

CONSTRUCTING EXPERT IDENTITY AS A HEALTH JOURNALIST: A DISCURSIVE ANALYSIS

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Abstract

Health journalists have been heavily criticized in academic literature for bad and inaccurate reporting, but little research has considered factors like discursive identity and roles to gain a better understanding of their daily journalistic practice. This paper examines how specialized journalists construct and negotiate their expert identity in the field of health, medicine and science. We conducted a fine-grained analysis of three interviews, with journalists that have various degrees of specialisation, and different backgrounds and working circumstances. Taking into account discursive markers, this analysis provides us with new insights in the arguments and factors that journalists refer to when reflecting on and constructing their expert identity when discussing health topics.

Keywords: expert identity, health journalism, expertise, discursive analysis

1. Introduction

Nowadays, most research in sociolinguistics, linguistic anthropology and ethnography is firmly rooted in the idea that identity is not a stable structure fixed in social categories or in the psyche of the individual, but a dynamic phenomenon that is actively and discursively constructed in social interaction (e.g. Bucholtz & Hall 2005). The construction of identities take place in numerous settings and on various levels, for instance on the work floor:

«Discursive practices are used by members of a profession to shape events in the domains subject to their professional scrutiny. The shaping process creates the objects of knowledge that become the insignia of a profession's craft: the theories, the artifacts, and bodies of expertise that distinguish it from other professions» (Goodwin 1994: 606).

More recent research on professional identities, and more specifically on expert identities, also supports this line of thinking, as noted in Summerson Carr's literature review: "Expertise is something people do rather than something people

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have or hold (...) Expertise is inherently interactional” (Carr 2010: 18). Expertise is then the process of employing specialized knowledge, gained through training and apprenticeship, to become an authorized voice in a certain institutionalized domain, which allows someone to evaluate, validate and authenticate people, products or processes that are somehow object of the field of expertise in question. As the authorization can only happen in relation to others, expertise is an ongoing, interactional process. Therefore, the expert must be able to phrase and prove his/her determinations, through what Matoesian (1999: 518) calls “the mastery verbal of performance”; the correct and specialized use of certain linguistic and metalinguistic resources, like jargon, acronyms, and certain narratives.

Inspired by Urban (2001), Summerson Carr also notes that “experts are people who make it their business to become intimate with classes of culturally valuable things that are relatively inaccessible or illegible to laypeople” (Carr 2010: 21). However, such a binary opposition between laypeople and experts is not always tenable. It is not required to be a real, formalized expert to partially, or completely construct an expert identity in social interactions, both on the work floor as well as in other settings. An interesting example is Matoesian’s (1999) analysis of a lawyer who, as attorney of the defendant, takes up the role of a medical expert during his defence. He reinterprets the medical data that is used as evidence, to eventually make new meta-diagnostic deductions. Similarly, many conversational interactions will show discursive traits of expert identities if one interlocutor considers him or herself to hold some form of expert knowledge, considers it viable to take up an expert role, or when he or she is put in that position by other participants.

In this article, we examine the construction of expert identity of journalists who were interviewed on their work as health reporters. Our study is part of a broader ethnographic project on the dynamics and discursive practices underlying elderly-related health news. To prepare further ethnographic research, we believe studying interviews can provide us with interesting insights, as the dynamic nature of any identity will always be amplified in the interview setting. An interview is, by its nature, a pre-eminent form of social interaction in which the participants are invited to actively construct and manage their identity and self-representation through discourse and rhetorical devices. Yew-Lin Lee and Wolff-Michael Roth consider the interview and what is being said “as an outcome of the activity ‘doing

interviews” (Lee & Roth 2004); and identities will be reinforced, modified or discarded during the activity.

The reason we are particularly interested in the expert identity of specialized health and science journalists is because this identity has not always been accepted by critical scholars. Health journalists are facing a widespread critique in the field of journalism studies, as they are being accused of inaccurate, sensationalist and biased reporting, and failing to engage publics in a meaningful dialogue, etc. (e.g. Amend & Secko 2012). However, the metareview shows that this critique is strongly rooted in research that mainly or exclusively considers sourcing practices and the relation between scientist and journalist (276). According to Amend & Secko (2012), more attention should be given to external factors in journalistic practice, journalist identity, and science literacy, and the critique should be reconsidered in the light of these three elements.

Similarly, Hallin & Briggs (2014) criticize that linear-reflectionist perspective in which news media are considered to be a means by which scientific information is transmitted to the mass public, and argue that we need to seek “a wider understanding of health journalism as a social institution and as a practice of knowledge production” (Hallin & Briggs 2014: 97).

Examining the discursive construction of specialized expert identities of health from the framework that was outlined above can be of help here to find that wider understanding. Specialized journalists are not necessarily formally part of the institutionalized domain they write about, but are still considered experts in the interaction with the other journalists in the newsroom and their public. This results in a tense situation: their expertise is inherently part of their identity of a specialized journalist, but they cannot really interactionally construct it because they lack formal education and/or a formal, authoritative position in the institutionalized domain. Their expertise can only exist by relying on other experts, giving these a voice in their news stories. Moreover, to do proper reporting, whether specialized or not, it is also paramount to employ journalistic expertise. Thus, specialized journalists have to keep a constant balance between two kinds of expertise: the expertise concerning their field of specialization, and their general journalistic expertise.

By examining the discursive construction of the expert identity of health journalists in qualitative research interviews and analysing the dynamics of these

constructions, we can learn more about how journalists handle these tensions. In short, the research questions we aim to answer are as follows:

- How do journalists discursively construct their (relative) expertise on health in the particular context of research interviews?
- How do they explicitly reflect on and evaluate their expert identity?
- Which implicit traces of expert identity construction do we find in their language when talking about health topics and about writing about health?

