

# 12

## Entertainment-Education Television Drama in the Netherlands

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In fall 2001 the weekly Dutch television drama series *Costa!* was broadcast on Monday evenings during prime-time (9:30 p.m. to 10:15 p.m.). On screen the setting is a beach club in Salau, on the Spanish Costa del Sol. People are sitting on the terraces that line the beach, enjoying themselves in the morning sun. Frida, played by the hottest Dutch actress Katja Schuurman, is walking to her apartment after an early morning stroll. Inside, her promiscuous roommate Agnetha, depicted by the tall blonde Froukje de Both, kisses her previous night's lover goodbye. As Frida comes in, Agnetha, barely dressed in a white bathrobe, falls back in the bed. "This is the way I like 'em best," she sighs, "No strings attached, no address, no other details, I don't even recall his name!" Frida, with her exotic looks is certainly the most wanted "catch" of the series, but every now and then cutely shows her caring side, obviously has reservations. "I don't want to interfere in your love life," Frida muses, "But there's something to say about the dangers of your behavior." "Dangers?" Agnetha snaps back, "You needn't bother, I always make love double Dutch!" At Frida's appalled "Double Dutch?" she responds: "Yes, of course: I always use a condom, and I take the pill as well. Double protection, so nothing can happen to me!"



PHOTO 12.1. Maarten, played by Hugo Haenen, and Laura, played by Linda de Wolf, two central characters in the Dutch television series *Villa Borghese*. (Source: Netherlands Heart Foundation.)

In fall 1992 the weekly Dutch drama series *Villa Borghese* was broadcast on Thursday evenings, in prime-time (8:25 p.m. to 9:15 p.m.). The setting is the lavishly decorated interior of Villa Borghese, a health farm somewhere at the Dutch countryside. The camera shows the room of young consultant Maarten, played by a Dutch Adonis, Hugo Haenen, as he puts his laptop computer away and closes the curtains. In the semidarkness the door opens and his new love interest, *Villa Borghese*'s dietician Laura, played by beautiful, black-haired Linda de Wolf, comes in, dressed in nothing more than an oversized silk shirt (Photo 12.1). As they kiss, she almost immediately pushes him away: "I can smell you picked up smoking again! Why?" Maarten clumsily replies: "I'm so sorry. I think it's the stress. I'm really trying to quit." He convinces her of his good intentions, and together they fall in bed, where she starts to undress him.

### *The Costa! Cast*

Katja Schuurman and Froukje de Both are two of the three sexy actresses that made the Dutch television drama series *Costa!* so popular (Georgina Verbaan is the third) (Photo 12.2). The title of the television series refers to the name of the beach club Costa! on the Spanish Costa del Sol, where youngsters have a good time, drink, flirt, and hang around the beach. This television series (and its predecessor, the movie *Costa!*) is broadcast in the Netherlands in prime-time and attracts high viewer rates among youngsters. The scene described, and others, were coached by Stichting Soa Bestrijding, the Dutch Foundation Against Sexually Transmitted Diseases. By using popular media, Stichting Soa Bestrijding wants to influence the norms and values of Dutch youngsters regarding safe sex. Eight out of ten episodes contained safe sex messages, varying from incidentally showing a condom to explicitly discussing safe sex practices. A formal contract was signed and 22,500 Euros (approximately U.S. \$22,500) were paid by Stichting Soa Bestrijding to Endemol Netherland, the producer of the television series, to write the specific storylines.



PHOTO 12.2. The cast of *Costa!* (Left: Katja Schuurman; middle: Georgina Verbaan; right: Froukje de Both) (Source: Studio Kroon. Photograph by Ray Christian. Used with permission.)

## RISE OF THE E-E STRATEGY IN THE NETHERLANDS

These scenes are examples of an entertainment-education (E-E) television intervention in the Netherlands.<sup>1</sup> The scenes about safe sex in *Costa!* were

<sup>1</sup>Other examples of Dutch E-E television interventions in the late 1980s and early 1990s are the comedy series *Familie Oudenrijn*, the *Way of Life Show*, docu-drama *Twaalf Steden, Dertien*

the result of in-script-participation initiated by Stichting Soa Bestrijding, the Dutch Foundation Against Sexually Transmitted Diseases. *Villa Borghese* was a coproduction, purposively designed and implemented to promote a healthy lifestyle, initiated by the Netherlands Heart Foundation.

Twenty years ago, such E-E interventions as *Costa!* and *Villa Borghese* would not have been possible in the Netherlands. At that time, collaborating with scriptwriters of popular television programs was problematic, because national health organizations had strong reservations about using a popular medium like a tabloid, a gossip magazine, a soap opera, or other drama series to communicate serious health messages. Apart from their unfamiliarity with popular culture, health organizations feared losing their respectable image.

