



## A Human Interest Economy: The Strategic Value of Turning Ordinary People into Exemplars in the News Media

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19 **A Human Interest Economy: The Strategic Value of Turning Ordinary**  
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For Peer Review Only

## Abstract

This article explores how personal experience in the form of human interest stories has become a road to visibility, legitimacy, and impact for organizational actors and interest groups. Focusing on news media representations of health, where patients and their experiences with disease play an increasingly central role across media platforms, the article theorizes the hierarchies and dilemmas of a “human interest economy” in which ordinary people become exemplars, based on the authenticity of their experience, and their ability to attract attention and support. Based on 38 interviews with management and communications professionals in Norwegian health interest groups, the article analyzes how organizations that provide exemplars to the news media adapt to and negotiate generic human interest formats that favor certain diseases, victims, and storylines over others. By discussing how the normative claims of immediate and authentic bottom-up voices in the news media tie in with less visible and more implicit strategic interests, the article adds to the theorizing about the role and power of ordinary people in the news, and how they serve the strategic interests of organizational actors that liaise between journalists and participants.

*Keywords:* Human interest, ordinary people, exemplars, strategic communication, health coverage, source relations, information subsidies

## Introduction

Human interest stories featuring the personal experiences of ordinary people play an increasingly vital role in the news. These are narratives that captivate and engage the audience; they influence public opinion and bring revenue for legacy media and social media platforms (e.g., Boukes et al., 2015; Lefevere, De Swert, & Walgrave, 2012; Beckett & Deuze, 2016; Hinnant, Len-Ríos, & Young, 2013). In a hybrid media landscape, the appeal to emotions and engagement seems to be more important than ever, and human interest narratives circulate between mainstream news coverage and social media platforms (Chadwick, 2013). Human interest stories possess a particular legitimacy associated with bottom-up resistance to governing elites (Gamson, 1998; Wahl Jorgensen, 2016). This focus on the experiences of ordinary people sits well with both the ideology of the press to side with the “little man”, the grass roots rationale of many nongovernmental organizations (NGOs) and citizen interest groups (Schudson, 2015).

This combination of legitimacy and efficacy makes human interest stories attractive both to journalists and strategic actors pushing to get through in the news media with their messages. A range of studies has demonstrated that human interest stories are central in the news coverage of a specter of current affair topics, across countries (Beckers, Walgrave, & Van den Bulck, 2018; De Keyser & Raeymaeckers, 2012; Iyengar, 1994; Macdonald, 2000; Moeller, 2002). The indispensability of personal stories, turned into individual cases or *personal exemplars*, as they will be termed in this article, are particularly indispensable in television and popular magazines, (e.g., Stroobant, De Dobbelaer, & Raeymaeckers, 2018), and they are most widespread in market-oriented media systems (Umbricht & Esser, 2016). Yet, as the economic pressure on legacy media rises and the impact of social media increases, human interest stories are expected to increase their presence further across countries, genres, and platforms (Chadwick, 2011; De Keyser & Raeymaeckers, 2012).

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3 Surveys affirm that journalists acknowledge the importance of gaining access to  
4 affected persons, to make newsworthy stories out of general phenomena (Figenschou, 2017;  
5 Hinnant, Len-Ríos, & Young, 2013; Tanner, Friedman, & Zheng, 2015). This research  
6 indicates that professional strategic sources and public relations practitioners who can provide  
7 access to lay persons with a personal story to convey, increase their chance to access the news  
8 with their messages. In the same vein, research on political lobbying hypothesizes that interest  
9 groups use personal narratives strategically to build support for improved public services  
10 (Binderkrantz, 2012) Yet, in spite of a long tradition of research on the professionalization of  
11 strategic communication, media-savvy sources, and information subsidies (see e.g., Davis,  
12 2002; Gandy, 1982), limited attention has been paid to the liaisons between lay voices in the  
13 news and professional strategic actors and interest groups such as those shaping the field of  
14 health. To our knowledge, no research exists on the provision of this type of information  
15 subsidy - i.e., the access to individuals willing to share their personal story with journalists –  
16 and the public. In other words, we know little about the functional relationship between the  
17 news media, "ordinary people" with a story to tell, and strategic actors liaising between them.

18  
19 On this background, we explore how communication professionals and executives in  
20 Norwegian health interest groups (e.g., patient organizations, health professional associations,  
21 and medical industry interests) relate to the preferences of the news media and how they  
22 evaluate what type of patients are suitable as exemplars in the news. Focusing on one  
23 particular but central type of ordinary people—patients—and their personal experiences with  
24 disease, we ask: *How and why do organizational actors and interest groups in the health field  
25 adapt to, negotiate and legitimate the demand for patient exemplars from the news media?*