2. Profile of the interviewees

The three interviews used for this in-depth analysis were part of a larger sample of seven interviews with newspaper and magazine journalists, of which one was a duo interview, resulting in eight interviewed journalists. The journalists were all (partly) working on health, science and/or medicine, with varying profiles in terms of experience, education, level of specialisation and focus on health in the magazine or newspapers. The journalists were selected because they were working for one of the four major newspapers or a major specialized magazine in the Dutch-speaking part of Belgium, and because they were considered to be the journalist in the newsroom who worked on health most often. The interviews were semi-structured and conducted in the tradition of Mortelmans (2007), between January and March 2015. They covered a wide range of topics and elements influencing or connected to their daily practice, like work floor structure, writing, sourcing and framing practices, the concept of “health”, and “being healthy/ill”. A health news story they had recently written was also always discussed, to retrospectively reconstruct the underlying production processes. The journalists were aware that the interviews were part of a research project on elderly-related health journalism. The three selected interviewees and the magazines they work for have the following profiles²:

- Jill works for a magazine targeting Belgian people over fifty and covering different topics, but with a very strong focus on health, law and finance. The magazine is published both in Dutch and in French, with a common editor-in-chief but journalists from both language regions producing content in their own language.

² For privacy concerns, the names are fictional.

- Ben works for a monthly science magazine targeting a highly educated Belgian, Dutch-speaking audience and reporting on natural sciences, medicine, social sciences and technology.
- Uma works for a very popular newspaper, targeting a very broad Dutch-speaking Belgian audience.

Jill, Ben and Uma were selected because they have different profiles and displayed different constructions of expert identity. By analyzing research interview fragments and comparing these analyses, we can gain more understanding about the diversity in their discursive constructions and the mechanisms behind this diversity.

3. Analysis

3.1. Jill's identity as an expert

Jill has been working for the same magazine for 21 years, of which she dedicated 15 years solely to health reporting. She is currently in charge of the website and covers a range of different, but still writes about health. She has a degree in physiotherapy and in hospital science and management, but she has always worked as a (health) journalist and as a translator of medical texts. However, when she introduces herself to me, she immediately presents herself in her position of a health professional, when I ask her to confirm whether she has worked solely as a health journalist for most of her career:

(1)

- 001 Jill: ja ja absoluut, vele jaren
 yes yes absolutely, many years
- 002 Interviewer: en en hoe
 and and how
- 003 Jill: en en euh ik ben eigenlijk van opleiding licentiaat kiné
 and and uhm I actually am trained as a physiotherapist
- 004 Interviewer: ah ja
 oh yes
- 005 Jill: en ik heb nog een licentie ziekenhuiswetenschappen gedaan
 and I also have a master's degree in hospital sciences
- 006 Interviewer: ah oké

oh okay

007 Jill: en ik ben eigenlijk vrij toevallig in de journalistiek beland
and I actually ended up in journalism quite accidentally

While I did not ask her about her education or background, she does mention it immediately, and points out that she became a journalist “quite accidentally”, putting her role as a health professional above her role as a journalist. This indicates that Jill seems quite confident about her identity as a health professional. Another quite explicit way of her legitimizing her expert role can be found in the following fragment. Jill explains why she hardly ever sends her final text to the expert she has interviewed, only when the interviewee asks her to do so, while her younger colleague always does this:

(2)

001 Jill: aléja ik moet zeggen ik ik eeuh
well I have to say I I uhm

002 Jill: ben eh in een nest van dokters geboren dus eh
was uhm born in in a home of physicians so uhm

003 Interviewer: ja
yes

004 Jill: mijn vader, mijn broer
my father, my brother

005 Interviewer: oké
okay

006 Jill: mijn ex-man en
my ex-husband and

007 Jill: dus heel die medische terminologie is voor mij ook al
so all that medical terminology is for me also

008 Interviewer: ja en u heeft ook-
yes and you have too-

009 Jill: veel couranter dan dan
a lot more familiar than than

010 Interviewer: ja
yes

011 Jill: voor een buitenstaander.
for an outsider.

To support the claim that her articles do not need proofreading, she argues that she gained (part of) her expert knowledge at home, being surrounded by health professionals, which makes it a lot easier for her to handle all the medical terminology.

Later in the interview, and more implicitly, it becomes clear in two fragments that she considers herself equal, a peer of the medical professionals in her environment. In the fragment below, she talks about her capacity for interpreting academic articles:

(3)

- 001 Interviewer: en is dat voor u te doen om dat dan te interpreteren die, die artikels
and is that doable for you to then to interpret those, those articles
- 002 Interviewer: euh of hoe gaat u daarmee om gaat u dan eh
uhm or how do you deal with that then uhm
- 003 Jill: goh het ene wel het andere niet maar ik eh alé
oh one is and another isn't but I uhm you know
- 004 Jill: als ik ze niet begrijp of of niet door dan ga ik daarmee naar
if I don't understand them or or don't get then I take them to
- 005 Interviewer: ja
yes
- 006 Jill: artsen in mijn omgeving om dat alé
physicians in my environment to that- you know
- 007 Jill: heel vaak met mijn met mijn ex-echtgenoot euhm
very often with my ex-husband uhm
- 008 Jill: zitten wij urenlang nog te brainstormen zo over-
we brainstorm for hours like that about
(four turns omitted)
- 014 Jill: dan eh boo- zetten we daar een boompje over op
then we have a long conversation about it

In turn 3 to 6, she indicates she sometimes does need help interpreting articles in medical journals; she does not consider herself a full-blown expert at all times. But then she attenuates this statement by explaining how she sometimes discusses medical issues with her ex-husband. The translation of the expression *een boompje opzetten* (“we have a long conversation about it”) in l.14 does not fully convey its full meaning: the expression means having an informal, cosy and long

discussion. This again suggests that she and her ex-husbands are peers who can informally discuss health topics.

