



**A vulnerable community of heart patients re/constructs media stories about cardiovascular disease.**

A paper submitted for publication in the proceedings of the Australian and New Zealand Communication Association Annual Conference, Swinburne University, Victoria 9-11 July, 2014.

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## **Abstract**

Diseases and medical conditions are frequently discussed in mainstream media, with most newspapers having a dedicated health section. The West Australian, a Perth-based daily newspaper, has a regular weekly health section which provides up-to-date coverage of medical issues and treatments. The Australian is a national newspaper and also has a dedicated health section and health editor. Even with specialist journalistic staff, Jones (cited in Donelle, Hoffman-Goetz & Clarke, 2005, p. 187) found that ‘newsworthy topics may not necessarily correspond with established health care priorities or even emphasize key concepts of the disease in question’. So what happens when vulnerable people, in this case members of an online community who identify themselves as challenged by the experience of living with heart disease and seek support from others with similar conditions, identify and raise for discussion issues regarding the press coverage of topics relating to heart disease? The Australian and The West Australian, two print titles, were surveyed between March and May 2010 for articles related to heart disease, heart attack or cardiovascular disease, or which referred to the National Heart Foundation (Australia). The articles were sourced from the online database Factiva and were excluded if they did not meet key eligibility criteria around the topic of heart disease. In total 67 articles printed in The West Australian, and 41 articles from The Australian, met these criteria and these stories form the prompts judged available to members of the HeartNET online community. Interestingly, when the postings on HeartNET about various media articles were examined, the focus of HeartNET discussions mainly concerned lifestyle issues, celebrities who self-identified as having heart-related illness, matters affecting local health services and gendered representations of heart disease.

**Keywords:** media studies, online community, vulnerable audiences

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## **Introduction and Background**

The HeartNET website was originally set up in 2005 as the result of a joint project between Edith Cowan University (ECU), the Australian Research Council's (ARC) Linkage Program and the National Heart Foundation (WA Division: NHFWA). The community initially failed to thrive and all communication ceased after about three months (Bonniface et al., 2006a, 2006b). Emergency measures were introduced to make interaction more spontaneous, rewarding and open to all would-be members and this resuscitated the communicative exchanges, which began to show evidence of care and concern between members, a desire and a willingness of members to support others, and self-revelation which also operated as a means of developing trust (Bonniface et al., 2005). This phase of the research constituted an applied investigation into the construction of online community.

The second phase of the HeartNET research project responds in part to research questions around identity-formation processes in newly diagnosed heart patients, and the value (or otherwise) of belonging to a therapeutic online community as part of that construction of identity. Among the issues arising is the possible impact of messages circulating in the public sphere regarding representations of heart disease. It was hypothesised that HeartNET-based discussion might demonstrate identity-formation in response to discourses circulating in the wider communicative environment. This is investigated here.

## **Methodology**

The HeartNET website is an online community which is clearly labelled as an ARC research project between the NHFWA and ECU. In addition to its research role, the community serves the usual functions of an online therapeutic space and allows members to connect with each other for social interaction and mutual support. Informed consent for participation is collected as part of a complex registration process and also introduces members to the terms and conditions of the site, which have been developed in response to a range of prompts and challenges over the site's nine or so years of existence.

The research data generated by the project consists of all postings (live chat, bulletin board posts, private messaging etc.) and blogs, plus a range of statistical data about frequency of responses etc. The environment of the site is the principal milieu within which the online ethnography has been situated and research using this form of data is often called ‘netnography’ (Kozinets, 2010). Analysis of online comment has been augmented with face-to-face interviews and, in the case of the research reported here, content analysis of articles from two print media titles, *The Australian* and *The West Australian*, published between March and May 2010. There can be a time lag between media prompts from the public sphere and commentary in discussion on a website. Consequently, the sample frame for analysis was chosen towards the end of the active moderation of the site by the current doctoral candidate working on the project, Lynsey Uridge. Lynsey, a part-time student, has been writing up since 2012, so the time period selected for prompts from media reports as represented in the relevant press articles, were three months in 2010.