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3 The focus of the patient exemplar in the media provides a case that exemplifies overall  
4 changes in the media and society. Whereas media coverage of health is traditionally  
5 dominated by medical expertise (Hallin, Brandt, & Briggs, 2013), the stories of lay patients  
6 play an increasingly prominent role in contemporary media representations (Coward, 2013;  
7 Hinnant, Len-Ríos, & Young, 2013; Stroobant, De Dobbelaer, & Raeymaeckers, 2018;  
8 Ytreberg, 2019). The changing role of patients is closely related to the growth of social health  
9 movements and consumer groups from the 1960s and 1970s until the present (Phil & Stephen,  
10 2004). Speaking out in the media about hitherto silenced personal experiences has become a  
11 tool for patients to fight stigma, use openness as therapy, and to reform medical practices  
12 (Frank, 2013; Klawiter, 2004). Beginning as anti-establishment movements, many patient and  
13 health movements have grown into corporatized organizations with professional lobbying  
14 expertise and dedicated communication departments (Klawiter, 2004). Thus, patient voices  
15 have been amplified in the media, but, by the same token, they have become part of  
16 organizational processes that may turn them into exemplars for reasons beyond their  
17 individual motives.

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19 Exploring these complex and largely uncharted relations, this article argues that  
20 communicating about health through personal stories in the news has created what we call a  
21 “human interest economy,” where organizations’ access to media-friendly exemplars is a  
22 scarce and vital resource. The term is used to designate a number of organizational processes,  
23 including: (a) the routine search for and identification of patients who are prospective  
24 exemplars, (b) the processing of patient exemplars internally in the organizations, (c) the  
25 legitimization of establishing priority among a finite number of such prospective exemplars,  
26 and (d) how exemplar stories are key to these organizations’ efforts to promote themselves  
27 and their strategic interests in a wider public and political context. The development of the  
28 theoretical construct of a human interest economy is based on the systematic interpretation  
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3 and comparison of interview data in continuous dialogue with existing theories and research,  
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5 based on an abductive methodological approach (Timmermans & Tavory, 2012).  
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### 10 **The value and impact of human interest stories**

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12 Human interest stories bring “a human face or an emotional angle to the presentation  
13  
14 of an event, issue, or problem” (Semetko & Valkenburg, 2000, p. 95). Extant studies based in  
15  
16 exemplification theory show that news based on individual lay experience possesses a  
17  
18 particular ability to captivate and influence public perceptions. It helps form enduring beliefs,  
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20 trumping base rate statistical information (Zillmann, 1999, 2002). This impact is explained by  
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22 factors such as vividness, proximity, and activation of emotions and affect (e.g., Brosius,  
23  
24 2003). There is broad agreement about the persuasive effect of exemplars in the news, and  
25  
26 many scholars criticize the use of sensational and unrepresentative exemplar stories that  
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28 distort perceptions of social reality (Boyce, 2006; Lefevere, De Swert, & Walgrave, 2012;  
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30 Zillmann, 2006). Yet, with regard to *what type* of impact human interest stories have on  
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32 audience attitudes, conclusions have been mixed (see Ostfeld & Mutz, 2014 for discussion).  
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34 Iyengar (1991) famously found that episodic news based on individual cases led to the  
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36 attribution of individual responsibility and blame rather than solidarity and collective  
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38 solutions. Later studies, however, have argued that stories featuring individuals who are  
39  
40 *similar* to the audience have the opposite effect. The same argument applies to stories that  
41  
42 frame individuals as deserving and innocent. These types of stories create identification and  
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44 sympathy, they increase the attribution of government responsibility and the support for  
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46 political intervention (Hopmann, Skovsgaard, & Elmelund-Præstekær, 2017; Ostfeld & Mutz,  
47  
48 2014). This conclusion is buttressed further by the insight that stories that resonate with deep-  
49  
50 seated values and prior beliefs, playing on strong emotional and moral cues, have the  
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52 strongest effect on audience attitudes (Chong & Druckman, 2007).  
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3 Contributions in news sociology and textual analysis point to the standard plots and  
4 recurrent dramaturgy that often underlie human interest stories in the news. They routinely  
5 build on popular, predefined norms of vice and virtue, and a standard role gallery of heroes,  
6 villains and victims based in archetypical melodrama (Hughes, 2014; Gripsrud, 2000). In a  
7 media-saturated world, it is argued, human interest stories need to feature protagonists with a  
8 particular mobilizing power, in order to attract and hold the interest of an audience  
9 (Kyriakidou, 2015). The media's need for victims with extraordinary emotional appeal tends  
10 to favor particular unambiguously innocent victims and worthy heroes (Höijer, 2004)— thus  
11 furthering what Moeller (2002) characterizes as a *mediated hierarchy of innocence*. This  
12 hierarchy includes, in descending order, infants, children, and mothers, with young men and  
13 adult males at the bottom.

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28 With regard to health coverage, Seale (2002) identifies a similar conventional plot:  
29 patients and their kin tend to be given the roles of suffering victims and heroes fighting  
30 politicians or health bureaucrats. The negative characteristics of authorities obstructing the  
31 access to proper health services are juxtaposed with the idealized qualities of patient-victims  
32 and heroes. The latter, particularly children and those who care for them, are portrayed as  
33 undeserving of their fate, brave, and positive in spite of their situation. Adding to this bias,  
34 dramatic stories of people suffering from acute and life-threatening conditions are favored  
35 over reports about more widespread chronic or non-life-threatening diseases (Seale, 2002).