In the following fragment, she talks about an interview she had with a gynaecologist for an article on menopause:

(4)

- 001 Jill: toen hebben we meer dan een uur zitten praten
 then we have been talking for more than an hour
- 002 Interviewer: ja oké
 yes okay
- 003 Jill: maar we zijn een beetje afgedwaald ook
 but we have strayed off a bit too
- 004 Interviewer: oké (smiling voice)
 okay
- 005 Jill: over eh andere gynaecologische dingen, maar ehm
 about uhm other gynaecological stuff, but uhm
- 006 Interviewer oké
 okay
- 007 Jill: ja nee we hebben zeker meer dan een uur eh
 yes no we have certainly for more than uhm an hour
- 008 Interviewer: ja
 yes
- 009 Jill: zitten praten
 been talking

Jill mentions twice that she has talked with the gynaecologist for over an hour, explaining that they were “straying off a bit”. This expression also implies that Jill’s contact with this expert was casual, informal, as between (close) colleagues or friends.

The constant negotiation of her expert identity like in excerpt (3) can be found many times during the interview and occurs in different ways. In the following fragment (5), she answers the question why health is an important topic to write about:

(5)

- 001 Jill: omdat dat ook heel belangrijk is in het leven van een mens
because that also is very important in someone's life
- 002 Interviewer: Ja
yes
- 003 Jill: gezondheid
health
(two turns omitted)
- 006 Jill: hoe ouder de mensen worden, hoe meer dat dat naar voor komt
the older people get, the more it becomes apparent
- 007 Jill: in alle enquêtes die we doen, dat gezondheid eh
in all the surveys we do, that health uh
- 008 Interviewer: ja
yes
- 009 Jill: eh je mag rijk zijn je mag geld hebben om op reis te gaan je mag eeh
uhm you can be rich, you can have money to travel you can uh
- 010 Jill: een schitterend- kinderen die goed terechtgekomen zijn enzovoort
a great- have kids that grew up fine and so on
- 011 Jill: als je begint te sukkelen zeggen ze,
if you start getting troubles they say
- 012 Jill: dan is het gedaan want dan word je terug afhankelijk,
then it's over, because then you become dependent again
- 013 Jill: dan dan ben je met al de rest niets meer
then then the rest is worth nothing anymore
(two turns omitted)
- 016 Jill: [dat] is echt de hoofdangst die mensen
[that] really is the main fear people
- 017 Interviewer: ja
yes
- 018 Jill: uiten in in alle dingen die we- in alle enquêtes die we doen
people express in in all things that we- in all surveys that we do

Jill's answer is quite a strong statement; to back it up, she refers to evidence she has, in the form of the surveys they have conducted, and does so twice. This on the one hand can confirm her expert identity: like a researcher would, she interprets data and uses it as evidence, and makes generalizing claims. On the

other hand, it may be a way to convince me of her expert identity: she may want to clarify that she is not making this up, but that what she says is backed up by evidence. Similar examples can be found in the interview, for instance when she argues how environmental factors influence our health; she refers to scientific evidence, saying that “it is proven”, to make her statement authoritative. Furthermore, there are no markers of tentativeness or subjectivizers like “I think”; her entire answer is assertive.

However, some of her answers in which she discusses health issues are more tentative. But mostly, she constantly moves between a tentative and an authoritative tone, for instance when we are discussing the meaning of “being ill”:

(6)

- 001 Jill: dat is een afwijking en een probleem maar
that is an anomaly and a problem but
- 002 Jill: alé ik ik voor mij is het ook belangrijk dat dat mentale aspect
well I I for me it is also important that the mental aspect
- 003 Interviewer: ja
yes
- 004 Jill: euh daarbij bekeken wordt
is considered as well
- 005 Jill: want lichaam en geest zijn denk ik wel alé beïnvloeden elkaar enorm
because body and mind are I do think well influence each other enormously
- 006 Interviewer: hm
hm
- 007 Jill: en ehm in de geneeskunde wordt wordt heel vaak alé
and uhm in medicine very often does does well
- 008 Interviewer: ja
yes
- 009 Jill: artsen hebben zich altijd maar meer en meer en meer gespecialiseerd
physicians have been specializing more and more and more
- 010 Jill: maar kijken daardoor ook meer en meer alleen maar
but because of that also they look more and more only
- 011 Jill: naar hun stukje vakgebied en
at their field of study

- 012 Interviewer: ja
yes
- 013 Jill: en ik denk dat gezondheid echt alleen maar gezien worden
and I think that health can only be seen
- 014 Interviewer: in dat hele in dat holistische plaatje
in that entire in that holistic picture
- 015 Jill: in dat gehele plaatje
in that entire picture.

Initially, Jill's answer contains subjectivizers ("for me it is also important", "I think"). However, then she critically starts describing the changes in medicine as a general trend, without any of these markers. By uttering such a critical, strong statement expressed very factually and assertively, she takes up a combined expert role again, integrating her expert knowledge as a health professional and as a critical journalist. But then she softens the coerciveness of her statement, in the following sentence, by reformulating it as a personal stance, again using "I think".