The two data sets – the netnography and the content analysis – were compared to identify examples of where comment in the public sphere might be said to have informed or prompted comment online. HeartNET discussions were scrutinised to determine content, intent, tone and recurring themes, as suggested by the principles promulgated in grounded theory (Glaser & Strauss, 1967). The aim here was to identify relevant discussion topics. Where discussion appeared to reference a media prompt, the database of 108 relevant stories (67 from *The West Australian*, 41 from *The Australian*), sourced from the *Factiva* repository on the basis of eligibility regarding coverage of heart disease, was scrutinised to determine if there may have been precipitating press coverage at a national or local level. (The local level is WA-based: a disproportionate number of HeartNET members live in that state as a result of active promotion by NHFWA.) Even where there was little direct evidence that a specific article or articles from the database informed a HeartNET discussion, the existence of a relevant press story was accepted as evidence that coverage of the topic was circulating in the public sphere at that time.

### **The role of news in providing accessible medical information to the public**

Diseases and medical conditions are frequently discussed in mainstream media, with most newspapers having dedicated health sections. This is true of *The West Australian*, which has a

regular weekly health section and provides up-to-date coverage of medical issues and treatments, and *The Australian*, a national broadsheet newspaper considered to be an agenda-setter, which also has a dedicated health section and health editor. Relevant stories from both titles were selected to form a database for the March-May 2010 period (inclusive).

Even specialist coverage does not necessarily translate to what medical sources might perceive to be relevant reporting, however. Bubela and Caulfield (2004) identify a range of issues occurring in mass media coverage of health issues such as the inaccuracies of reports, which include incomplete recounting of press releases where benefits and risks are not clearly addressed, and where results may not have been validated by the wider scientific community. Medication breakthrough announcements are often incomplete or do not elaborate on risks, benefits or costs.

What media publications consider newsworthy does not necessarily reflect the views of medical sources. Commenting on newsworthiness Frost, Frank and Maibach (1997, pp. 842, 844) believe that the ‘amount of copy space is an important indicator of perceived newsworthiness’. News reporting, from their perspective, is often driven by ‘rarity, novelty, commercial viability and drama more than concerns about relative risk’. For the public in general, who rely on newspapers for medical information, interpreting the relative worth and value of news stories is fraught. Differentiating between newsworthiness and relevant medical information, as HeartNET members found, requires skill in assessing information.

A case in point is the analogies used in medical reporting, which are drawn from Hollywood films, and televisual media. For instance, simple analogies of the-good-the-bad-and-the-ugly are constructed in this example about the effectiveness of cholesterol-reducing statin medications:

Think of it as a remake of a Hollywood movie starring a cast of familiar characters: the good cholesterol (HDL), the bad (LDL) and the ugly (heart disease). The heroes are diet, exercise and a class of drugs called statins that cut cholesterol levels sharply by blocking a liver enzyme involved in cholesterol production. (Smith cited in Clarke & Van Amerom, 2008, p. 98)

As McMahon (2010), a journalist for *The Australian* notes, healthcare delivered outside the hospital system is not like the format of a television medical drama; rather, it is:

complex, multi-disciplinary and involves community services, general practices and specialist clinics. This Cinderella aspect of our healthcare system is not the stuff of *All Saints*, *ER* or *Casualty*, but its contribution to the Australian population's life expectancy is far greater than that of hospital care. (para. 3)

Often, television programs depict people having a heart attack in stereotypical ways. Hope identified that 'watching a heart attack at the movies could put your own life at risk' (2008, para. 1). Following a British Heart Foundation survey, it was found that 40% of people in the UK take their advice about heart attacks from television and films. Most people surveyed thought the symptoms of a heart attack were dramatic, with people clutching their chests in extreme pain. In reality, the symptoms may be insidious and, due to their subtlety, easy to ignore (Hope, 2008).

