceutical industry join forces (and whether anything should be done about it), this quotation is fixated on the negative influence of the commercialised CAM world. The reasoning being put forward here by the FSM spokesperson, a perspective that dominated the news story frame, is that corruption and conflicts of interest are inevitable when CAM industries and university researchers collaborate. It does not seem logical to apply this concern to one commercial sector (e.g. supplements and herbal medicines) and not the other (pharmaceutical products), an issue that is not interrogated in these reports.

Public sphere stories pay attention to citizens as their imagined audience, who will act in judgement of what public health authorities and health practitioners do (Hallin et al., 2013). These stories also function to gain the attention of government officials and policymakers who are encouraged to take action on the issue (Gans, 2003). In their study of 400 news stories between the 1960s and 2000s, Hallin et al., (2013) found that public sphere stories often centred around controversies in biomedical practice – for example, the 'rogue' practitioner, or drug company (effectively depicted in the infamous Vioxx case) – as well as controversy over medical knowledge and authority. The FSM-CAM debate is well-suited to this model of biocommunicability, which engages 'moral craftwork' from the journalists, and emphasises a 'moral disorder' at play (Briggs & Hallin, 2016).

> "There would be risks of harm. There would be risks that the [newborn] child could suffer some sort of fracture. Why would you do it? This is the thing that goes through my mind when I watch that video, is why on earth would [a chiropractor] do that to a newborn?" (ABC Radio, Background Briefing, April 24, 2016)

> Chiropractors will be forced to stop making anti-vaccination and other misleading claims in a crackdown on shonky operators from the profession's governing board.
>
> (Sydney Morning Herald, August 9, 2013)

Patient-consumer stories

The mapping of biocommunicability models also revealed the prominence of an imagined patient-consumer audience in the media reports, occasionally co-featured in stories that also used the public sphere model (in 11 reports). In patient-consumer stories, journalists carry out an advisory role to the audience as responsible, neoliberal, self-regulating consumer citizens seeking their own healthcare information amidst a plethora of choice. Framings in these stories focused on ethical concerns towards the industry and CAM practice, the lack of evidence, and the illegitimacy and risks of CAM products and practices. The patient-consumer model may also position the journalist (and quoted sources) in a role that advises the audience on how to be a consumer in the increasingly confusing and challenging healthcare system (Briggs & Hallin, 2016, 2007), offering a 'buyer beware' message. When public sphere and patient-consumer stories overlap, additional political dimensions arise, appealing to the audience as politically conscious citizens, who may include laypeople, policymakers, politicians, regulators, and practitioners. As with public sphere stories, biomedical voices are prioritised (FSM advocates and biomedical professionals with university affiliation), as well as voices representing CAM industry and professional groups, which are granted counter-claiming space.

The prominence of the 'lucrative and unethical' frame in patient-consumer stories--also prevalent in public sphere stories--suggests that journalists locate themselves within a somewhat didactic, consumer advocacy role (Hallin & Briggs, 2015; Lewis, 2019). This is despite the fact that the language in these stories may sometimes be disparaging towards

consumers who choose CAM, a characteristic of the ambivalent patient-consumer model of communicability (Briggs & Hallin, 2016). For example, in some reports, consumers are referred to as being 'hoodwinked' by CAM and 'gullible' to being 'ripped off' by 'shonky' practitioners or companies:

> "Unfortunately there is a body of opinion out there which is strongly supportive of natural therapy but really it's an irrational belief," Professor Dobb said. (The Mercury, July 6, 2013)

> "Well look I think there's no question but that people are relatively easily hoodwinked into thinking that these preparations might be effective. They're told that by homeopaths and naturopaths and others who use these preparations." (ABC Radio, April 9, 2014)

These stories – in which the discourse of consumerism and activism intersect (Briggs & Hallin, 2016) – position CAM products and practices as problematically commodified, deviating from biomedical knowledge and principles, and creating unsavoury spaces for vested interests to arise. This frame also reinforces the role of the medical practitioner (the FSM voice) as a moral voice and gatekeeper to scientific knowledge and the integrity of healthcare practice (Scheid, 1993, Lewis, 2011a, 2011b, 2019). It harks back to the early twentieth century when doctors worked with journalists to expose illegitimate practitioners and call on the government for more rigorous regulation, which has been discussed at length by Saks (2003) in relation to the US, and by Martyr (2002, 1993) drawing on the Australian experience:

> "If charlatanism is to be defeated in Australia, if the people are to be turned from the worship of false gods, the State and the medical profession must work together to that end. The State must protect the people from their own foolishness" (in Martyr, 2002).[3]

The existence of a medical-industrial complex (Ehrenreich & Ehrenreich, 1970; Wohl, 1984; Relman, 1980) is never broached in these stories, and, as with public sphere stories, we observe an alternative CAM-industrial complex being constructed here. These 'lucrative-unethical' framings also serve to reinforce the boundaries of biomedicine and biomedical knowledge, a zone assumed to be trustworthy and disinterested (Briggs & Hallin, 2016), and a zone from which CAM is excluded as an outsider, aberrant, and an affront.[4]

The framing of poor evidence about CAM in patient-consumer stories tended to make specific reference to products or therapies, including supplements, homoeopathy, chiropractic, or herbal medicine. CAM is "largely an evidence-free zone", as it was put by an FSM spokesperson in one story (The Age, 2016, July 9). The lack of evidence associated with CAM is an ongoing concern often raised in news reports about CAM products and therapies, and was frequently referred to in a 2011 study of stories about herbal medicine in the Medical Journal of Australia (Lewis, 2011b). Although unpacking this important issue is beyond the scope of this paper, the poor evidence base for a large proportion of CAM products and therapies is frequently articulated, as I have found in earlier media research of herbal medicine (Lewis, 2015, 2011a) and more recently, in a study of reports on medicinal cannabis in doctors' publications (Lewis & Flood, 2019). Indeed, evidence for efficacy is understandably a crucial concern, along with safety and quality, underpinning medicine and

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[3] Saks (2003) offers evidence of this process

[4] CAM is often defined by its 'otherness', its marginalisation from mainstream medicine, rather than a phenomenon in its own right (Brosnan et al., 2018).

professional regulation as well as the registration of medicinal products. However it is important to remember that poor evidence does not prove that a product or therapy has no health value, but rather, that there is not yet scientifically robust evidence to validate or nullify its safety or efficacy. This has been demonstrated in the case of the recent legalisation of medicinal cannabis in Australia, whereby doctors' publications frame the lack of evidence as a concern, but overall the framings about cannabis in these publications accept cannabis as a legitimate medicine (Lewis & Flood, 2019). A key point here is that in these stories cannabis is not being portrayed as a herbal medicine, but rather, a pharmaceutical one.

The challenges for evidence-based CAM are extensive. At one level, there is simply not enough high quality research for the requisite large-scale clinical trials that are well-designed and double-blinded, which cost around US$19 million (Moore et al., 2018), a cost that is beyond the capacities of most CAM manufacturers and professional organisations. Other factors include lack of government research funding support, lack of engagement by CAM professionals in university research culture (Wardle & Adams, 2013), as well as the research challenges of placebo design for non-pharmacological therapies like osteopathy (Cerritelli et al., 2016). Unravelling such complexities in the news-making process is largely unappealing to news-makers who are constrained by brevity and simplification along with news values that seek out stories about conflict and negativity (Johnson-Cartee, 2005; Allan 2004).

Biomedical authority stories

Stories with a biomedical authority orientation were uncommon across the data analysed. This may appear surprising as one might assume that because 20 per cent of all stories carried a framing of the 'primacy of biomedical knowledge', this would result in a comparable number of reports with a biomedical authority orientation. As noted earlier, this particular model assumes a hierarchy that privileges the knowledge held by biomedical professionals. While it

may still be a popular model for strategic communication approaches used in health promotion campaigns, and a valuable framing for reinforcing the ethos of the biomedical expert, the biomedical authority model does not dominate in health reporting today (Briggs & Hallin, 2007), and in fact is likely to be resisted by journalists who are more inclined to see themselves as professionals who mediate health information rather than transmit it based on the signalling or directives of others (Holland, 2017; Briggs & Hallin, 2016). At the same time, it is interesting to note the extent to which the news stories more broadly capture some of the main FSM sentiments from the position statement published on their website, notably in terms of corruption and illegitimacy framings, which I have highlighted in Lewis, 2019. The public sphere and patient-consumer models of biocommunicability appear to provide a more amenable space for framings that reinforce the FSM positioning and are broadly hostile to CAM as an homogenous entity, with little distinction between the many therapies that are classified under it. These models appeal to political and consumerist narratives, while at the same time reinforcing biomedical hegemonic structures that reveal themselves in the types of primary sources, quotes, tone, and framings that predominate in news media representations.