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These standard traits of human interest stories are prototypical rather than exhaustive  
descriptions of the myriad of stories about ordinary people in the news, with their variety of  
complexity, factual underpinnings, and source diversity (Hinnant et al., 2013; Stroobant et al.,  
2018). Still, the attention-grabbing and persuasive nature of personal stories that feature  
archetypical roles, strong emotions, and appeal to basic moral instincts, makes them attractive  
both for journalists and strategic stakeholders. The role of personal exemplars (i.e. those who



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3 conform to the standards of a captivating human interest story), as a scarce strategic resource  
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5 is elaborated in the next section about *the human interest economy*.  
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## 10 **The human interest economy**

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12 The concept of a human interest economy builds on a market-oriented approach to the  
13 relationships between reporters and their sources (Fengler & Ruß-Mohl, 2008). The  
14 assumption is that supply and demand in these relations is marked by a context of attention  
15 deficit and compassion fatigue (Davenport & Beck, 2001). The message that is able to stand  
16 out from an abundance of information and attract the audience is a scarce resource, valued by  
17 both strategic stakeholders and news media professionals.  
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26 A long tradition of source studies points to the reciprocal utility involved in relations  
27 between the news media and professional sources (see Carlson, 2009 for discussion). Sources  
28 seek to have their message expressed as directly as possible in the news media. and the  
29 journalist works to complete a story as efficiently as possible (Gans, 1979). Strategic sources  
30 offer information that journalists have difficulty obtaining, or they spare journalists the  
31 research needed to access it. Journalists, for their part, offer publicity in the form of  
32 authorized news with a broad audience reach and high credibility. As strategic sources have  
33 professionalized their communication strategies, increasingly sophisticated and media-savvy  
34 tactics are needed to secure access to the news (e.g., Cottle, 2003; Davis, 2002). A range of  
35 studies has focused on different forms of what Gandy (1982) identifies as “information  
36 subsidies” (i.e., ready-made, prepackaged information that easily merges into the news with a  
37 minimum of journalistic reworking). Studies have concentrated on transactions where  
38 professional sources offer of material in the form of written text, images and video footage.  
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56 Transactions, however, can involve not only material but also people.  
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3 The reason why the provision of exemplars—"ordinary people" who are willing to  
4 share their history in their own voices and words with journalists—has not been explored in  
5 prior analyses might be that published human interest stories seldom reveal backstage contact  
6 and negotiations between journalists and strategic stakeholders. Indeed, exemplification  
7 theory predicts that it is exactly the status of ordinary people in the news as seemingly  
8 unaffiliated and void of any vested interest beyond their own experience that imbues human  
9 interest stories with their special persuasive force (Lefevre et al., 2012).

19 With regard to health and illness in particular, a dominant idea of our time is also that  
20 the sharing of personal experiences is a moral and existential good: it serves to fight stigma  
21 and provides a road to healing and personal growth for the afflicted individual (Frank, 2013).  
22 For patient groups and social health movements, a key aim has been to widen the knowledge  
23 about what it is like to have a disease, what types of persons fall ill, and what conditions  
24 should be classified as illnesses (Phil & Stephen, 2004). Yet, even if the media have  
25 contributed to the normalization of many conditions, human interest stories also tend to  
26 narrow and predefine the specter of voices heard and stories told. Exemplification theory tells  
27 us why this is so: Dramatic and emotional stories with strong moral cues grab the attention of  
28 the audience, engage them and influence their opinions. Moreover, individuals who appear  
29 especially innocent and undeserving of their plight create identification and support for  
30 political intervention and public spending. This multifaceted status of personal exemplars,  
31 linked to strong normative claims about the value of sharing and openness but also the  
32 selective plots of media dramaturgy and commanding storylines, make them especially  
33 interesting to study as means for interest groups who seek public visibility, support, and  
34 political impact. Hence, we investigate how interest groups identify and recruit suitable  
35 patient exemplars deemed to represent the interests of the organization as effectively as  
36 possible, how they negotiate and profit from a dominant dramaturgy of the media when doing

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3 so. In the sifting and prioritizing between prospective exemplars, does the experience of  
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5 illness actually become normalized, and do some experiences remain voiceless?  
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## 8 **Method and design**