Both print and electronic media rely on particular devices in presenting news and information, whether this is about medical breakthroughs or celebrity stories. Two key devices are 'framing' and 'agenda setting'. In the next section we focus on framing, as this device is key to the reporting of medical news articles.

Framing aids the reader in understanding the main focus, and limit of information included in print media articles. Entman sees framing as important, identifying two major elements, selection and saliency, as priorities. He describes 'selection as deciding what elements of reality to include' whereas 'saliency involves making those aspects more important in the audience's mind' (Entman, cited in Harding, 2010, p. 20). Writers use framing to connect readers to the content of the article – in particular, journalists often try to foster an emotional connection. Framing, according to Hallahan (1999, p. 206), is 'conceptually connected to the underlying psychological processes that people use to examine information to make judgements and to draw inferences about the world around them'. So, framing in news stories contributes to shaping how readers 'see the world', helping to construct readers' sense of social reality (Hallahan, 1999, p. 207).

The framing of an article impacts greatly on how effectively the message is presented. The reception of that message depends on several factors, however, such as: 'the receiver's degree of attention, interests, beliefs, experiences, desires, and attitudes' (Van Gorp, 2007, p. 63).

What is evident through the practice of framing (Van Gorp, 2007) is that the general public is positioned to interpret news reports (Davis, 2010, p. 122) on medical matters in a particular way.

### **Analysis of news articles published by the selected press across the target period**

Between March and May 2010 (inclusive), using the online database *Factiva*, 190 newspaper articles from two print media newspapers, *The Australian* and *The West Australian*, were identified as potentially relevant. Selection was based upon key word searches that related to heart disease, heart attack and cardiovascular disease, or mention of the Heart Foundation. Articles were excluded if they did not meet the eligibility criteria, or if they did not actually discuss heart disease. It was frequently the case that the title would mention heart disease issues but the content would not. In total, 67 articles printed in *The West Australian*, and 41 articles from *The Australian*, met selection criteria and will be discussed in this section of the research. The media articles reviewed were assessed for content, accuracy, worth and value (Bubela & Caulfield, 2004).

*The Australian* and *The West Australian* have dedicated medical reporters and health editors. According to Wilson, Robertson, McElduff, Jones and Henry (2010), the majority of newspaper articles appearing in Australian media are written by generalist reporters. These researchers also determined that ‘stories written by specialist medical reporters [are] superior to those written by other groups’ (p. 2). Research using Australian broadsheet media identified five key source references (see Figure 1) for news stories that appeared in print. These include: no byline; general journalist; overseas media; news organisations; and, specialist health journalists (Wilson et al., 2010). Our research identified and categorised the articles we found according to these definitions (see Figure 1 below). As can be seen, the majority of articles we analysed had no byline, whereas the rest were either written by a general journalist or a specialist medical journalist.

**Figure 1: Categorisation of Media Journalists**

<b>Category</b>	<b>Definition</b>	<b>Number of articles</b>
No byline:	All articles that did not identify authors	56

General journalist:	A Google search on the author's name revealed no reporting speciality	39
Overseas media:	Story imported from an overseas media outlet (e.g. <i>New York Times</i> )	1
News organisations:	Story bought from a news syndicate, such as Associated Press or Reuters	0
Specialist health journalists:	A Google search identified the author as being a 'health,' 'medical,' or 'science' reporter	12

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**Total** **108**

(Source: Wilson, Robertson, McElduff, Jones & Henry, 2010, p. 3)

