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Turtles and Peacocks: Collaboration in Entertainment- Education Television

This Dutch study focused on how health communication professionals and television professionals collaborate in the design and implementation of entertainment-education (E-E) television programs. A conceptualization of the collaboration process is offered by drawing upon Bourdieu's general theory of practice. An E-E collaboration is a strange kind of marriage between these two fields. Health communication professionals are perceived by television professionals as turtles (trustworthy and solid, but slow), while television professionals are perceived by health communication professionals as peacocks (arrogant, with big egos and preening their feathers). These differences can be resolved by jointly creating a new frame of reference and constituting a new genre of E-E television.

On a Friday evening in the Netherlands in 1992, a popular prime-time series *Medisch Centrum West* is on air. The 2.3 million viewers watch the panic-stricken face of a heart attack patient ask the doctor, “Am I going to die?” The patient survives and in the following scene he asks the doctor, “Will I have chronic heart trouble?” The cardiologists replies, “No, not necessarily, but you should consider this a serious warning. Change your lifestyle, stop smoking, eat more healthily, and get plenty of physical exercise.” Later, a dietician explains to the patient and his wife how to prepare healthy meals.

This example of entertainment-education (E-E)¹ by the Netherlands Heart Foundation is one of several cardiovascular health messages incorporated into episodes of the popular Dutch serial *Medisch Centrum West*. In both Western and non-Western countries, health promotion messages are incorporated into prime-time television entertainment (Bouman, 1999; Coleman & Meyer, 1989; Montgomery, 1989; NEEF & JHU/CCP, 2001; Singhal & Rogers, 1999).

Several positive effects of E-E television programs have been reported, but the use of the entertainment-education strategy in television can only be successful if the involved parties work collaboratively. Previous E-E research tends to focus on audience effects, while hardly any research

has been conducted on the collaboration between the various stakeholders. Media scholars provide insights from their studies of media organizations (Bouman, 1997, 1999; Bouman & Van Woerkum, 1998; Bouman & Wieberdink, 1993; Cantor, 1979, 1980, 1982; Elliott, 1972, 1977; Elliott & Chaney, 1969; Gitlin, 1979; Grossberg, Wartella, & Whitney, 1998; Halloran & Gurevitch, 1971; Hirsch, 1972; Karpf, 1988; McQuail, 1994; Sandeen & Compesi, 1990; Thompson & Burns, 1990; Tunstall, 1991, 1994; Turow, 1984, 1989).

The results described here are derived from an empirical study of the E-E collaboration process between television professionals and health professionals. The main research question is: How do health communication professionals and television professionals collaborate in the design and implementation of an E-E television program? By investigating the collaboration process between the two professional fields, the present article transposes the experiences of E-E practice into a theoretical framework and adds new concepts to the discourse of E-E communication professionals.

Type of E-E Partnership Arrangements

Four types of E-E partnership arrangements are distinguished (Bouman, 1997, 1999; Bouman & Van Woerkum, 1998).

E-E production is defined as the initiative of one organization to design and produce an entertainment program for social change purposes and then sell it to a broadcasting organization. In this E-E partnership arrangement, a health organization assigns television professionals to make a specific E-E program. The producing organization has full authority over all stages of the production process, from reading scripts to directing last cuts. An example of this type of E-E collaboration is the *Soul City* entertainment-education project in South Africa (Everatt et al., 1995).

E-E coproduction is a formal transaction between a health organization and a broadcasting organization to jointly design, produce, and broadcast a new entertainment program for social change purposes. An example is the U.S. television program, *Sesame Street*, designed to educate preschoolers (especially in inner cities) and produced in collaboration with a public broadcasting organization (Lesser, 1975).

E-E inscript participation is a formal transaction between a health organization and a broadcasting organization (or an independent producer) to use an already existing entertainment program as a carrier for social change. The health organization pays to have a social issues incorporated into the scripts of popular television programs (e.g., soaps, drama series, quiz/gameshows, or talkshows). An example of this is the previously mentioned Dutch hospital series *Medisch Centrum West*, which