In several fragments, Jill also positions herself as an expert in relation to her readers. The following fragment is part of a discussion in which Jill criticizes the sometimes inaccurate health reporting in newspapers:

- (7)
- 001 Jill: ja en dat is spijtig, want dan kan jij jaren geprobeerd hebben van
yes and it's a pity, because you may have tried for years to
- 002 Jill: een beetje educatief te werken en dat wordt dan door door door
do some educational work and that then all gets undone by by by
- 003 Jill: ergens een journalist die veel te snel op een onderwerp gesprongen is
a journalist somewhere who jumped on a topic way too quickly
- 004 Interviewer: ja
yes
- 005 Jill: teniet gedaan en dat duurt opnieuw maanden om terug
and then it takes months
- 006 Jill: enig vertrouwen te te kweken
to gain a bit of trust again

Her role of an educator is something that came up a lot during the interview, and is emphasized here as well. Being an educator, of course, presupposes holding

a certain level of expertise. Moreover, in this fragment, she also connects it to trust, saying that the audience must trust her so that she can take up this educational role. Trust is, just like expert identity, relational and co-constructed (Pelsmaekers *et al.* 2014) and a relation of trust is based on the ability, benevolence and integrity of the trustee. Ability is defined as having “a group of skills, competencies, and characteristics that enable a part to have influence within some specific domain” (Mayer *et al.* 1995: 717). Moreover, trust is the background condition for all meaningful action in a society (Garfinkel 1963). So, only when Jill is considered an expert, her writing can be meaningful, and in order to be trusted and be credible, the readers must find her skilled and competent; i.e., an expert. Jill is aware of this and indicates in the fragment that the audience co-constructs her credibility as an expert through (not) trusting her, and that she finds it important that they acknowledge her expert identity.

In fragment (8), she discusses giving advice to the readers. She has just explained that the magazine receives a lot of e-mails from worried readers:

(8)

- 001 Jill: want ik steek eigenlijk toch wel behoorlijk veel tijd
because actually I do put a lot of time
- 002 Jill: in het beantwoorden van mails ook
in answering e-mails too
- 003 Interviewer: ah ja oké
oh yes, okay
- 004 Jill: ja ja
yes yes
- 005 Jill: zonder euh medisch advies te geven hé
without uh giving medical advice you know
- 006 Interviewer: ja ja
yes yes
- 007 Jill: het eindadvies blijft altijd: spreek erover met uw huisarts
the final advice always is: talk about it with your GP
- 008 Jill: maar dèrf hem dat en dat en dat vragen, dèrf eh
but dare to ask him this or this, dare uh
- 009 Interviewer: ja
yes

010 Jill: durf een stap zetten naar een dokter
 dare to go and talk to a doctor

In this fragment, Jill again negotiates her expert identity. She has explained earlier in the interview that she finds it important to answer e-mails and that she puts a lot of effort in it. But she seems to realise she is actually not qualified to give actual medical advice and immediately mitigates her statement. She emphasizes that she is not the expert and does not give actual medical advice, and that the real expert here is the general practitioner.

In sum, Jill presents herself primarily as a health professional and considers it legitimate to construct a degree of a health expert identity and indicates she feels comfortable being around and talking with medical experts like doctors and researchers. She also strongly emphasizes her expert identity as a journalist, referring to her many years of experience, her senior role in the newsroom, and critically evaluates her peers. However, she seems to realise that in this interview setting, she cannot fully represent herself as a real health expert; that would not be socially acceptable because she is not in the right institutionalized domain (medicine, medical research) to do so. Therefore, she constantly negotiates her expertise and always mitigates statements in which she may sound as a real medical expert like a doctor: sometimes by using markers of tentativeness or subjectivizers, or by explicitly stating that she is not in the position to give real medical advice. However, she does feel confident in her expert role and likes to express that, to the extent that it is socially acceptable.

3.2. Ben's identity as an expert

Ben is a science journalist who has been working for a science magazine for about six years, with a degree in both bio-engineering and journalism. Because of his training as a bio-engineer, he can rely on certain skills, like being able to interpret difficult statistical data, which can be considered as a form of expert knowledge which other journalists without his kind of background lack. Furthermore, he is a specialized journalist often writing about health, in a specialized magazine, who has a lot of time to really dig deep into the topics he covers, reading dozens of articles and reports, and interviewing several sources face to face for about an hour or more, for just one article. But interestingly,

throughout the interview, it becomes clear he does not construct a health expert identity whatsoever, as the following fragment illustrates:

(9)

- 001 Interviewer: en als ik dat zo hier op tafel gooi, gezondheid en vijftigplussers
and if I put on the table like that, health and people over fifty
- 002 Interviewer: aan waar denk jij dan aan?
what do you think about?
- 003 Interviewer: zo een beetje associatief gewoon, wat komt er zo in u op dan?
you know, a bit associatively, what pops up in your head?
- 004 Ben: ja, waar krijg je dan last van (lacht)
uh yeah, what do you actually suffer from then (laughs)
- 005 Ben: osteoporose, hart- en vaatziekten, euh, Alzheimer
osteoporosis, cardiovascular diseases, uhm, Alzheimer's disease
- 006 Interviewer: hm
hm
- 007 Ben: over Alzheimer (lachen) hebben we wel al een keer iets gehad.
about Alzheimer's (laughs) we have had those before
- 008 Jana: ja
yes
- 009 Ben: euh, nu, niet dat ik, want ik zit hier te zeggen, we schrijven niet zoveel
uhm, now, not that I, because I'm just saying all this; we don't write much,
- 010 Ben: maar we hebben wel zo al een keer artikels gehad, bijvoorbeeld
but we have had a few articles before, for instance,
- 011 Ben: ja, Alzheimer, dat hebben we zeker al gehad
yes, Alzheimer's disease, that we have certainly had,
- 012 Ben: euh zo valpreventie en dat soort van dingen
Uhm like fall prevention and those kind of things
- 013 Ben: zijn wel al een keer aan bod gekomen in [the magazine] he.
have been discussed in [the magazine].
- 014 Interviewer: ja maar zitten daar
yes but are there
- 015 Ben: misschien niet zo bewust met het idee van