It's pertinent here to raise some issues faced by newspaper reporters. Firstly, *The Australian* and *The West Australian* often have to source and purchase stories from foreign media outlets or news organisations, which may affect the quality of the story. Secondly, the internet is impacting upon the traditional role of the newspaper and affects reporting (Kung, Picard & Towse, 2008). Thirdly, media outlets are often inundated with material from multiple sources, including public relations practitioners, individuals, researchers, government agencies and businesses. The reporter must determine the quality of the material and 'interpret often impenetrable statistics and health jargon' (Wilson, Bonevski, Jones & Henry, 2009, p. 1) before submitting their article to the editor for final approval and publishing. Finally, researchers have found that knowing the origin of a news or medical story is important to readers in assessing its value, especially with regards to assessing the value of writers who provide online health information and support medical blogs (Kovic, Lulic & Brumini, 2008).

### **Framing of the medical news stories selected for this research**

The articles that appeared in *The West Australian* and *The Australian* between March 1 and May 30, 2010 were analysed using three main frames identified by Donelle, Hoffman-Goetz and Clarke (2005) – lifestyle, political/economic and medical. These are the typical frames

used by newspapers to discuss health and disease. In lifestyle frames, disease and death are constructed ‘as the result of faulty lifestyle choices made by individuals’ (Clarke, 1991, p. 291). The political/economic frame highlights how disease can be a result of class and race inequities that affect morbidity and mortality rates among people with heart disease because of socioeconomic status and ethnic background (Clarke, 1991). The medical frame reports on issues such as advances in treatment, medication usage and disease prevention, and often criticises non-medical or holistic treatments as risky alternatives.

### **Framing: Gender representations**

Most print articles and televisual representations of cardiovascular disease focus on middle-aged white males. This is also true of media content commissioned by the National Heart Foundation Australia in 2010 – *I wish I could have my heart attack again*. This 45-second commercial highlighted the risks of ignoring the signs of a heart attack, identified heart attack symptoms and explained that the person experiencing such symptoms should seek immediate medical attention. The final scene shows the heart attack victim lying on a slab in the morgue since, not having taken action, he had died. When interviewed, two HeartNET members commented that all the television advertisements they had seen were related to middle-aged men, despite the evidence that heart disease and stroke are the leading causes of death among older women (Mosca, Ferris, Fabunmi & Robertson, 2004).

Studies have found that, for many women, ‘heart disease was not something they took seriously or personally, largely viewing it as a ‘man’s disease’ (Long, Taubenheim, Wayman, Temple & Ruoff, 2008, p. 3). One HeartNET member, Penny, stated that

for many years it was not publicly recognised that females did suffer from heart disease. Without getting too sexist perhaps we are a little more stoic than the guys. Seriously, it concerns me that the age of women suffering heart complaints is getting younger and there needs to be more public awareness of this fact. (Penny, )

Gemma, also a HeartNET participant, highlighted the same issue stating that she ‘had heard that women aren’t taken as seriously or get the same investigations when they report heart related symptoms as men. i.e. women seem to be less likely to get admitted to hospital for investigations whilst men do’ (Gemma, )

A consequence of this kind of gendered representation is that women do not think of heart disease as a ‘woman’s disease,’ so they often fail to appreciate the relevance or benefit of seeking out and participating in clinical trials. Furthermore, investigators have historically focused efforts on enrolling men (in medical trials), as this disease was once considered a ‘man’s disease’. Even so, research results based on men are usually interpreted as gender neutral (Carey & Gray, 2012, p. 459).

### **Framing: Use of celebrities**

One of the key ways in which media writers can engender an emotional connection is to include a celebrity or well-known elite sportsperson in their health-related article. Often celebrities or famous faces are introduced as people with a specific disease, or as having a loved one with a disease. The emotional connection is promoted because it puts ‘a face to the disorder’ (Zhang, Saltuklaroglu, Hudoc & Kalinowski, 2011, p. 41). In the case of cancer, Metcalfe, Price and Powell (2011, p. 80) argue that a ‘celebrity cancer diagnosis can significantly influence public health behaviour, including the uptake of prevention programmes’. They found that when a public figure was diagnosed there was also an increase in members of the public seeking relevant health screening. However, their study also shows that ‘news articles frequently neglect health promotion messages when reporting details of celebrity illness’ (Metcalfe, Price & Powell, 2011, p. 83).