Then, the climate for using entertainment television for health communication purposes changed. Especially the issue of health inequalities and the urgent need to develop new health communication methods played a major role in the rise of E-E in the Netherlands. Health communication professionals knew that, if the attention of the target audience were to be caught and held, especially if the audience is not spontaneously interested in health messages, it is no longer sufficient to rely solely on the rationality of the message. More emotionally appealing and popular communication methods must be brought into play. The E-E strategy aims at being more compatible with the lifestyles and culture of audiences who lack a "reading culture" and make less use of print media and more use of television. E-E television is based on popular culture, is more people-oriented (human interest) than object-oriented, and resembles a parochial network in the sense that it is a main source of inspiration and information, and encourages conversations with family, friends, and neighbors.

An important step in the history of E-E in the Netherlands was the start of an experimental project, Health Education and Drama, in 1990. The Netherlands Heart Foundation, in collaboration with the Dutch Health Education Center, developed this project. The aim of the project was to investigate whether television drama could be a useful health communication method to reach lower socioeconomic audiences and to map the conditions for effective collaboration between media-, subject-, and health-communication specialists, in the production of television programs for health communication purposes (Bouman & Wieberdink, 1993). The question of the right balance of education and entertainment, and collaboration with the media industry, was of much interest. In order to gain insight in these matters, an E-E intervention, the drama series *Villa Borghese*, was designed and implemented to promote a healthy lifestyle.

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*Ongelukken*, the comedy series *Oppassen*, the hospital dramaseries *Medisch Centrum West*, and the game and talk show *Op leven en Dood*.

### *Villa Borghese*

The title of the 13 episodes series *Villa Borghese* refers to a fictitious health farm in Holland, including a restaurant, swimming pool, and fitness centre. In this setting, opportunities were offered to come to terms with the importance of exercise, diet, not smoking, and dealing sensibly with stress. The aim of the series was to move social norms in the direction of a healthy lifestyle. The main characters in the series, primarily staff and costumers at the health farm who represented positive health behavior, had to be on the "winning side" and to be attractive to imitate.

This television series was designed as part of the Project on Health Education and Drama, initiated by the Netherlands Heart Foundation. The 13-episode series (50 minutes each) was broadcast in 1991 on Thursday evenings in primetime by AVRO, a public broadcasting organization, and produced by René Stokvis Productions.

The total cost of the series was 1,180,000 Euros (U.S. \$1,180,000). The Netherlands Heart Foundation and the Dutch Prevention Fund contributed 295,000 Euros each (50%). The other half was paid by the AVRO.

This experiment with *Villa Borghese* provided understandings of the collaboration involved in an E-E coproduction (Bouman, 1999, 2002; Bouman & Van Woerkum, 1998; Bouman & Wieberdink, 1993; Wieberdink, 1992; Zandvliet, 1998). The lessons learned served as input to other television projects, such as the hospital drama series *Medisch Centrum West* in 1992-1994 (Bouman, Maas, & Kok, 1998) and, more recently, the drama series *Costa!* in 2001 (Van Empelen & Kok, 2002).

The rise of the E-E strategy in the Netherlands was also facilitated by changes in the media landscape. The Netherlands, as most countries in Western Europe, originally had a strong public broadcasting system, based on the National Media Act. The start of commercial broadcasting in the late 1980s, however, drastically influenced the field of television. Presently, public and commercial television channels coexist in the Netherlands. Media regulations have become less strict and allow government-related organizations (such as a ministry or a national health organization) under certain conditions to sign coproduction contracts with broadcasting organizations. Also, due to the strong competition for viewers between public and commercial broadcasting organizations, public broadcasting organizations have shifted their programming towards more and lighter entertainment. This shift provides more room for the design and implementation of E-E programs for social change.