Limitations

This study offers a mapping of the biocommunicability models, but it does not determine how they arose. Mediations of health are complex in numerous ways; in terms of news culture, timing, the currency of an issue, journalists' resources, and the quality and nature of the relationship between sources and journalists (particularly if sources are actively playing an advocacy or lobbying role) and the attitudes and reflexivity of journalists when it comes to reporting on particular social, political, and professional groups. Interviews with relevant news-makers and claims-makers would offer deeper insight into the evolution of the FSM-CAM news stories. Audience reception analysis would provide insight into how different

audiences respond to these biocommunicability models and the representations and framings of the FSM-CAM debate.

Traditional news outlets are just one space where CAM discourse can arise. The public sphere is vast, consisting of many different spaces and platforms where claims and counter-claims may arise from different interest groups and individuals. This study is limited in its restriction to news stories from mainstream media outlets. Investigating other genres (beyond news) and platforms (such as Twitter and Facebook) would potentially provide more scope on media representations and, pertinently, diverse audience responses to them.

Conclusion

Briggs & Hallin, whose theories on biocommunicability and biomediatisation have influenced this research, have called for scholars to transcend the medical-media divide when investigating health news coverage. By investigating biocommunicability in news stories, we are reminded of the multitude of forces at work that contribute to the news construction process and their role in shaping public understandings of healthcare, and defining who is authorised to speak about it. Considering news stories about CAM through a biomediatisation perspective enables us to identify how highly biomedicalised and mediatised worlds no longer just collide, but combine, enmesh, and infuse, making resonant that our biomedicalised selves are immersed in, and continually constructed, and reconstructed, in an ever media-centric landscape.

Biomediatisation in the public sphere means that biomedicalised perspectives continue to dominate the media landscape, albeit in different ways. This mapping of the FSM-CAM debate indicates that a biomedical-authority approach to reporting has been supplanted by news stories that address audiences as politically astute citizens or active consumers negotiating a wide range of healthcare options in an increasingly ambiguous healthcare

landscape with a (confusing) abundance of choice. Fundamental to these reports is a reverence to the epistemic authority of biomedical sources that show allegiance to biomedicalised objects and actors. The social capital of university-affiliated biomedical professionals is prioritised well above the social capital possessed by any CAM research experts (who may not have such biomedical allegiances) who also operate in the tertiary sector. Professions sociologist, Mike Saks (2003), notes the extent to which interest-based politics trump scientific logic in terms of understanding healthcare and especially the relationships between biomedicine and CAM. He projects that such politics would probably continue to shape healthcare in the future. The mapping of FSM-CAM news stories offers valuable insight into this process, whereby biocommunicability models of reporting that rarely offer scientific information serve to frame CAM as ultimately unethical and illegitimate.

Given the prevalence and popularity of CAM usage in Australia, news stories about these products and practices are likely to continue to draw attention from journalists. CAM objects and actors are provocative in their very distinction and marginalisation from biomedicine and mainstream healthcare (Brosnan et al., 2018) and they appeal to news narratives that emphasise such a polarised view of CAM amidst a professional news environment that is often poorly resourced, uncritically reverent of biomedical sources (Lewis, Orrock & Myers, 2010) and increasingly wary of industry interests and unorthodox practices that are seen as unscientific and potentially exploitative. The result is that strategic communication work is made relatively easy in the media space for a lobby group like FSM, who are able to invoke scientific credibility without actually demonstrating it in the discourse. Problematically, this results in a biased construction of CAM in the news-scape as an aberration in mainstream healthcare, one that must be excluded and stigmatised, and which in turn stigmatises CAM practitioners and products and the people who use them.

The predominance of negative framings about CAM in stories that address audiences as politically engaged citizens and active consumers is indicative of the strategic biomedical boundary work that devolves CAM back into the earliest stage of condemnation and ridicule that Winnick identified in her 2005 study. Rather than having anything to do with scientific rigour or evidence, however, these framings are demonstrative of the 'credibility contest' that Thomas Gieryn's (1999) 'Cultural Boundaries of Science' refers to, wherein it appears that news-makers and dominant claims-makers have assumed that CAM is the loser in this contest.

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Figure 1. Frequency of biocommunicability models in news reports.