ABSTRACT

Constructing the Good Death.
Representations of the Medicalised Death in Belgian Print Media
and their Audience Receptions: a Discourse-Theoretical Analysis

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Abstract

At the intersection of thanatology, discourse theory and media studies, this doctoral study foregrounds the concept of “the good death” - which is at the very core of today’s debates about the end of life. The dissertation looks into media representations of the end of life and their audience receptions, holding an approach to mass media as discursive machineries where meaning is (re-)produced, negotiated and contested, and as analytical entry points providing access to a variety of systems of meaning circulating in the social. The post-structuralist discourse theory of Ernesto Laclau and Chantal Mouffe (1985) is used as the backbone for the entire research, which brings a specific definition of discourse. Rather than regarding discourse “merely as a linguistic region within a wider social realm”, Laclau and Mouffe offer a broader conceptualisation of discourse that “insists on the interweaving of semantic aspects of language with the pragmatic aspects of actions, movements and objects” (Torfing, 1999: 94).

A discourse-theoretical reading of existing (thanatological) academic literature allows us to identify a medical-revivalist discourse as the contemporary dominant (and relatively stable) system of meaning, structured around openness, control and awareness as privileged signifiers or nodal points. Under medical-revivalism, the dominant discourse on medicine is a patient-centred discourse, structured around quality of life and patient autonomy as nodal points. It is within this specific discursive configuration that the late modern discourse of the good death comes into being. Autonomy and dignity are the nodal points of this discourse of the good death. The dissertation shows how a right to die discourse and a hospice discourse are engaged in a discursive struggle over the meaning of the good death by articulating autonomy and dignity differently and together with a number of other signifiers – like acceptance, control, self-determination and care.

A discourse-theoretical analysis of Belgian - mainstream and specialised - print media coverage of the end of life (2000-2009) provides insight in the interactions between discourses on the good death and the media logics of representations through which these discourses become operationalized in media texts. In mainstream print coverage, a ratio-personal or liberal discourse of autonomy dominantly constructs the good death in terms of choice and control and is sometimes contested by an alternative discourse of care. In coverage of personal end of life cases - dealing with the death of an individual and often using techniques of human interest journalism - it is interesting to see how the focus on the euthanasia of a prominent figure (like Hugo Claus) often comes with a ‘claiming’ of the right to die, resulting in a disciplining construction of the good death where euthanasia is associated with independence, heroism, and hedonism while other ways of encountering and dealing with the end of life become constructed as passive and undignified. Coverage dealing with the end of life of “ordinary people”, on the other hand, often comes with a more democratic and pluralistic representation of the end of life; entailing a visibility of a more diverse spectrum of dealing with and encountering death, and linking ‘a good death’ to a variety of end-of-life decisions. In specialised medical media (De Arsentenkrant and De Huisarts), the logics of hegemony and counter-hegemony are reversed, as the analysis reveals a (sometimes contested) dominance of a communitarian discourse through which the good death becomes constructed primarily in terms of care, and euthanasia and the right to die are excluded from a good death as well as from the definition of ‘ethical’ medicine.

A discourse-theoretical analysis of audience interpretations (those of ‘the general public’, medical professionals and relatives of deceased persons) shows that respondents often identify
with the basic 'right to die' principle, but at the same time reveals a sometimes fierce resistance against the tendency of mainstream coverage of prominent euthanasia cases to discursively exclude care and dependency from the scope of 'dying well'. While respondents often recognize the discourses that are operationalized in the media text as well as the logics of representation through which they are operationalized, the discursive construction of the good death in terms of independence, braveness and hedonism fails in providing respondents with the signifiers to make sense of and reconstruct their own experiences with the end of life.

Finally, the discourse-theoretical analysis draws attention to the construction of 'good journalism' in covering the end of life – where reflections often target coverage of individual cases (in which techniques of human interest journalism prevail). The analysis reveals a tension between (an identification with) on the one hand discourses that emphasise the engaging and mobilising potential of coverage of the end of life and on the other hand discourses that construct 'good journalism' in terms of objective and politically relevant information and human interest in terms of triviality. Interestingly, this study points out the discursively rich nature precisely of coverage (emotionally) dealing with personal cases; highlighting its democratic as well as its disciplining potential.