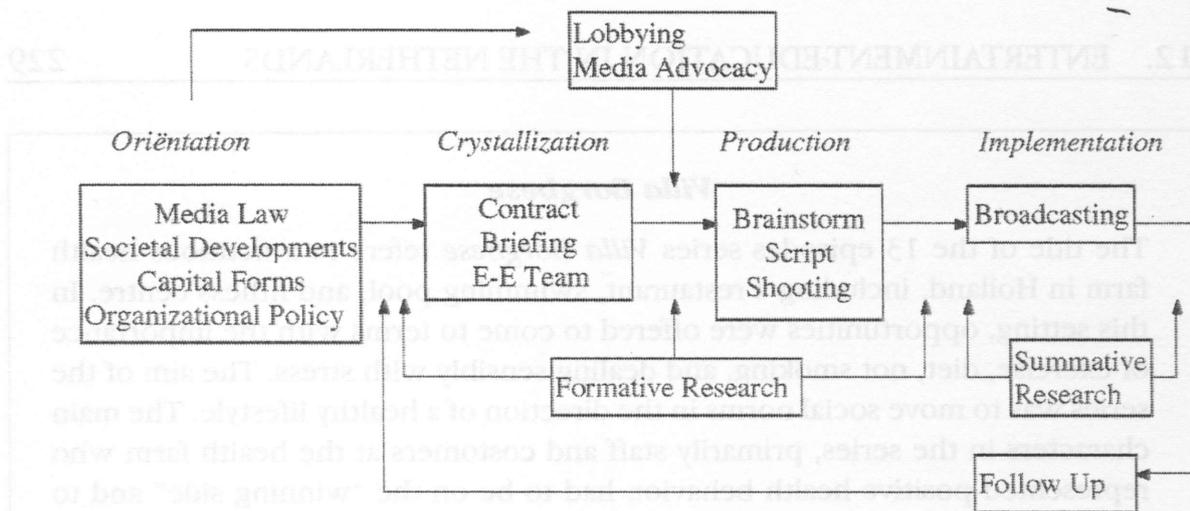


FIG. 12.1. Stages of collaboration in entertainment-education. *Source*: Bouman (1999).

## BEYOND ENTERTAINMENT

The E-E strategy is defined as “the process of purposively designing and implementing a mediating communication form with the potential of entertaining and educating people, in order to enhance and facilitate different stages of prosocial (behavior) change” (Bouman, 1999). An essential element in this definition is constituted by the words “purposively designing and implementing.” The storylines about safe sex in *Costa!* and about smoking in *Villa Borghese* did not occur by accident. They resulted from planned collaboration between professionals from the television and health communication field. An essential in the E-E definition is goal-setting: “To enhance and facilitate different stages of prosocial (behavior) change.” An E-E program goes beyond just entertainment. Its ultimate purpose is to contribute to the process of social change in health, environment, racial tolerance, etc. The intervention needs to be thoroughly planned. Different stages in collaboration demand different inputs from the partners (Figure 12.1). The design and implementation of the program need to be based on a multidisciplinary theoretical framework, as well as formative and summative research.

## E-E PARTNERSHIP ARRANGEMENTS

E-E is a field of scholarly analysis, but its professional practice is strongly linked to the entertainment industry. This “marriage” between communication scholars and television professionals offers a challenge: How can both collaborate in entertainment projects without short-changing the other party? As in every partnership, commitment is required. Four types of E-E partnership arrangements are distinguished: (1) E-E lobbying, (2) E-E in-script participation, (3) E-E coproduction, and (4) E-E production (Bouman, 1999,

2002).<sup>2</sup> These partnership arrangements can be seen as a continuum with lobbying at one extreme and independent production at the other. In practice, an independent E-E production hardly exists and will therefore not be discussed here.

Health organizations or prosocial-issue groups can try to frame their lobbying request in such a way that media partners feel that there is something for them to gain. In the United States, a long line of Hollywood lobbyists and advocacy groups provide incentives, facts, expertise, support, and awards for storylines (Shefner & Rogers, 1992; Cantor, 1979; Montgomery, 1989). In the Netherlands these specific media lobbying organizations do not exist as such, although we see tendencies that point in that direction.<sup>3</sup> Of course health organizations try to increase their influence by establishing personal networks with members of the media community, but there is no formally organized E-E lobby movement in the Netherlands.<sup>4</sup> In the case of E-E lobbying, it is extremely important to find out what the norms, values, and rules of

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<sup>2</sup>E-E lobbying is defined as "a strategy of prosocial organizations to put informal or formal pressure on broadcasting organizations or independent producers to deal with prosocial communication in their entertainment programs." E-E in-script participation is defined as "a formal transaction between a prosocial organization and a broadcasting organization or independent producer to use an already existing entertainment program as a carrier of prosocial communication." An example of this type of E-E collaboration in the Netherlands is the dramaseries *Costa!*. E-E coproduction is defined as "a formal transaction between a prosocial organization and a broadcasting organization or independent producer to design, produce and broadcast a new entertainment program for prosocial communication purposes." In this E-E partnership arrangement, entertainment television programs are especially designed for prosocial communication purposes. An example of this type of E-E collaboration in the Netherlands is the dramaseries *Villa Borghese*. E-E production is defined as "an initiative of a prosocial organization to act as an independent producer and design and produce one's own entertainment program for prosocial purposes and 'sell' it to a broadcasting organization."

<sup>3</sup>Such as Landelijk Bureau Leefstijdsdiscriminatie (age and elderly issues); E-quality (gender and ethnic issues); Stichting Omroep Allochtonen (ethnic issues) and Bureau Beeldvorming NOS, at present called 'Meer van Anders' (a lobbying organization about gender and ethnic issues within the television world itself).