- maybe not really deliberately with the idea of*
- 016 Interviewer: ja ewel het is dat
yes well that's it
- 017 Ben: we gaan een keer iets doen over problemen van oude mensen maar ja,
bon,
we'll write something about old people issues, but yes, good
- 018 Ben: aangezien dat veel medische problemen zich bij ouderen mensen
afspelen
as many medical problems happen to older people,
- 019 Ben: zitten die er automatisch wel in
they are automatically in it (= the magazine), actually

Ben's answers are sensible and the analysis that many medical problems mainly happen to older people is quite sharp. Also, I have told him that the question is somewhat difficult to answer without time to think, so that he should not be afraid to answer the question in an associative way. But surprisingly, there are many clues in the answer that Ben is uncomfortable making authoritative allegations on this topic, or any kind of allegation, and that he finds it hard to answer the question on the spot. He begins with a rhetorical question ("Uh yeah what do you actually suffer from then?") followed by laughter, trying to win some time and revealing that he is feeling uneasy. When he has named some diseases, he laughs again. The metapragmatic comment ("because I'm just saying all this") is a form of self-correction: he feels like he has given the impression that it is one of the magazine's goals to focus on or be an authority on elderly-related health issues, which he then realizes is not what he wants to say.

The following explanation is meant to clarify that; they actually do not want to write about the elderly as such, but that it is something that happens along the way. At the same time, the explanation allows him to talk about the magazine and to not make general statements about the actual topic of discussion, but to confine his expertise to the level of the magazine, and to implicitly reason why he is not the right person to answer this question.

This fragment already illustrates a very different construction of expert identity than Jill's; while she is confident and tries to sound like a health expert as much as possible, Ben avoids this in every possible way. When we discuss the

use of academic journals as a source, Ben provides us with the following reflection:

(10)

- 001 Ben: euh ja, over het algemeen
uhm yes, in general
- 002 Ben: goh en zeker voor iemand die die die geen geneeskunde
well and especially for someone who who who hasn't studied medicine
- 003 Ben: ge- gestudeerd heeft, euh is het allemaal nogal ingewikkeld he (lacht)
uhm it is all quite complicated, isn't it (laughs)
- 004 Ben: hé dus je je moet eigenlijk euh vaak de hulp van van experts inroepen
so often you have to ask experts for help to be really able
- 005 Ben: om echt te kunnen uitmaken eh of of dat, wat er wat er instaat
to be really able to find out if if it, what it what it's about
(7 lines omitted)
- 013 Ben: als het echt gaat over studies naar naar de de effectiviteit
if it's really about research on on the the effectivity
- 014 Ben: van bepaalde medische interventies of of van geneesmiddelen,
of certain medical interventions or of medication
- 015 Ben: ja, dan is dat moeilijk als eh als niet-medisch geschoolde
yes, then it is difficult as uh a non-medical professional
- 016 Interviewer: ja
yes
- 017 Ben: en misschien zelfs als medisch geschoolde in een ander domein
and maybe even as a medical professional in another domain
- 018 Interviewer: zeker ja
sure yes
- 019 Ben: om daar eh om daar iets van te maken
domain to uh make something of it

By referring to the fact that he is not part of the institutionalized domain of medicine, he confirms he lacks expertise to properly interpret the literature. He later adds that, even for medical experts, it may be difficult to interpret literature that belongs to another subfield. This can be interpreted as an explanation why he is not troubled to ask for help and admitting this: even for experts, it can be very hard. The fact that he does not mind not being in an expert role and therefore

obliged to ask for help when reading journal articles, is also supported in (11). In this fragment, he is asked about whether he likes doing interviews with researchers and doctors:

(11)

- 001 Ben: ik vind dat wel uh aangenaam, ja.
I find it uh enjoyable, yes
- 002 Interviewer: ja
yes
- 003 Ben: ja ja
yes yes
- 005 Interviewer: altijd goede ervaringen?
always a good experience?
- 006 Ben: ja om zo een keer efkes een eh soort privés euh te krijgen, ja.
yes to have some kind of a uh private tutoring uh, yes.

Ben puts himself in the position of a student, which is contrary to that of an expert, and says he finds it enjoyable. This is opposite to Jill, who considers herself a peer of the doctors around her. Many other instances in the interview indicate that Ben writes his articles based on what he personally finds interesting, on what he wants to learn more about, which also points to the fact that he feels comfortable in this student role. The following fragment, in which I ask him about his personal opinion on an article we have just discussed, illustrates this once more:

(12)

- 001 Ben: (lacht) euh, goh ja, ik ben nu ook on-onvoldoende
(laughs) uhm, well you know, I also haven't enough,
- 002 Ben: ik ben daar een tijdje mee bezig geweest,
I have been working on that for some time
- 003 Ben: maar natuurlijk niet lang genoeg om om nu echt te zeggen dat ik eh
but of course not long enough to say that I uh
- 004 Ben: dat ik daar nu een expert in ben
that I'm an expert now
- 005 Ben: maar allez, ik heb wel een zekere sympathie voor dat alternatief model
but well, I do have some sympathy for the alternative model

006 Ben: dat die Nederlandse onderzoekers voorstellen
that those Dutch researcher propose

Before giving his opinion, he laughs when he hears the question, and then explicitly states he “of course” is not an expert, implying he is not able to make a proper judgment and form a solid opinion. When actually telling what he thinks, he uses the phrase “I do have some sympathy for”, which makes his statement personal and tentative.