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11 The aim with this study is to explore phenomena that reach beyond national contexts,  
12 i.e., trends of popularization and personalization in the media. An increased focus on health in  
13 the media, the growth of health interest groups, and trends of popularization and  
14 personalization in the news represent broad changes in Western democracies. That noted,  
15 some background about the Norwegian case is warranted.  
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19 Norway represents a country with an advanced health sector, a universal health care  
20 system, and an active civil sector (Enjolras & Strømsnes, 2018). There has been a growth in  
21 patient interest groups and an expansion of lobbying and communication strategies, while  
22 growing health budgets have spurred debates on how to prioritize and curb spending (Enjolras  
23 & Strømsnes). Norwegian media represent the Nordic democratic corporatist model, but the  
24 media landscape has been affected by falling revenues and increased global and digital  
25 competition (Nord, 2008). Norway is an advanced digital society with a high Internet reach.  
26 Norwegian news is characterized as moderately personalized (Van Aelst, Sheafer, & Hubé,  
27 2016).  
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31 This study is based on 38 interviews with management and communications  
32 professionals in Norwegian health interest groups. The majority are patient organizations (26),  
33 representing single diseases or umbrella organizations comprised of single disease patient  
34 organizations, advocating to advance the interests of their particular patient group(s). To  
35 demonstrate the wider relevance of the patient exemplars to the health field, the study also  
36 draws on interviews with other health interest groups, ranging from four health professionals'  
37 associations (physicians, nurses, nursing assistants, and psychologists) to four pharmaceutical  
38 industry organizations. The latter are included because they acknowledge the importance of  
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3 patient voices used in the news and enter into alliances with patient organizations to get  
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5 access to relevant patient exemplars. Informants were recruited to represent a broad spectrum  
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7 of organizations with regard to resources, size, and degree of professionalization.  
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10 The semistructured interviews were conducted in 2017 and 2018 by a team of four  
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12 researchers. Each interview lasted between 60 and 90 minutes, was digitally recorded, and  
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14 transcribed by research assistants. Interview transcripts were from 18-28 pages long, resulting  
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16 in a total corpus of close to 500 pages. The interview guide covered a wide range of questions  
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18 including: (a) the organizational structure and aims of the organization, (b) the practices and  
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20 procedures of communication work in general, (c) relations with reporters in the news media  
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22 and popular media and other organizations in the health fields, (d) strategies vis-à-vis political  
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24 decision-makers, (e) the views of the news coverage of health in general, and (f) the role of  
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26 social media. A group of questions focused in particular on the use and status of exemplars,  
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28 colloquially referred to in Norway as “cases.” These questions included topics such as: (a)  
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30 the status of cases as means to get media coverage, (b) cases as means to gain support and  
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32 influence health policies, (c) the relation between cases and base rate information, (d) ethical  
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34 considerations related to the processing of patient cases, and finally, (e) positive and negative  
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36 aspects of personal health stories in the media in general. Another group of questions queried  
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38 the organizational practices and procedures related to case processing, i.e., how and if the  
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40 organization recruited cases, how they were selected and prepared for media performances,  
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42 whether the use of cases was related to reactive or proactive strategies, and how and if the  
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44 organizations entered into negotiations with reporters about the framing and content of the  
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46 story. A substantial majority of informants brought the issue of cases up in relation to the  
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48 other more general questions about communication practices and strategies, indicating the  
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50 primacy of the case in daily communication practices and strategies.  
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3 The coding and analysis of the interviews have been conducted by the two authors,  
4 based on the qualitative method software, HyperResearch. Codes have been constructed, split  
5 and merged, based on the different aspects they illustrated (e.g., practices and procedures,  
6 characteristics of “the good case,” and evaluations of legitimacy and ethics). Selected quotes  
7 are translated from Norwegian to English. To preserve the informants’ anonymity, only the  
8 professional categories to which the interviewees belong is provided, but the analysis aims to  
9 specify characteristics of the organization that stand out as important to how its  
10 representatives evaluate the use of cases, e.g., if they represent chronic or acute diseases. For  
11 the sake of transparency, each organization has been assigned a number so the reader can  
12 determine which organization is quoted throughout the text.  
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26 A critical approach to interview statements is particularly pertinent when interviewing  
27 political and communication elites (Dexter, 2006). The majority of interviewees in this study  
28 are skilled communicators. As such, their responses were generally marked by a need to  
29 legitimize their activities and those of their organizations. At the same time, their attitude  
30 toward research was generally positive, perhaps reflecting their notion of themselves as  
31 representing worthy causes and an ethos of openness.  
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## 42 **Analysis**

### 43 *The demand for patient exemplars*

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45 There was a virtual unanimity among informants in this study on the importance of  
46 supplying patient exemplars to get media coverage, in both reactive and proactive media  
47 work. In several interviews, informants would raise this point on their own initiative. They  
48 might disagree on whether use of patient exemplars is a good thing, but not on the very fact of  
49 its importance, as expressed in the following quotes:  
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57 All kinds of diseases get a face attached to them these days, that seems a very effective  
58 strategy to me (Patient organization 6).  
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3 Personal stories trump everything else (Health umbrella organization 11).

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5 Personal stories were always important, but are more vital these days than ever before  
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8 (Health umbrella organization 14).

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10 You know, the journalists always ask for cases (Health union 1).