<sup>4</sup>A possible explanation might be the fact that the broadcasting system in the United States is commercial in origin. Economic forces determine what kinds of television programs will be made. When groups are discriminated against (black, elderly, women, disabled), grassroots organizations advocate for proper media coverage. In the Netherlands, however, the different political and religious parties used to have their own broadcasting organizations and channels. These were, and still are, financially supported by members' and subscribers' fees. This so-called "pillarized" system makes it more possible for many voices in society to speak and be heard. The need for grass roots movements to protest and lobby for causes is therefore less important, although founding a new public broadcasting channel by an interest group is not very easy and requires a lot of effort. In the Netherlands, in the last few years several interest groups (new age groups, homosexuals, elderly) tried to attain the status of a public broadcasting organization, such as: Omroep 2000, Zender 7; Ommekeer; Radio Vitaal; Morgana; Charisma TV; and GTV. These initiatives were not successful however, and the necessary number of subscribers/members was not achieved.

the game are in the media world. Because there is no formalized agreement to collaborate; one is dependent on the goodwill of the other party.

As explained earlier, purposively designing and implementing an E-E program requires strategic planning. When health organizations want an E-E television program to be part of an integrated health campaign, they cannot rely on E-E lobbying. One way to be sure of the commitment of broadcasting companies is to pursue a more formal partnership arrangement: E-E in-script participation or E-E co-production. In these arrangements, health organizations establish a collaborative contract with their entertainment industry partner and pay a certain amount of "capital" to have their prosocial issue dealt with in the scripts of popular television programs. In the case of an in-script participation such as *Costa!* the program already exists and the scriptwriter has already put his or her own professional mark on the program. In an E-E co-production arrangement, new entertainment television programs are created and especially designed for prosocial communication purposes, as in *Villa Borghese*.

### STEERING POWER

Obviously, the collaborative basis for the parties involved is quite different in these four partnership arrangements. Most steering power can be expected in the E-E coproduction arrangement, less in E-E in-script participation, and least in E-E lobbying. It would seem logical, therefore, to strive for the E-E coproduction arrangement, but both partnership arrangements have their own pros and cons. *Villa Borghese*, based on a coproduction arrangement, and *Costa!*, based on an in-script-participation, illustrate these advantages and disadvantages.

As a new series *Villa Borghese* had to establish its popularity and create rapport with the audience. It was difficult to gain high viewer ratings. *Villa Borghese* attracted 650,000 viewers, almost half of what was hoped for (Bouman & Wieberdink, 1993; ResCon, 1992a).

An advantage for *Costa!* was that the television series had no need to establish itself as a new genre (as *Villa Borghese* did). *Villa Borghese* was designed to propagate a healthy lifestyle, a genre with no precedent at that time in the Netherlands. The Stichting Soa Bestrijding could ride on the popularity of *Costa!* (the movie) and the already high viewer ratings of its television sequel.

A too-blatant selling of the educational message in E-E is ineffective. In the preparation stage of *Villa Borghese*, there was much discussion with the designated writers about the script and how the health messages should be incorporated. Issues such as a low-fat diet, dealing sensibly with stress, not smoking, and regular exercise were found to be very difficult for the scriptwriters to dramatize. The result was withdrawal by the first team of Dutch scriptwriters after almost a year of working together on the production.

They took the copyright of the series with them, including the title and the original setting of the series, namely *Sport Centrum Van Houten*. Due to time constraints, a second team of scriptwriters was hired in the UK. These writers were experienced professionals in BBC drama. They designed a new setting for the television series, a beauty farm. This hiring of English professionals, however, added an extra handicap to the E-E project as the scripts needed to be translated to Dutch and a special dialogue coach was needed during the shooting of the episodes. In *Villa Borghese* the planning schedule for the design and implementation of the drama series was one and a half years. Near the end of the collaboration, it suffered from time and energy constraints.

The way the health message was incorporated in *Villa Borghese* proved to be overly didactic. The storyline lacked suspense and developed too slowly (Bouman & Wieberdink, 1993; ResCon, 1992b). Apart from a lack of experience in designing E-E drama, this problem was due to the fact that the funding agencies (The Netherlands Heart Foundation and the Netherlands Prevention Fund) wanted to see "value for money." There were only 13 episodes, so the educational content was brought into play too quickly, although the health professionals and the media producers thought that the television series should provide entertaining drama first. *Villa Borghese* suffered from these imbalances. Alarmed by low viewer ratings and based on feedback from a viewers' panel, the scriptwriter and producer tried to create greater suspense by having one of the main characters hospitalized and die from a sudden heart attack. But these events appeared too late in the day. Due to low viewer ratings, the broadcasting organization cancelled the series.