Reporting of celebrities suffering from diseases can achieve several things: 1) it ‘may provide health professionals [with] a boost in research funding, media publicity, and public awareness’ (Corbett & Mori, 1999, p. 245); 2) It ‘can increase news coverage of health topics to levels that would ordinarily require campaign budgets’ (Chapman, McLeod, Wakefield & Holding, 2010, p. 247); and 3) it can provide ‘a boost for both sustained media and medical attention’ (Corbett & Mori, 1999, p. 245). This latter effect was evident after singer Kylie Minogue’s breast cancer diagnosis in May 2005. As the general public expressed shock at this news, the media increased its reporting of the disease. Chapman et al. (2010, p. 247) analysed media coverage of breast cancer prior to Minogue’s diagnosis, and afterwards, finding that subsequent to the diagnosis ‘television coverage increased 20-fold’. There was also a ‘40% increase in average weekly [breast cancer] screening bookings made in the 2 weeks of publicity [... with] the increase most evident in females being screened for the first

time' (Chapman et al., 2010, p. 248). What is now known as the 'Kylie effect' increased the take-up of breast screening among younger women, with Chapman et al. (2010, p. 249) suggesting 'that the 'Kylie effect' [...] may further reduce cancer deaths'.

### **User Activity on HeartNET**

In 2010 the Australian Heart Foundation posted the following request on the HeartNET website:

The Heart Foundation is eager to hear from people aged between 30–64 years of age who acted quickly to the warning signs of heart attack so we can use their story in the media to reinforce our 'Will you recognise your heart attack?' campaign messages and motivate people to learn/know the warning signs of a heart attack and what to do.

HeartNET members responded quickly, but mainly posted about how they had ignored their symptoms, validating British Heart Foundation survey findings (cited in Hope, 2008) that many people believe heart attack symptoms to be dramatic, clutch-at-your-chest pain as portrayed in popular media. A number of HeartNET members had not recognised their symptoms and, instead of seeking medical treatment, they chose to ignore the symptoms they were experiencing. Fred 'went into total denial. Family members notice[d] & react[ed] more than I did. The old saying "Ignorance is bliss" doesn't apply when you're having a heart attack' (Fred, ). Bianca did not identify her symptoms as heart related, stating that 'I did not know I was having a heart attack. The symptoms were not what I had always thought [such as] crushing pressure in the chest and this sort of thing' (Bianca, .

Sam echoed Hope's (2008) reporting of the British Heart Foundation's findings about depictions of heart attacks on television, stating that the media must get

the message out there that most people – myself included when I had my event, have absolutely no idea what the warning signs are, or if they do generally disregard them [. This] is the singularly most important thing that we should do. We all think this type of thing happens to other people, it doesn't [it] happen[ed] to me! (Sam, 

HeartNET members shared their insights about media representations of a heart event and the identifying of heart attack symptoms. Many also told their stories to the Australian Heart Foundation and hoped that the media campaign would ‘save people from their own complacency’ (Sam, [1]). Bianca wanted to ‘tell people the symptoms that i had and did not think were a Heart attack. hopefully it can warn others to go to hospital. And have it checked out’ (Bianca, [1]). Simon encouraged people who ‘don’t feel right make a fuss and go to hospital. As they say better to not need help than leave it to late and be beyond the need for treatment’ (Simon, [1]). However, they all realised that what journalists publish is beyond the control of patients or advocacy groups, such as the Heart Foundation, unless they pay to commission and broadcast messages such as *I wish I could have my heart attack again*.