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12 In general, professional representatives of health interest groups ascribe a privileged  
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14 status to the voices of afflicted patients. Professionals like themselves, be it experts on the  
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16 disease or communication experts, do not have the same credibility. They simply cannot  
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18 aspire to the same level of authenticity. Their experience is second-hand and thus less  
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21 compelling:

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24 So, when - let us say Michael – comes forward with his disease, when he tells about  
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26 his experiences, it has such so much more power than if I say, “We know that people  
27  
28 experience this and that.” (Patient organization 4)

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30 Reporters routinely need exemplars as a basic ingredient in their news stories  
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32 (Figenschou, 2017), and we find that health organizations seek to supply them with a  
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34 matching degree of reliability. Journalists can and sometimes do seek out patients directly;  
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36 however they lack the time, contacts, and channels to do so on a general basis. Sometimes  
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38 they also lack the goodwill. The informants from organizations and groups that represent  
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40 patients have the necessary contacts, goodwill, and recruiting grounds. Hence, in line with a  
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42 human interest economy model, it is rational for journalists to rely on patient organizations to  
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44 access the stories of patients. As for the patient organizations, the news media provide a  
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46 combination of visibility and potential impact, as explained by this informant from a patient  
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49 organization:

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53 Our goal is primarily to make the disease visible, because we believe that adds status  
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55 to the patients and the disease, hopefully also to nurses and doctors and others, and  
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3 that it makes politicians more aware of the disease. So that, in a way, we gradually  
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5 succeed in the fight for resources. (Patient organization 29).  
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8 In practice, identifying and providing suitable patients who can embody and represent  
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10 a disease in the news media is routinely prioritized in the workday of such organizations,  
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12 relative to other tasks. When a journalist from a prestigious news outlet calls, the patient  
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14 organization's representative tends to move quickly to produce a prospective patient  
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16 exemplar: "So of course we try all the time to kind of stand on our heads when we receive a  
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18 (journalist) request. We believe it is important to deliver" (Patient organization 27). The  
19  
20 metaphor of "standing on one's head" suggests active collaboration, but also mixed feelings  
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22 about having to drop everything else in order to satisfy journalists. Attitudes among the  
23  
24 informants vary from embracing this challenge to being annoyed with the hassle of finding  
25  
26 and selecting between patients. Some informants explain that they do negotiate with  
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28 journalists over the premise for the story, before they provide contact with patients. In these  
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30 informal talks, often over the phone or e-mail, the communication staff may inquire about the  
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32 angle of the report, introduce limits to the exposure of patients, and pitch for more general  
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34 information about the disease to be included as well as a mention of the name of the patient  
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36 organization. Indeed, the room for bargaining more often than not is limited, particularly  
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38 when prestigious news media outlets call. Also, there is a basic imbalance in that the reporter  
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40 can choose to drop the whole story: "We are in a pretty weak bargaining position with  
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42 journalists. If I say we cannot provide you with a case, they can just say goodbye" (Patient  
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44 organization 21).  
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51 Supplying patients to act as exemplars is not only a process of reacting to journalists,  
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53 however. Larger and more resourceful health organizations often rely on proactive news  
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55 media work, campaigns, and high-profile media events. As part of such events, they tend to  
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57 pitch patients to the news media. They also often make full use of the opportunities in social  
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3 media; some of these organizations have the resources to independently frame and produce  
4 stories about patients. Patient exemplars appear in videos produced in this way both on the  
5 organizations' YouTube channels and Facebook pages. Often, the same individuals will be  
6 pitched to the mainstream media simultaneously during campaign periods, and some of them  
7 will experience an intensive media focus when their stories go viral on social media and  
8 appear in multiple formats (e.g., in magazines, newspapers, and television shows)  
9 simultaneously.

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19 Active resistance to the requirement for patient exemplars seems limited to groups that  
20 represent patients with a particularly low or controversial status (i.e., certain diagnoses related  
21 to mental health and diagnoses that are not fully acknowledged by medical expertise). Here,  
22 we do find patient groups that, as a rule, will not provide exemplars to the news media  
23 because they see their members as particularly vulnerable or susceptible to negative responses  
24 from the public.  
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### 35 ***Recruitment and assessment of exemplars***