Writing sex storylines for *Costa!* was not too difficult for the scriptwriters, because it was a "sexy" subject. The setting of a beach resort made it easy to introduce and show safe sex practices. However, some poor handling of the safer sex issue occurred. One of the main characters, for example, shaves off his pubic hair in a desperate attempt to get rid of newly acquired crab lice. This event lacked the consent of the Stichting Soa Bestrijding, as shaving is far from a solution to the lice problem. Because of the in-script-participation arrangement, Stichting Soa Bestrijding only had a say over the specific script parts that they had agreed upon, and not over the rest of the script. In some scenes the scriptwriters exaggerated and stereotyped sexual activities of youngsters in the television series. This problem could have been prevented by a coproduction partnership, as in *Villa Borghese* where the steering power of health experts was far greater.

### IS IT ENTERTAINMENT-EDUCATION?

In a strict sense, one could claim that the E-E strategy can only be applied in coproduction arrangements where television programs are new and purposively

designed in order to meet the E-E criteria. These criteria imply the use of a theoretical framework and use of formative and summative research. In this sense, the storylines of *Costa!* miss the E-E boat (as do many other European and U.S. in-script-participation productions). Stichting Soa Bestrijding established the collaboration with EndeMol, the production company, when the design process was already in full progress. Most of the scripts of *Costa!* were already prepared and only short dialogues and scenes could still be inserted. The main characters were selected and no formative research on safer sex practices was conducted.

Nevertheless, Stichting Soa Bestrijding chose to collaborate. They briefed the scriptwriter team about the safer sex issues involved, and checked the storylines in the script. The rationale for their quick decision was the complete lack of any safer sex element in the predecessor of the television series, *Costa!* the movie (with one million young viewers in the three Benelux countries, it was considered a Dutch box-office hit). Stichting Soa Bestrijding proactively established contact with the makers of *Costa!* the television series. This pragmatic stance is understandable and realistic. They knew they were jumping on a fast train. In order to obtain insight into the impact of the safer sex storylines, Stichting Soa Bestrijding organized focus group interviews with youngsters aged 13-19 during and after broadcasts of the episodes. These qualitative data served as formative research for making a second series.

In Western countries there are hardly any E-E drama series designed in the strict sense of the definition of entertainment-education, because most of them are based on an in-script participation arrangement. The level of influence that health communication professionals can have in the E-E design process is directly related to the type of partnership arrangements. The highest influence is in an E-E coproduction arrangement. In *Villa Borghese*, the series could be designed according to behavior change theories (social learning, self-efficacy theory, parasocial interaction), because it was part of the agreement that health communication professionals would be involved in the design and implementation process. *Villa Borghese* can be regarded as the first Dutch drama series that explicitly put Miguel Sabido's E-E methodology to a test.

## THEORETICAL DESIGN

The essence of the E-E strategy is to use television characters as role models for prosocial behavior. According to Sabido's methodology of E-E soap operas, there are three types of role models: (1) those that support the prosocial behavior (positive role models), (2) those that reject it (negative role models), and (3) those that doubtfully, but gradually change their opinion in favor of the prosocial behavior (these are transitional models) (Nariman, 1993). In *Villa Borghese*, Laura, a dietician and staff member at the health farm,

represented a positive role model. Maarten, a young consultant and a visitor at the health farm who was struggling with his unhealthy habits (smoking, junk food, and stress), symbolized a transitional role model. Luciano, the five-star cook of *Villa Borghese* who takes bribes from rich clientèle for cooking high-fat meals, represented a negative role model. Maarten adopts a healthier lifestyle during the soap opera series. He and Laura start a romance, while Luciano dies from a sudden heart attack.

In order to monitor audience reactions to the storyline and characters, a panel of 23 viewers were followed during broadcasting of the drama series *Villa Borghese*. It showed that Maarten, who was intended to be a transitional role model, was evaluated by the panel members as a positive role model! Initially members of the audience panel liked him because he was good-looking and a hard-working man; later they liked him because he adopted a healthier lifestyle and for his support to the management of the health farm. Luciano was evaluated by the audience as a positive role model in the beginning and negative at the end of the television series. Laura was regarded as a positive role model during the entire series. When the actors and actresses of *Villa Borghese* were typecast, some were hesitant about being involved in a "health education" series. They were afraid to be labelled as a "health freak," which might damage their career. Their contracts contained a clause that did not allow them to play an opposite character in another television series (e.g., Laura could not play a drunken mother).