### **Hollywood style depiction of heart attacks**

A common theme on HeartNET is the fact that the majority of the general population do not understand heart disease. Sam was fit and very athletic and did not believe that he could have a heart attack at his age. When Sam described his symptoms he did so in relation to the media myth (Hope, 2008):

it wasn’t the classic clutching of the chest, falling to the ground, grasping for breathe, which is what, and Hollywood has a lot of answer for in that regard, that’s the classic sign for a heart attack somebody touches their chest, falls to the ground and you just know from the Hollywood dramatic antic that they are having a heart attack, but in reality, a heart attack is not as dramatic as that. (Sam, [1])

Given that these members are active HeartNET participants, and share their heart stories with others and in the media, they know that there are still issues with the public’s perception about what heart disease actually is.

I am finding it interesting that the more people I speak to in the media, the more I discover that most people in the community completely misunderstand heart disease. Everyone seems to have this ‘Hollywood’

image of heart attacks etc., which is not what really happens. Equally, they seem amazed that it is actually possible to not only recover from a heart attack but actually thrive after it. (Sam, )

Jamie agreed:

I have had so many people ask how I can do what I am doing since my heart attack. Most of my friends are trying to tell me I can't do or at least shouldn't be doing what I am. My thing to them is 'My heart attack was not the end of life; it was the start of a new life for me'. (Jamie, )

Fred's post confirmed this misunderstanding. He's had several heart events since joining HeartNET, and been admitted to hospital on a number of occasions with severe unexplained chest pain. Fred admitted that 'Out of the 5 heart attacks I've had I recognised 1. & that was the last one. The first was like heart burn & the others turned out to be Angina. The only thing they had in common? Chest pain' (Fred, )

## **Celebrities**

The key print articles discussed by members on the HeartNET site focused on lifestyle issues and the celebrities who self-identified as having heart disease. This section focuses on HeartNET responses to articles reporting on celebrities who have had heart attacks:

Kerry Packer, an Australian businessman who had a series of heart attacks in the 1990s owed his life to the fact that one of the ambulances attending his cardiac arrest had an on board defibrillator. This device was used to shock his heart back into a viable rhythm thus saving his life. (Zinn, 2005)

According to Zinn (2005), after his cardiac arrest Packer was 'clinically dead for six minutes before being revived by ambulance officers. Typically, he went on to buy portable defibrillators – which quickly became known as Packerwhackers – for every ambulance in New South Wales' (Zinn, 2005, para. 6). Simone commented on how she would buy popular Australian magazines and now purchased the [Australian] *Women's Weekly* 'cause of the Story and Photos about Kerry Packer. Now there was one man that a lot of heart patients can thank, especially in New South Wales' (Simone, )

Another celebrity who elicited similarly positive responses from HeartNET members was Lisa Curry-Kenny, a former Olympic and Commonwealth Games gold medallist, who was diagnosed with a heart event that necessitated the insertion of a defibrillator [pacemaker] to regulate her heart function. Bronwyn, who also has a pacemaker fitted, posted about Curry-Kenny and, while wishing her good health, stated ‘It will be interesting to see how much more awareness is raised on heart conditions, defibs etc. with such a high profile personality having problems’ (Bronwyn, ). While there is no evidence that Curry-Kenny’s heart disease had the same impact as Kylie Minogue’s breast cancer diagnosis, it was felt by the members of HeartNET that the profile of heart disease would be highlighted more as a result of the sports personality’s diagnosis.

Many media reports following Curry-Kenny’s diagnosis and surgery included reference to her heart problem, even where it appeared unrelated to the focus of the story. For example, Caton’s report in the *Tweed Daily News* stated that ‘Former [sic] sporting superstars turned high-flying property developers Lisa Curry Kenny and Grant Kenny may soon call the Tweed home’ (Caton, 2009, para. 1). The article went on to comment that Curry-Kenny ‘had surgery to correct an irregular heartbeat. The three-time Olympian and winner of seven Commonwealth Games gold medals had a special type of defibrillator implanted to correct an erratic heart rhythm’ (Caton, 2009, para. 7–8).