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37 The great majority of patient groups who were interviewed for this study have built  
38 organizational recruitment procedures. How explicit and systematic these strategies are,  
39 varies, particularly with the organization's size. Large patient groups that attract donations  
40 easily have more resources available in the form of designated staff with specialized  
41 communication competencies. In smaller organizations, dedicated employees will combine  
42 exemplar recruitment with many other work tasks.  
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51 One primary way professionals in these organizations recruit patients is by attending  
52 their own member events (e.g., courses, talks, and meetings) and scanning for prospective  
53 patient exemplars. They may also recruit indirectly, asking the leaders of local chapters and  
54 volunteers to be on the lookout on their behalf. Internal communication channels (e.g., web  
55 pages and newsletters) are used actively to call for patients who are willing to come forward.  
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3 Over time, some organizations have established case registers upon which they can draw. For  
4 reasons of privacy protection, these archives tend to be relatively informal and possibly also  
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6 underreported.  
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10 Once patients with potential for becoming news media exemplars have been  
11 identified, an assessment has to be done on their ability to convey and perform their  
12 experiences to journalists, and a selection must be made from candidates if there are several  
13 options. The latter situation will arise particularly if internal media channels are used to  
14 advertise that a journalist is seeking patients answering to a certain description. A significant  
15 number of patient participants have previous media experience and are, therefore, considered  
16 more reliable and less in need of preparation. A species of career performer is consequently  
17 encouraged and exists somewhere between the statuses of amateur and professional (Author,  
18 in press). They will often have started in digital media, with blogging or Facebooking, and  
19 have moved on to legacy media, particularly as interviewees in newspaper features, talk  
20 shows, and magazines. Such career performers are extreme cases, but they point to a more  
21 general feature of patient exemplars: A reliable case is a valuable commodity with limited  
22 availability.  
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40 Assessing and prioritizing between prospective patient exemplars involves the use of  
41 established and preconceived notions about the qualities that make patients suitable or  
42 unsuitable as exemplars. To some degree, patient organizations embrace the qualities they  
43 know, by experience, that the news media prefer; to some extent, they also recognize the  
44 requirements of the news media as limiting. Experience has taught these actors what makes a  
45 story sell, go viral, and influence a political agenda. Most informants explicitly refer to  
46 criteria related to age, gender, severity and type of disease, and performing skills. In line with  
47 studies of human interest stories and health coverage (i.e., Moeller, 2002; Seale, 2002) young  
48 age, female gender, dramatic events, and a life-threatening disease are seen as “plus factors.”  
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3 Qualities that are correspondingly harder to sell in the human interest economy are also  
4 explicitly identified. In line with the model, characteristics such as old age, male gender,  
5 chronic and lifestyle-related conditions, and afflictions in “unappealing” parts of the body are  
6 highlighted by informants.  
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12 As for age, not only do journalists tend to prefer younger patients, some patient  
13 organization professionals are also concerned about counteracting notions of “their” disease  
14 as one that only afflicts the middle-aged or elderly. “If something concerns children or youth,  
15 it has a stronger effect than if it is ‘Man (40)’” (Patient group 26). Journalists’ specifications  
16 may often include a list of factors (e.g., gender, degree of severity, and stage of treatment).  
17 Other elements of the patient’s life situation may also come into play, depending on the angle  
18 the journalist wants to pursue. As one patient organization professional describes getting  
19 requests from journalists: “[The daily] ‘Do you know of a woman in her forties who is barred  
20 from working because of cancer?’ That’s a typical request” (Patient organization 7).  
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33 Generally, the journalists that our informants deal with place a premium on exemplars  
34 being able to tell their stories in a compelling way while also projecting an appealing  
35 personality. Thus, qualities such as being photogenic and charismatic are regarded as an  
36 advantage. The exemplar should have an outgoing personality and be able to give words to  
37 the struggle of being ill, while also mastering a certain knowledge of how not to overdo it.  
38 One informant described patients who lend themselves to becoming exemplars in the news  
39 media this way:  
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49 [They] tend to be extrovert[ed], outgoing, and open about their affliction. Very often,  
50 at least in the cases I have supplied, these are positive people. We want to facilitate  
51 people who communicate some hope in their situation, that a life with disease can be  
52 worth living. (Health umbrella organization 15)  
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3 Although these criteria are informal, they constitute a strikingly direct assessment of  
4 patients as performers in the media, and moreover, they are accepted by a majority of the  
5 informants. For them, as for journalists, it is a commonsense assumption that not everybody is  
6 good at being in the media, and that those who are must be prioritized. Conversely, a class of  
7 patients tends to be categorized—also informally and implicitly—as unfit for the purpose:  
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12 We do avoid some people. We know of people who do belong to the target group, but  
13 who we think should not go public, both for their own sake and because maybe they  
14 aren't really appropriate for telling that particular story. (Patient organization7)  
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18 In this way, patients who want to tell their story publicly may not get to do so, at least in part  
19 because of the way their organization assesses their suitability for being an exemplar. There  
20 are no indications in our interviews that decisions like these or the reasons for them will be  
21 addressed explicitly to the patient in question; they are implicit also in this sense.  
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25 Some informants representing chronic or certain lifestyle-related illnesses complain in  
26 interviews that the patient stories they provide do not seem to offer enough drama for news  
27 media purposes; they may lack the risk of a sudden death or the happy ending of a full  
28 recovery. One informant uses the concept of “clickable diseases” to characterize afflictions  
29 that work well for the purposes of digital platforms, particularly when fronted by a patient  
30 case. Several informants voice a certain discomfort with this state of affairs, such as this  
31 representative of a relatively lower-status disease:  
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35 You could say that child cancer is great for media cases, although that's a terrible  
36 thing to say. The thing is, only 180 (Norwegians) contract this per year, and they (the  
37 child cancer organization) receive donations of maybe 30 million a year. At the same  
38 time, (the informant's organization) which has more than 3000 new afflicted every  
39 year, we get next to nothing. (Patient organization 7)  
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3 A tension is apparent between the ideal of helping children with cancer and the  
4 possibility that highlighting them might mean less exposure for other groups of cancer  
5 sufferers that quantitatively present a much greater health problem. Another informant finds the  
6 age-related mechanisms of media attention to be cynical, but difficult to challenge:  
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12 A good example I think is from a video we made that featured a young mother of 27.  
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14 She had a daughter of 6 who the mother knew she was going to die away from, but not  
15 when and how. And that was a very affecting video. And during the campaign we had,  
16 that mother was used in all channels everywhere. That was because of the situation she  
17 was in, as well as her age. And I must say I doubt that she would have had the same  
18 impact if she were a grandmother of 63. So that's how cynical this is. (Patient  
19 organization 2)  
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28 A notable finding in our interviews is that organizations representing diseases that do not  
29 concur with the standard journalistic values of human interest stories try to compensate for  
30 this through the careful selection of patients who possess other media-friendly qualities.  
31 Hence, organizations that represent lifestyle-related diseases try to find patients that are  
32 themselves exceptional in some way. They might have a low status disease but score high on  
33 other human interest values (e.g., age, gender, and personality) and stand out as successful  
34 professionals and loved family members. This tendency—to rely on the exceptional rather  
35 than the representative or typical case that is the “ordinary sick person”—is expressed in this  
36 way by an informant referring to a woman who became a symbol for disabled people in the  
37 news media: “You can talk about disabled people and say – look at her. If people just get the  
38 opportunity, look what they can achieve. But she is actually really one of a kind, a  
39 superwoman” (Patient organization 7).  
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### *Legitimacy vs. strategic interests*

