

# Representations of mad cow disease

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## Abstract

This paper examines the reporting of the story of Bovine Spongiform Encephalopathy (BSE) and its human derivative variant Creutzfeldt-Jacob Disease (vCJD) in the British newspapers. Three ‘snapshots’ of newspaper coverage are sampled and analysed between the period 1986 and 1996 focusing on how representations of the disease evolved over the 10-year period. Social representations theory is used to elucidate how this new disease threat was conceptualised in the newspaper reporting and how it was explained to the UK public. This paper examines who or what was said to be at risk from the new disease, and whether some individuals or groups held to blame for the diseases’ putative origins, the appearance of vCJD in human beings, and its spread.

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## Introduction

This paper will look at how Bovine Spongiform Encephalopathy, (BSE or ‘mad cow disease’) and variant Creutzfeldt Jacob Disease (vCJD) were represented in the British newspapers between 1986 and 1996. This research will locate the representation of the epidemic within contemporary social scientific theories of risk and blame, in particular within the framework of the Social Representations Theory (SRT).

## Risk and blame

In *The Risk Society*, German sociologist Ulrich Beck (1992) argues that in post-modern society, the *quality* of the type of risks we face are different from earlier ages. In comparison with the risks faced by people in the past, the dangers we face today are potentially without limit, either geographically (and are thus globalised) and in

terms of time, in that damage done now may reverberate throughout the generations. The health and environmental effects of nuclear energy is one of the main examples used by Beck to explore ‘unthinkable’ risks as well as chemical hazards from large-scale disasters such as that at Bhopal in India in 1984 (Irwin, 2001).

Beck’s thesis that we are living in a ‘risk society’ has been criticised by those who point out that although several studies suggest the media are paying increasing attention to scientific uncertainty and are instrumental in raising concerns about particular threats; at times, the media also offers reassurance rather than emphasising risk. Indeed, much of the early reporting of mad cow disease is a case in point. Research also shows that selection of risks reported in the media does not reflect either the seriousness of the risk or the incidence figures of those affected by it (Kitzinger & Reilly, 1997).

Kitzinger and Reilly (1997) examine *which* risks attract public attention and why the media pick up (and then drop) a particular ‘risk’ issue. They conclude that the media are not simply reflecting a ‘new epoch’ (à la Beck) nor are they indiscriminately attracted to risk. Amongst the factors which influence the news media’s

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attention to risks include: journalists knowledge (some journalists shy away from stories where they have difficulty understanding the issues); news values and the need for 'real events' to serve as news hooks; the human interest factor (what they call the "it could be you/it could be me" factor); the self-referential media momentum, where once a story becomes newsworthy, other media outlets start to address it; and the amount of associated activity by pressure groups, professional bodies, politicians, etc.

Another issue in press coverage of food stories is what impact the press coverage has. How do the public(s) understand and react to media messages about the risks of eating certain foods? Macintyre, Reilly, Miller, and Eldridge (1998) focus group research identifies a number of factors which have a bearing on both the interpretation of media information and on food choice: They found that respondents' reported eating habits were associated with age, gender, income, personal experience, national identity, and broader aspects of identity (e.g. desired body image). Respondents appeared knowledgeable about salmonella, listeria, BSE and coronary heart disease, to the point of surprising themselves how much they knew and of how much of their knowledge seemed to come from the media. The respondents demonstrated a general scepticism about official advice and the pronouncements of politicians, scientists, 'experts', and the media. The role of personal experience in mediating the understanding of and responses to media and health-promotion messages seemed crucial. (For example, one focus group knew a colleague who had been seriously ill with salmonella, which had caused them to stop eating eggs.) Many respondents' eating habits were generally only altered for a short space of time, after which they returned to their old eating habits.

Joffe (1999) examines the issue of risk from the perspective of social psychology and looks at how experts, journalists and lay people make sense of the threat posed by epidemic diseases. Her analysis is based on Social Representations Theory which attempts to methodically study individual and group 'common sense' knowledge, both in trying to discover what individual people think, and beyond that to what processes shape the contents of their thoughts. In particular, SRT is concerned with the transformation that occurs in the communication of ideas from scientific experts to lay people.

A social representation of a particular crisis is shaped by historical events and contemporary symbols which serve to familiarise a new threat and thus make it more decipherable. Certain past events, images and metaphors are chosen to *anchor* the new phenomenon. For Moscovici (2001) the existing concepts that are used to describe the new phenomenon are said to serve to make the unfamiliar seem familiar *and therefore less threatening*.

...the images and ideas by which we grasp the unusual only bring us back to what we already knew and had long been familiar with and which, therefore, gives us a reassuring impression of *déjà vu* and *déjà connu*.

(Moscovici, 2001, p. 40)

The motivation for the choice of existing concepts is primarily to do with identity protection, which refers simultaneously to the protection of the in-group and self-identity (and to building its cohesion by negatively identifying the 'other' from it). Notions of risk and blame are therefore used to construct boundaries between self and 'other', with misfortunes understood to be the price paid by people who are bad, dirty, bizarre, promiscuous; people who are 'not like us'.

Joffe's work draws on that of the cultural anthropologist Mary Douglas. For Douglas (1992), the same blaming mechanisms are evident when we 'moderns' are faced with a new threat as there are in so-called 'primitive' societies. When a new disease appears, boundaries are constructed between 'self' and 'other' which function to apportion blame. Therefore the people in the category of 'other' are seen as responsible for the genesis of the disease; and/or for *bringing it on themselves*; and/or its spread, because they are portrayed, for example, as dirty; because they eat disgusting food; have bizarre rituals and customs; or because they are sexually perverted or promiscuous (Douglas, 1992).

In this *risk/blame* model, 'foreigners', or already marginalised out-groups from within a society, are blamed for new epidemics of diseases. The model works well to explain many different epidemics, both modern and historical. There is a large body of literature on how different groups are blamed for so-called 'emerging infectious diseases'. See, for example, Watney (1987), Sabatier (1988), Joffe and Haarhoff (2002), Ungar (1998) and Washer (2004). In this sense this *risk/blame* model connects with reactions to plagues stretching back through history.

On the face of it however, this type of model cannot easily fit the social representations of BSE, at least from a British perspective. Britain was the source of the BSE epidemic: British farming methods caused the appearance of this novel disease in cows and British farmers subsequently exported the disease to the rest of Europe. From a British perspective, there are no outsiders, no foreigners, no *others* to blame for BSE. Of course, from the perspective of another country, the *risk/blame* model would still work to characterise the representations of BSE. For example, Demko's (1998) content analysis of the coverage of BSE in the US newspapers in 1996 gives a clear case of the 'foreigners eat disgusting food' [and so] 'it couldn't happen here' type of representation of a new infectious disease. Her research describes how one major theme and the recurring pun in many if not most

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