In *Villa Borghese*, credibility was meant to play an important role in the modelling process. The main characters were paramedical professionals and staff members of the health farm. Members of the audience panel indicated that they thought visiting a health farm was a rather exaggerated way to improve one's health. The original script called for the fancy health farm to be taken over by its staff members and transformed into a public health center during its second broadcasting season. Due to low ratings, however, the series was not continued.

People's trust in statements by film and television celebrities played an important role in the series *Costa!* In the Double Dutch scene, admired celebrity actress Katja Schuurman plays the caring person who warns her friend about the risks of her promiscuous behavior. The characters in *Costa!* were already identified and selected. It was therefore not possible to create positive, negative, and transitional role models. The scriptwriter himself allocated the storylines to the actors/actresses in a way that he found logical. Some safer sex messages, for example, were attributed to the actress Georgina Verbaan, who played a naïve and clumsy young woman. No one on the audience panel identified with her. She was certainly not a positive role model. Typecasting her for delivering safer sex messages proved to be a wrong choice.

The information provided in the television series *Villa Borghese* was too general and perhaps even too trivial (ResCon, 1992a). The series dealt with

the importance of a healthy lifestyle and its essential aspects in a rather general way and paid considerable attention to emphasizing the effectiveness of health behavior change, highlighting the extent to which certain habits such as not smoking, a low-fat diet, and sufficient exercise have a positive influence on health. Self-efficacy, the extent to which people think that they have the skills to change their behavior, and imparting the skills to handle different situations (like smoking and eating), seems to offer a better option for changing behavior than emphasizing the damaging effects of these behaviors for health.

The television program should show the desired health behavior by the characters and depict how ordinary people deal with health dilemmas in their everyday life, instead of having them say what the audience ought to do. Nariman (1993) remarked, "It is important to note that entertainment-education soap operas address their objectives by associating them with pre-existing human values and dramatizing how specific characters learn to more fully actualize these values in their lives by practicing the prosocial behavior."

### **THE CREATIVE DESIGN PROCESS**

In an E-E collaboration there is always tension between following systematic plans, as health communication professionals are trained to do, and following creative impulses, as television professionals are trained to do (Runco & Albert, 1990; van Woerkum, 1981, 1987). Especially in a coproduction arrangement where all partners work closely together, these differences come to the fore. A health communication professional stated, "Brainstorming for television professionals often means creating all kinds of ideas and acting out every wild fantasy, although there is a limited budget that allows for only so much of the expressed ideas. Then we have to sober them up and calculate the possibilities. Often enough it appears that some of the ideas are not at all feasible, for example, that the actors they had in mind were not available" (Bouman, 1999). Health communication professionals often become annoyed (although some are also thrilled) with how television professionals indulge in fantasies and how they let their imagination run wild.

Health communication professionals feel the urge to pull the creative team back to earth. The crucial question for television professionals is how to visualize ideas and thoughts (a dominant right brain mode of thinking; see Sperry in Edwards, 1986). Health communication professionals ask such questions as "Is what is said logical and true? Can this message cause a prosocial effect?" (a dominant left brain mode of thinking; see Sperry in Edwards, 1986). A television professional said about health communication professionals in this regard, "From start to finish, they are busy guaranteeing that their facts and figures will be taken into account. If I do that, I would have no room left for intuition, for big strokes. These big strokes may not be precisely right,

but they do guide my thinking" (Bouman, 1999). This television professional claimed, "In a certain stage, I want to be free to do what I think best. If there are tight agreements about certain messages, then I still want to initiate the propositions. You can agree or not agree, but don't follow me around all the time. It is a completely different way of thinking" (Bouman, 1999).

Creative professionals claim that they need freedom in order to create work with "a spirit" (Bouman, 1999). A television professional said, "For a writer it is very important to be able to produce from his own creativity, that the product bears his own special signature. If he does just what he is called for, because it's just another assignment, you always get a product without a spirit or soul" (Bouman, 1999).

These interview fragments bring up the question of who is in charge of the creative process, given the fact that an E-E television program has to reconcile the goals and aims of both professions (educational and creative). A theoretical perspective about stages of creativity was developed in the early 1960s by the American psychologist Jacob Getzels. Getzels distinguished five stages of creativity: first insight, saturation, incubation, ah-ha!, and verification (Edwards, 1986).

When we combine Getzel's insight in the stages of creativity with Sperry's different (left and right) modes of thinking, we may elucidate the respective roles that health communication and television professionals play in the stages of collaboration in an E-E television program (Fig. 12.2). The role of health communication professionals, as representatives of the left brain mode of

First Insight	Saturation	Incubation	Ah-Ha!	Verification
R	L	R	R	L

L-mode	R-mode
Verbal	Nonverbal
Syntactical	Perceptual
Linear	Global
Sequential	Simultaneous
Analytic	Synthetic
Logical	Intuitive
Symbolic	Concrete
Temporal	Nontemporal
Digital	Spatial

FIG. 12.2. Five stages of creativity. (Source: Bouman 1999, after Getzel's conception of Creativity and Sperry's theory of the functioning of the left and right brain hemisphere, in Edwards 1986.)

thinking, are especially important in the saturation and verification stages. The role of television professionals, as representatives of the right brain mode of thinking, is important in the incubation and illumination stages. Either television professionals or health communication professionals can develop the first insight.