As described earlier, patient group professionals have relatively easy access to patients through their organization's own activities and communication channels. The more fundamental basis for recruitment, however, is the explicit ethos of these organizations—an ethos harking back to the philosophy of the pioneering patient movements (Phil & Stephen 2004). Patients unite under the common goal of improving the life quality and prospects of their group, and the patient organizations represent them in advocating for improved public understanding and better treatments. Enhancing solidarity among patients with the same affliction, a sense of shared circumstances, and hope are part of the same essential goal, to improve the situation of patients. These strongly normative goals align, in the sense that all our informants seem to endorse them explicitly or implicitly.

Another goal with a comparable level of support is that of normalization (i.e., spreading the understanding that patients are just like other people) through fighting stigma. This is particularly salient for organizations representing certain diseases of lower status. A representative from a mental health organization explains why he appreciates a TV series that provides insight into the daily life in a mental ward:

I actually don't see any difference between the inmates and the staff there. And it has been a saying in our field that the only difference between inmates and staff is the key card. And getting that message out to the public is extremely important. (...) Because it really contributes to removing stigmas. (Patient organization 21)

Closely tied to normalization is the ethos of openness, which is highly symbolic; it shows that the exemplar is willing to share and take on a responsibility toward others, particularly fellow patients. At the same time, openness can also be about the inner change and growth a patient undergoes by virtue of coming forward:

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3 In today's society, openness is the thing. And I believe many (patients) feel they have  
4 some sort of moral responsibility to open up about themselves, because by telling  
5 about themselves they help others. We know that it is often easier to help others than  
6 to talk about one's own problems, so I feel a lot is at stake here. (Patient organization  
7 23)

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10 It is noticeable that the values of creating solidarity, hope, and normalization through  
11 the sharing of personal experiences in the news media are part of the explicit and official  
12 rationale of these organizations and part of how patients are motivated to go public. The  
13 assessment of their ability to attract media attention and build a broader support for the cause  
14 of the organizations is not actively communicated in the same way, and only indirectly  
15 expressed to patients. Says an informant from a large patient organization: "I won't say that  
16 'you are a good story,' but that 'your background story can be interesting and significant to  
17 others'" (Patient group 2).

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20 A further set of motives behind the use of patient exemplars is directly tied to the  
21 strategic aims of the patient organization, but align more tenuously with those of the  
22 individual patient. This is true particularly for the need to use patient exemplars in order to  
23 raise the status not only of the disease but also of the organization and its power vis-à-vis  
24 other actors in the health field. Access to patient exemplars is a resource that impacts power  
25 relations between different types of organizations in the health field. Powerful associations  
26 and networks that lack direct access to exemplars, for example, enter into alliances with  
27 patient organizations to gain access to personal health stories that can illustrate the worthiness  
28 of their causes. This is relevant for different types of umbrella organizations that represent a  
29 range of different single-disease interest groups. A representative from an umbrella  
30 organization says it thus, when asked how they work to attract news media attention:

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3 The million dollar question is what it takes, but groups with personal stories always  
4 help. Since we are an umbrella organization, we do not have the closeness to  
5 individual patients. It has been a while ago, but we did have some coverage where we  
6 succeeded with a cooperation. We fronted the general issue, and one of our member  
7 organizations took care of the personal story. (Umbrella organization 28)

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10 This type of collaboration involves a division of labor where the large and resourceful  
11 umbrella organizations use their know-how and staff to provide packages of base rate  
12 information, media events, and professional spokespersons. Their collaborators—smaller  
13 patient suborganizations or ad hoc patient movements—lack the same professional  
14 communication apparatus. Their leverage lies in providing the patient exemplar. In other  
15 cases, the cooperation between different types of interest groups is more opaque, as seems to  
16 be the case for health industry actors (e.g., pharma companies) who form alliances with  
17 patient organizations (e.g., supporting them financially).