Although Ben could claim a certain degree of expertise on health issues – because of his background as a bio-engineer, his personal interests, his six years of experience in investigative, extensive health and science reporting – he constantly avoids constructing an expert identity. In opposition to Jill, he does not feel comfortable making authoritative statements on health issues and emphasizes his non-expert identity, which is remarkable given the fact that he works for a specialized magazine.

3.3. Uma’s identity as an expert

Uma is a domestic reporter, with four years of experience, who is informally specializing in health reporting. The newspaper does not officially work with real specialist journalists, but informally, some journalists do specialize. In opposition to Jill and Ben, she has no background in health or science whatsoever, which is something she seems to struggle with:

(13)

001 Interviewer 1³: en u heeft niets eh u specifiek in de gezondheidssector als als achtergrond

and you have nothing eh specifically in the health sector as as a background

002 Uma: nee nee nee. Wel een interesse ehm,

no no no. I do have an interest uh,

003 Uma: mijn vader was topsporter en mijn broer is osteopaat

my father was an elite athlete and my brother is an osteopath

004 Uma: dus er is bij ons thuis wel altijd ehm mja

so at home there is always uhm well

³ Some of the interviews were conducted with fellow researchers. In this case, interviewer 1 is a colleague and I am interviewer 2.

- 005 Uma: daar wel altijd de aandacht voor geweest,
always been attention given to it
- 006 Uma: maar eigenlijk heb ik geen
but I have to say really I have no
- 007 Uma: ik heb zelfs eigenlijk geen wetenschappelijke opleiding om
I even have no scientific background to
de de journals te lezen of of, maar goed, dat kan ik wel,
read the journals, but okay, I can do that though,
dus alé ze kijken daar natuurlijk ook wel een beetje naar
so, I mean, they took that into account too a little of course
- 008 Interviewer 2: en hoe heeft u dat dan geleerd
and how did you learn it then
- 009 Uma: ja (zucht) ik heb wel ik heb ik heb acht uur wiskunde gedaan hé
yes (sighs) I did do, I have I have done an eight hour-math program⁴
- 010 Uma: dus ik heb wel veel statistiek gedaan, alé gehad in het middelbaar
so I have actually done a lot of statistics, I mean taught in secondary school.
- 011 Uma: ehm ja door de juiste experts te bellen denk ik in het begin
uhm yes by calling the right experts I think in the beginning
- 012 Uma: die u kunnen uitleggen van ja dit is dat, dat dat onderzoek is wel goed,
who can explain to you yes this is that that, that research is actually good
- 013 Uma: dat onderzoek is niet goed
that research is not good
ehm door dat veel te lezen zijde daar wel mee bezig
uhm by reading a lot you are spending a lot of time on it

Uma clearly is very careful when constructing her expert identity, as she knows she is not in the right institutionalized domain to call herself an expert. However, she somehow wants to prove she does hold some form of expertise. Her caution becomes apparent as she constantly makes claims and counterclaims that sometimes affirm her expert identity and then immediately attenuate it. She gives a negative answer to the first question, but counters it by referring to her family situation, which gives her some credibility as an expert on health and medicine. But she seems to know this is not a very legitimate claim, as the following

⁴ In Belgium, eight hours of math is the highest possible number of math lessons you can take per week in secondary school, and therefore is the highest level of math you can do.

sentence counters this again with a confession-like statement; she admits that in reality she “*even* has no scientific background to read the journals” (l. 7). This is immediately countered again, saying that she actually can do it, and she supports this with the argument that the editors check this when someone becomes a specialised reporter.

By referring to their authority, she can legitimize the claim which she herself found somewhat unstable. When she is asked how she has eventually learnt to read the journals, she mentions several elements. Again, she shifts between claims that prove she was already capable to do the interpretation, to statements that attenuate those; first, she tells us about her education in secondary school, which has prepared her to understand difficult statistical data. But then she mentions that she had to call the right experts in the beginning to help her out. She eventually refers to her experience, saying that she has learnt a lot by just spending time on it. This final claim balances out what she is trying to say: it comprises both the fact that she’s lacking formal education, but does give her some credibility as an expert, as she has self-educated herself and gathered some expert knowledge through experience.

The issue of formal education returns later in the interview:

(14)

- 001 Uma: en ik denk dat het eigenlijk niet slecht zou zijn om inderdaad
and I think that it actually wouldn't be bad indeed
- 002 Uma: wat opleiding te hebben in
to have some training in
- 003 Uma: euh alé, alhoewel moest ik nu een dokter zijn, zou dat zoveel meer
uhm I mean although, would I have been a doctor, would it
- 004 Uma: ik weet dat niet, ik kijk nu natuurlijk
I don't know, of course, I now look
- 005 Uma: naar gezondheid zoals iedere mens naar gezondheid kijkt
at health like every normal person does
- 006 Uma: ik denk als je daar iemand met echt een vooropleiding heeft daarin
I think if you put someone there with a degree out here
- 007 Uma: ik weet niet of dat nodig is
I don't know if that's necessary
(three lines omitted)
- 011 Uma: ik denk dat een goede interesse en en

- 012 Uma: *I think that a proper interest and and
een beetje slim zijn alé om daarmee -om te gaan- genoeg zijn
and some intelligence, I mean, to that- to go- are enough*
- 013 Uma: om het te kunnen doen
to be able to do this
- 014 Uma: want anders zit je veel te specifiek in bepaalde onderwerpen
otherwise you're way too involved in certain subjects