Television professionals preferred to get as much information as possible at the saturation stage, and then to be left alone at the incubation stage. Health communication professionals who did not interfere with this right-mode thinking process of television professionals were regarded by them as relatively good collaboration partners.

## IMPLEMENTATION

Both health communication and television professionals want a television program with high entertainment value and high viewer ratings. These are cooperative motives, but the two sets of actors diverge in interest and become competitive when it comes to the ultimate goal (Pruitt & Carnevale, 1993). Health communication professionals want to influence the audience's knowledge, attitude, and behavior, while television professionals want to entertain the audience and satisfy commercial sponsor-revenue ambitions as well as their professional standards. Win-win situations are defined as agreements in which both parties accomplish their major goals. In a negotiation context, according to Pruitt and Carnevale (1993), there are four possible outcomes: Victory for one party, compromise, win-win agreement, and nonagreement. What conditions need to be met to satisfy both partners about the collaboration process in E-E?

Health communication professionals usually have scientific training in which matters of objective information, truth, balancing of values, and standardized protocols and procedures are important. Television professionals have professional training in which creativity, originality, spontaneity, and authorship are important. On commencing their E-E collaboration, both sets of professionals enter the process with their own professional standards and frames of reference. Earlier research (Bouman, 1999) showed that these two frames of reference (and perceptions of reality) often conflict in the daily practice of producing an E-E program. Health communication professionals specify their aims and goals by means of a thorough and often detailed briefing, based on their frame of reference. After the briefing and the discussion with the television professionals, the latter also start to work on the project from their own frame of reference. During the actual production stage, the conflict becomes more evident. While both professionals think they are doing a good job, each is questioned and criticized by the other because the production process does not evolve in the direction that the other wants.

A reference frame for conflict is fought out at the production level, on the work floor. Recognizing this potential conflict, both professionals invest time in socializing with each other in order to influence the decisions that are made. But the production of the television program takes place in the domain of the television professionals, so ultimately their frame of reference proves to be more decisive. Health communication professionals, more often than television professionals, reframe their issues. During the collaboration process, and especially at the production stage, they are confronted with controversies that are based on different perceptions of reality. Because of the deadline structure of television, which requires quick and decisive answers when problems arise, there is not much time for reflection. This results most of the time in accepting the television professionals' frame of reference. Health communication professionals only in rare cases succeed in having television professionals accept their frame of reference.

Television professionals almost always succeed in bending the reframing process into their direction (situation 2 in Fig. 12.3). When a conflict of frames of reference exists, the E-E collaboration ultimately leads to victory for the entertainment partner over the education partner.

Can the different frames of reference be reconciled in a balanced E-E product? Bourdieu (1993; 1998) stated that the field that is most subject to the demands of the market will dominate the market orientation of other fields. Other fields can either submit to this domination or try to capitalize their own forms of capital in a way that aims to rebalance the power structure. One form of power, other than economic, that health organizations used in their contact with media professionals is their monopoly on legitimate information (that is, expertise).