Members of HeartNET who had pacemakers fitted primarily identified with Curry-Kenny’s attitude to her illness and highlighted how having a positive attitude was vital in the recovery process. Some HeartNET posts thought having the media track Curry-Kenny’s recovery journey was an additional unwanted pressure for her, but believed this would be of general benefit since it highlighted heart disease:

Now imagine going through all you went through in the beginning having the media swamp and be watching your every move, your every reaction and your every emotion? Thats a pressure no one needs! But the high media attention will highlight and make people more aware of how vulnerable life can be if we ignore the warning signs! I wish Lisa the very best for her recovery and hope the media will give her a little privacy too. (Lorraine, )

All the HeartNET members felt concern for Lisa, and could relate to her distress at her diagnosis and match this to their own experiences. Fred stated that ‘when Lisa cried “why me” there’s 719 people here [on HeartNET] who asked that same question. I do wish her a speedy recovery though’ (Fred, .

## **Discussion**

The discussion of the HeartNET online community’s commentary indicates the value of a therapeutic website in providing people who have experienced a heart event with a non-commercial space in which to validate their own perceptions of what it is to encounter heart disease. In a social setting more equivalent to a coffee shop than a seminar room, it is perhaps unsurprising that the prompts attended to by HeartNET members were not the serious reports of medical breakthroughs, or the health promotion injunctions to live an active life, but the gossip-like commentary upon celebrities, drama and soap opera.

There was little evidence of the 108 stories published over three months in 2010, culled from *The Australian* and *The West Australian* coverage of heart disease, having any notable impact upon discussion in the HeartNET community except insofar as this related to the actual experience of members. Surviving a heart event allowed members to assume, at least in their own case, something of the role of ‘an expert’. Thus they felt empowered to critique media coverage of the symptoms of heart disease which they perceived as inappropriately gendered. Female HeartNET members may have used this commentary somewhat wistfully as a means of excusing their own lack of knowledge regarding heart disease in women. (A perception which has latterly been somewhat corrected by the increasingly salient Australian reprise of the ‘Go red for women’ campaigns, first started in the United States in 2004 [Go red for women, n.d.] )

A heart event survivor is generally aware of the services and resources that may have made the difference between their survival, or their demise, as is the tragic outcome for almost one-in-five first-time heart attack patients in Australia (National Heart Foundation of Australia, n.d.). Consequently, media comment around the supply of portable defibrillators in ambulances evoked a response. If people who have experienced a heart event are wistful that better communication or a different knowledge base might have saved them from their ill health, they are also grateful that they survived their health challenge. They are motivated to

ensure that they, and others, will similarly survive future heart events. Discussions around such topics have an understandable relevance to the HeartNET membership.

Given that celebrity-based coverage is often constructed in ways which make the news item into a human-interest/true-life story (Bondebjerg, 1996), and that readers are primed by the framing of such stories to seek parallels in their own life, or in the lives of people that they know, it is to be expected that these kinds of stories will elicit comment. People who have experienced a medical condition may become members of a therapeutic community such as HeartNET to share their personal experience of a disease and feel supported in their health journey. Discussing a human-interest story which has relevance to many members of such a site is one way in which such sharing and support occur.

## **Conclusion**

This study has demonstrated that the majority of news stories about heart disease which circulated in the Australian print media during the three months from March to May 2010 were ignored by the members of HeartNET, a therapeutic, website-supported, online community. The stories which were discussed tended to be based in celebrity culture, or related to media campaigns, and resonated in some way members' personal experiences of a heart event. These stories became the raw material through which people on the site validated their own and other's experiences and offered each other support and fellow-feeling. Worthy, information-rich, medically dense research findings and health messages were generally ignored. This is not to say that they do not have an impact, but instead to indicate that these kinds of media stories appear not to provide the basis for building an online community.

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