The argument that being too specialized obscures a journalist's ability to judge the newsworthiness of a beat recurs in several of the interviews (not all discussed in this analysis). Uma here consciously does not construct a health expert identity, arguing that it impairs or invalidates her expertise as a journalist. This tension between her journalist identity and her health expert identity occurs a lot during the interview, like when she talks about objectivity as the most important goal of a journalist:

(15)

- 001 Uma: goh ik denk zo breed mogelijk, zo objectief mogelijk, zo juist mogelijk
uhm I think as broad as possible, as objective as possible, as correct as possible
(3 lines omitted)
- 005 Uma: ik ga nooit beginnen met met een fixe idee op voorhand van
I will never start with with a fixed idea beforehand like
- 006 Uma: 'ik wil hier iets negatiefs hierover, of ik wil iets positiefs daarover'
'I want something negative about this, or something positive about that'
- 007 Uma: ik ga het altijd laten afhangen van de mensen
I will always let that depend on the people
- 008 Uma: die daar veel meer vanaf weten dan ik
who know a lot more about it than I do
- 009 Uma: ik kan wel goed, denk ik,
what I'm good at is, I think
- 010 Uma: samenvatten en de boodschap halen uit wat dat zij zeggen
summarizing and extracting the essence of what they say
- 011 Uma: en ik denk dat dat mijn rol is, daarin
and I think that's my role, in that

- 012 Uma: en dan zoals dat ik zei, ik vind het wel belangrijk om de mensen ehm
ja
and then like I said, I do think it is important to let people uhm yes
- 013 Uma: over bepaalde zaken dingen te laten lezen
read about certain things
- 014 Uma: die ze anders misschien niet zouden lezen
which they otherwise might not read
- 015 Uma: een keer te laten nadenken
let think them about it once

The fact that she is not able to actually interpret and judge scientific data herself is explicitly mentioned or alluded to several times: “I alone am not enough to judge or explain something”, “I am not a doctor”. Moreover, when discussing which sources she uses most, her answer is ‘experts’, “because those are the people who have information, the most factual information, and knowledge to interpret it or verify it”.

At the same time, she grasps this moment as an opportunity to explain that her expertise lies in summarizing and extracting the essence of what actual experts tell her, in being objective and correct as possible, and in raising awareness. All these elements are typical journalistic values as found in a lot of research (Carpentier 2005; Deuze 2005; Cotter 2010), and she feels confident about these (“that is what I’m good at”). Her confidence in constructing an expert identity as a journalist contrasts with her unstable, hesitant construction of her health expert identity. This contrast occurs several times during the interview:

(16)

- 001 Uma: goh (kucht) ja je hebt natuurlijk
well (coughs) yes you of course have
- 002 Uma: als je daar al vier jaar mee bezig zijt, iets meer eh-
if you have been working on it for four years
- 003 Uma: ik weet rapper ofdat iets nieuws is of niet,
I can teller if something is news or not faster
- 004 Uma: hé omdat je houdt dat natuurlijk in de gaten
because you keep an eye on everything
- 005 Uma: je leest er ook veel meer over ehm
you read a lot more about it uhm
- 006 Uma: dus ga- uw expertise is groter sowieso.

- 007 Uma: *so your expertise will be bigger for sure*
ik weet- er gaan ook heel veel collega's naar mij komen van ja zeg
I know- a lot of colleagues will come to you saying: you know what
- 008 Uma: we hebben dat gezien of dat gezien denkt jij dat daar iets in zit
we've seen this or that, do you think it's something
- 009 Uma: is dat heeft dat al een keer ergens in gestaan
is that something that has been written about before
- 010 Uma: kunnen we daar nog iets mee doen?
can we do something with that?
- 011 Uma: ik weet daar ook niet altijd antwoord op maar
I don't always have the answers but
- 012 Uma: je hebt daar wel meer expertise over dan
you do have more expertise on that than
- 013 Uma: als je een late shift een stuk moet schrijven over IS
when you have to write about IS in a late shift

Here, Uma constructs her expert identity as a health reporter, rather than as a health professional. She talks about her ability to judge newsworthiness and to spot possibilities for framing, the know-how of how much has been written about a subject before, which are also typical journalistic skills.

The importance of journalistic values like being correct, being objective, being relevant, being able to judge newsworthiness and being able to construct proper and interesting stories are of course not only found in the interview with Uma, but are actually present in every interview. But for Jill, for instance, this is not connected to her health expert identity; expertise in journalism and in health issues exist separately and are both very developed. Uma, however, tends to connect these and define the one through the other. She cannot describe herself as a health expert like Jill, so she ascribes herself some traits of a health expert (without really being one) through her identity of specialised health journalist. Ben does not explicitly connect traits of health expertise to his journalistic expertise. He uses his journalistic identity to avoid taking up a health expert identity (like in (9)).

Finally, when we look at the implicit construction of expertise when we ask her about the meaning of the concept of health, we find the same uncomfortableness like Ben's:

- (17)
- 001 Interviewer: hoe zou je dat definiëren
how would you define that
- 002 Interviewer: dus niet zozeer in termen van nieuws of van een stuk schrijven
so not in terms of news or writing an article
- 003 Interviewer: maar hoe zou je gezondheid als mens definiëren?
but how would you define health as a person
- 004 Uma: dat is een heel moeilijke, open vraag dus eh
that is a very difficult, open question so uhm
- 005 Uma: amai je had mij misschien beter wat wat vragen doorgestuurd op voorhand
wow you maybe had better send me some some questions beforehand
- 006 Interviewer: (lacht) maar het is alé het is niet erg dat het associatief
(laughs) but you know it's no problem if it's associative
- 007 Uma: hoe zou ik dat definiëren?
how would I define that?
- 008 Uma: is alé het is gewoon het is geen gemakkelijke vraag
I mean it is just not an easy question
- 009 Uma: er is ook geen antwoord op dus eh
there is no real answer to it
- 010 Uma: alles wat dat te maken heeft met-
everything that has to do with-
- 011 Uma: voor mij is dat alles wat te maken heeft met
for me that is everything that has to do with
- 012 Uma: dat mensen zich al dan niet goed voelen, geestelijk, fysiek ehm
people feeling good or not, mentally, physically uhm
- 013 Uma: ook wat meer misschien
also a bit maybe
- 014 Uma: alé ik ben ook wel geïnteresseerd in wat meer zo lifestyle-achtig
well I am also interested in a bit lifestyle-kind of stuff
- 015 Uma: wat daar dan ook wel zo wat op kan aansluiten maar ehm ja
which ties in with that but uhm yeah

Just like Ben, Uma tries to win some time and expresses uncomfortableness, in this case by saying that she would have liked to have the questions sent to her before the interview, indicating that she needs time to think about it, even though I just said that it is a difficult question, and also by posing a rhetorical question

(“how would I define that?”). When she actually answers, she starts phrasing an assertive statement, but corrects it to an opinion, by rephrasing it and adding the subjectivizer “for me”. Then, just like Ben, she avoids making further general statements and transfers the topic of her answer to what she considers interesting and what she likes to write about. The discussion goes on a bit beyond this fragment and includes many markers indicating personal opinion and tentativeness, like the subjectivizers “I think”, “I believe”, “I find it interesting”, “for me” and the use of conditional verbs.

When talking about her background, Uma knows that she cannot claim an expert position in health and/or medicine, but she does try to legitimize a certain level of expertise. However, she realises that she must be careful, and constantly mitigates and negotiates her expert identity. Where Jill and Ben are (relative) extremes on the continuum of expert identity construction, she seems to be somewhere in the middle. Later, it becomes clear Uma finds journalistic expertise more valuable and more useful than expertise on health. When we consider her answers on health questions, she seems rather insecure and avoids sounding authoritative.

4. Conclusion

This analysis examined three journalists with different profiles to find out whether and how this could yield three different constructions of health expert identities. By looking both at explicit reflections and evaluations, and implicit markers in discussion on the topic of health, we were able to demonstrate a few interesting tendencies in the interview data.

Most notable is the diversity in the construction of expert identity; even though the three reporters all fit in the broad category of health reporters, there are big differences in how they perceive their own level of expertise. At first sight, this is not surprising, but it is interesting that the differences in their constructions do not necessarily correlate with their background and education. While Ben and Jill both have certain qualifications which gives them the credibility to claim and defend a certain level of expertise, Jill does construct a strong expert identity, while Ben constantly avoids sounding like an expert. And while Uma does not really have any of these qualifications, she does come up with reasons why she deserves some level of expert identity. Of course educational background is not

the only factor determining how someone constructs and perceives their own expert identity and level of expertise. There are many other factors that should be taken into account, which will be further examined in ethnographic research.

First, whether a journalist is formally recognized as specialised health or science journalists in the newsroom, or whether they are informally expected to cover health topics if they come up is likely to play a role. As we assume that expert identity is socially constructed, how the journalist is perceived and treated by other colleagues may influence their identity construction.

Second, journalists are supposed to gain expert knowledge through self-education, often in their leisure time. This is a perpetual, irregular and non-formalised process and as there is no formal evaluation of their expert knowledge, journalists can only evaluate their expert knowledge themselves, which they most likely do with different standards.

Third, the journalist's identity as a health and/or science specialist is very personal, because journalists always have their own preferences in terms of practice, and a personal opinion on what health reporting should entail (e.g. Amend & Secko 2012). This is illustrated by Uma's opinion on the balance of journalistic expertise versus health expertise. As any specialized journalist, they constantly have to mediate between their identity as a journalist and identity as a specialist. Uma and several other interviewees believe that when a journalist is thinking and working too much as a specialist, s/he may no longer be able to perform their journalistic task of judging the level of newsworthiness of a beat; because s/he will consider everything to be important.

Yet, regardless of this diversity, there is one general tendency in all three interviews: the expert identity is extremely dynamic, and it becomes very apparent that journalists struggle with the fact a) that they are experts in the newsroom and towards the public, but not in the institutional domain they report on and b) they are journalists in the first place, which means their journalistic expertise must remain the dominant field of expertise. The identities are constantly negotiated, modified, attenuated and then amplified again, often in the same answer, and even in the same sentence. The journalists seem to be very aware that they have to be careful identifying themselves as a health expert. Being part of the right institutionalized domain is important in any profession, but is probably even more crucial for people in the domain of medicine. Doctors and medical researchers are

much respected and allocated a lot of status for the long training they have gone through and the work they do, which concerns the health of people and has a direct influence on the quality of their patients' lives. Moreover, most of them are aware of the critique on health reporting, and are extra careful in that respect as well.

In that regard, this analysis can put the critique on health reporting in a new light; by understanding that journalists seem to struggle with their expert identity on health, we can re-evaluate their journalistic reporting and help practitioners understand this often tacit struggle and make them aware of the contradictions in their practice. To completely understand and explain where the observed differences in expert identity originate from, and to understand the repercussion of their expert identity on their practice, many more elements have to be considered: the newsroom structure, the relation with editors and colleagues, standards and means of self-evaluation, the relation and interaction with expert sources, insights from the writing process and source selection process, et cetera. As many of these elements can only be observed in the field, an in-depth ethnographic study and a product oriented analysis is needed to provide us with more answers.

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