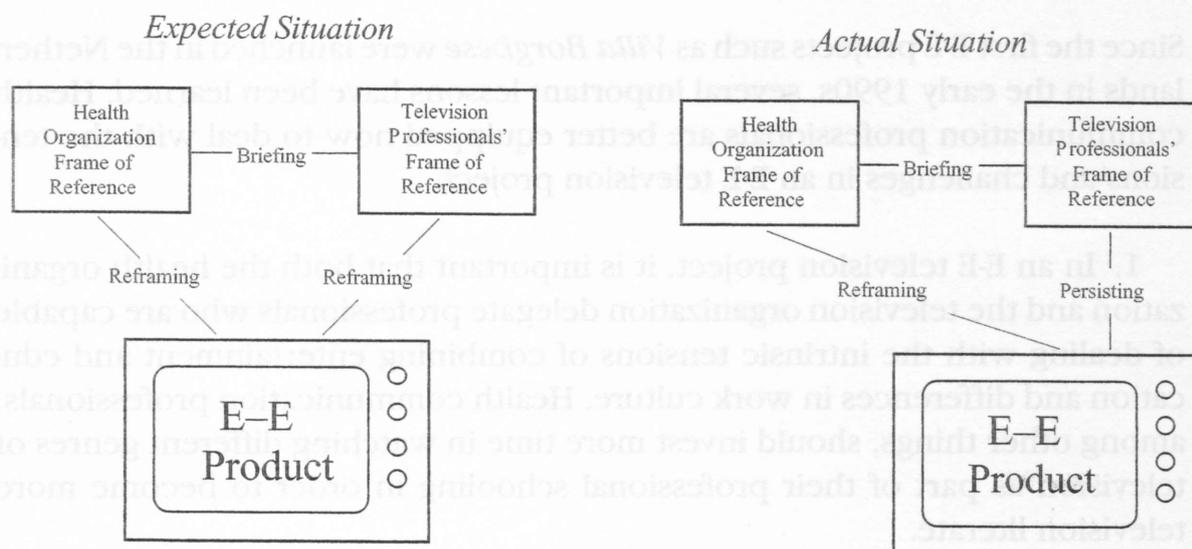


FIG. 12.3. Symmetry and asymmetry of power in entertainment-education.

Source: Bouman (1999).

According to Bourdieu, every field wants to protect and accumulate its different forms of capital. The accumulation of capital by the television professionals is a certain threat to the health communication field, and vice versa. By collaborating with television professionals in entertainment genres, health professionals risk losing their respectable image (in their field of health communication). An elitist ivory tower position must be surrendered in order to collaborate with television professionals. The reverse is also true. Television professionals collaborating with health communication professionals may become "too didactic" in the eyes of their entertainment colleagues, and lose their credibility and respect in the television entertainment world.

Health organizations that want to collaborate with television professionals need to develop a proactive media policy in which specific choices for television partners, television genres, and approaches in television programs are carefully and consciously made beforehand. On the other hand, television organizations that want to collaborate with health organizations must be willing to reframe their frame of reference and to invest in the creation of common ground. In order to create a joint frame of reference, an E-E workshop for the members of the E-E team and other relevant stakeholders should be a standard procedure that initiates every E-E collaboration. In the crystallization stage of the *Villa Borghese* project, a briefing retreat was organized for the collaboration partners. The principles of E-E were sketched out, and the aim and target groups for the television series were outlined.

E-E television programs are designed in a high-risk context. Criteria that normally apply for purely educational or purely entertainment television formats do not fit with the criteria for E-E genres. Therefore E-E television programs should be perceived as a new genre, and as such should be accepted and acknowledged in both the television and the health communication field.

## LESSONS LEARNED

Since the first E-E projects such as *Villa Borghese* were launched in the Netherlands in the early 1990s, several important lessons have been learned. Health communication professionals are better equipped now to deal with the tensions and challenges in an E-E television project.

1. In an E-E television project, it is important that both the health organization and the television organization delegate professionals who are capable of dealing with the intrinsic tensions of combining entertainment and education and differences in work culture. Health communication professionals, among other things, should invest more time in watching different genres of television as part of their professional schooling in order to become more television literate.

2. In order for both health communication and television professionals to become skilled collaboration partners, the integration of E-E teaching modules in present teaching institutes and departments in the field of television and health communication is an important next step. E-E has gradually become part of the professional discourse of Dutch health communication scholars and researchers. Health organizations in the Netherlands use popular media in their campaigns; doctoral and masters communication students write theses on the E-E strategy, and guest lectures and workshops are organized as part of professional schooling activities. Although there are media entertainment departments in Dutch universities, a specific E-E curriculum is still missing. To contribute to the above, the Netherlands E-E Foundation (NEEF) was founded in 1998 to stimulate E-E research and to create a platform for E-E professionals.

The Third International E-E 2000 Conference was held in the Netherlands. This Conference led to the E-E 2000 Declaration (NEEF and JHU/CCP, 2001).<sup>5</sup> NEEF designed an E-E handbook on a CD-Rom for students and practitioners, funded by the Dutch Health Research and Development Council. At present NEEF conducts a research and implementation project *Gezondheid in Beeld* (an analysis of Dutch soap operas and their portrayal of sexual health issues), funded by the Dutch Health Research and Development Council. This project features close collaboration between researchers, health communicators, and the media industry.

3. Future E-E television drama could be more successful if time were invested in the crystallization stage to create mutual understanding and a joint frame of reference between television professionals and health communication professionals. When the actual production process starts, there is no time for such relationship-building.

The present chapter illustrated some of the do's and don'ts of E-E television projects with examples from the Dutch drama-series *Villa Borghese* and *Costa!* Hopefully these insights will contribute to further the collaboration that is fundamental to effective entertainment-education.

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<sup>5</sup>For the digital conference report, see <http://www.entertainment-education.nl> and <http://www.jhuccp.org>.

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