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20 The exchange between organizations with different types of resources has benefits for  
21 both parties; yet, interests are seldom completely overlapping. This is noticeable in the case of  
22 one major Norwegian health organization, which comprises a number of associated  
23 subgroups. A suborganization professional describes being contacted from the umbrella  
24 organization thus:

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27 When one of the communication people there are on the hunt for a—what to call it—a  
28 case, they want to bring some topic out there, and so they contact (the informant's  
29 subpatient group). And then you have to answer the call. (Patient organization 7)

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32 This informant was not always happy to have his exemplars taken by the umbrella  
33 organization, but felt obliged to cooperate. Thus, access to patient stories is not only an  
34 organizational asset and a scarce resource but also an occasional source of internal tension.

## Discussion: The consequences of a human interest economy

Based on interviews with communication professionals and executives in Norwegian health interest groups, this article has outlined how organizations recruit, evaluate, and select a key category of "ordinary people" - medical patients, turning them into media exemplars with experiences and performance qualities that secure news media attention, evoke sympathy, and create an impact. The article has also demonstrated how the access to news media-friendly exemplars affects relations of influence, dependence, and tension between different stakeholders within the health field.

A main argument of the article has been that the use of exemplars in the news media is indicative of an economy, i.e., an institutionalized relation between "ordinary people", organizational actors, and journalists. This relationship is functional and strategic in the sense that it helps journalists produce content, ordinary people to gain a public voice, and organizations to pursue its overall goals and legitimacy. It is also negotiated and sometimes contested, however, because the transaction involves the distribution of scarce resources (mainly, attention and exemplars deemed suitable to generate it) and because it places a number of demands and expectations on the three parties. Although journalists have the upper hand in the sense that they in principle can do without patient organizations, they have become dependent on these organizations in practice. Journalists have entered into regular relations with a category of sources that work to exert their influence on the journalistic output.

As for patient interest groups, these relations with journalists can be highly beneficial, enabling them to pursue the mandate to work for the best interest of their members. Yet, while an attention-grabbing and appealing human interest story may be the most efficient way to create visibility and support for improved medical care and services, it also comes with the cost of subordinating the individual story to organizational interests. Although organizational



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3 actors tend to work with a notion of moral alignment with the patients they represent, some  
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5 informants also attribute something cynical to the process of turning those patients into news  
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7 media exemplars. Also, that process seems largely to be informal and implicit. The perceived  
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9 moral alignment between patients and patient organization professionals hides a significant  
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11 divide, then. Patients are ends in themselves—autonomous beings with aims and experiences  
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13 to be respected - but as they become news media exemplars, they also become a means to  
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15 more distant strategic ends. Adapting to a media hierarchy of human interest values involves  
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17 commodifying the patient story in a type of economy where strategic considerations and  
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19 relations of supply and demand are downplayed in an idealized language of alignment. Patient  
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21 organizations are left with the challenging task of managing the very real means-ends  
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23 dilemmas in the process of turning patients into exemplars.  
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28 A second main point of the article has been to demonstrate the various prioritizations  
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30 and hierarchizations that the organizational process of turning "ordinary people" into media  
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32 exemplars entails. Roughly speaking, younger persons and females tend to be prioritized, as  
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34 will those who are charismatic performers and communicators. Patients represented by larger,  
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36 better resourced and more powerful organizations will tend to have better chances of  
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38 visibility. A preference for younger, attractive and appealing patient exemplars belies the  
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40 statistical fact that the chance of falling ill increases with age, and that a majority of people  
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42 afflicted by diseases are elderly. Moreover, many diseases are chronic, class- and lifestyle  
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44 related. To get attention for this type of disease in the media, exceptional exemplars are in  
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46 demand. Rather than representing the typical case, they tend to represent high social,  
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48 economic and cultural status on a range of indicators, to gloss the image of a low status  
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50 disease. For patient interest groups, achieving visibility, support and funding through  
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52 appealing human interest stories might come with the price of a distorted and polished image  
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54 of the group they speak on behalf of. Adapting to and profiting from a human interest  
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3 economy then, seems to impose a new set of visibilities and invisibilities at odds with the  
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5 overall aim of normalization of the wide range of illnesses and patient groups.  
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8 Patients are one of many kinds of “ordinary people” in the media. A vital factor  
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10 explaining their credibility is their perceived authenticity and immediacy (e.g. Levfevere et  
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12 al., 2012). They seem to speak from the real world as opposed to sources who, by definition,  
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14 represent vested interests, like politicians and advocacy groups. This article is original in its  
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16 focus on how the liaison between ordinary people, organized interests, and journalists plays  
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18 out in practice, behind the scenes. Future studies should expand the empirical foundation of  
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20 the human interest economy with systematic content analyses of the role of patients in the  
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22 news, together with investigations of how the phenomenon looks from the point of view of  
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24 the protagonists themselves. In addition, to test and adjust the theoretical framework  
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26 suggested here, the links between ordinary people in the news and organized advocacy groups  
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28 should be studied beyond the field of health and in different national contexts, with various  
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30 relations between interest groups and the news media. To an increasing degree, “ordinary  
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32 people” come forward in the media as symbols and catalysts for vital controversies and  
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34 struggles in our times. The perspective forwarded in this article does not involve a disclaimer  
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36 of the significance of this individual turn in the media. Like all types of effective media  
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38 messages, however, they should be subject to critical analysis of whose interests they serve.  
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