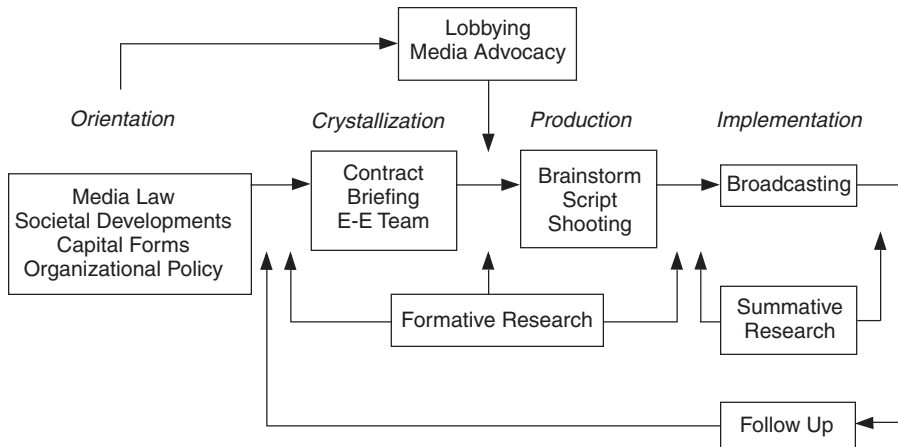


Figure 1.
Stages of E-E
Collaboration

Source: Bouman, 1999

integrated cardiovascular health messages into several of its episodes (Bouman et al., 1998).

E-E lobbying is a strategy by a health organization to put informal or formal pressure on broadcasting organizations or independent producers to deal with social change issues in their entertainment programs. No formal agreement to collaborate is created, so the health organization is dependent on the goodwill of the other party. An example is the designated driver project in the U.S. where lobbyists succeeded in incorporating the designated driver concept in popular prime-time television serials (Montgomery, 1993; Winsten, 1994).²

The basis for collaboration is quite different in each of these four partnership arrangements. Health organizations typically have their strongest influence over content in E-E production and the weakest in E-E lobbying. E-E partnership arrangements (besides E-E lobbying) exhibit the following four stages: (a) orientation; (b) crystallization; (c) production; (d) and implementation (see Figure 1).

Orientation

During this stage, health organizations that use television should take into account both external (e.g., media regulations, societal trends) and internal conditions (sufficient forms of economic, cultural, and social capital, as well as desired corporate identity). The type of E-E collaboration is now chosen, whether a new television program (E-E production or E-E coproduction), joining with an already existing formula (E-E inscript participation), or lobbying strategies (E-E lobbying).

Crystallization

After an initial decision to design an E-E television program, contracts need to be negotiated between the partners. A specific briefing is needed

at this stage. An editorial team (here called the E-E team) is formed. Representatives of both the health communication organization and television profession are appointed to this team. Formative research should be conducted and, if a pre-post research design is used, a baseline study should be conducted.

Production

In brainstorming sessions, both tacit and explicit professional knowledge needs to be shared for inputs to the script and for program production. Making a television program involves complex teamwork. All members of the E-E team make decisions that affect the final product. The producer, director, head scriptwriter, and show's host are most important from the point of view of the health communication expert. After shooting and editing the final product is complete.

Implementation

After the production stage, the television program is ready for broadcast. However, most E-E television programs are part of a multimedia campaign. As soon as the television program is aired, follow-up activities give the public further information about the educational issues raised in the television program. Posttest summative research is conducted. Other activities include handling publicity raised by the television program, interpretation of evaluation results, and designing new policies based on the E-E learning process.

The above framework of four stages is rather static and linear. These stages sometimes overlap and are distinguished here only for analytical reasons.

Bourdieu's Field of Practice

The French sociologist Pierre Bourdieu offered a model of the dimensions and struggles that is applicable to an E-E practice involving health communication experts and media professionals. Bourdieu used the term "field," but "market" is also commonly used. A field is "a structured space of positions in which the positions and their interrelations are determined by the distribution of different kinds of resources or capital" (Bourdieu, 1991, p.14).

Bourdieu said there are different forms of capital or power. He identified three forms: economic, cultural, and social (Bourdieu, 1984, 1989, 1991, 1993).³ *Economic capital* is material wealth, financial resources, or economic goods (money, stocks, property, etc.). *Cultural capital* is cultural competencies and qualifications, talents, knowledge and expertise, and level of mental and intellectual growth. *Social capital* is having the skills to socialize, having interesting relationships and membership of networks, place in society, image, and goodwill.

Successful collaboration involves partners who possess sufficient capital

to make working together attractive, worthwhile, and profitable. Bourdieu stressed that these forms of capital can be transformed or valued in terms of money, in the short or long term, but that they cannot be reduced to money. Bourdieu called cultural and social capital “symbolic capital” or “symbolic power,” because this form of capital is nonmaterial and less visible than economic capital.

Bourdieu calls his approach a general theory of practice. The key concept is “habitus,” sometimes described as a “feel for the game” that inclines agents to act and react in specific situations, in a manner that is not always calculated or a question of conscious obedience to rules (Bourdieu, 1991, p. 12). Practice is the product of an encounter between a habitus and a field, which are congruent with one another. When there is a lack of congruence, an individual may not know how to act. Habitus is the sum of learned and incorporated knowledge, behavior and intuition that helps one belong to a field. Without habitus, a field will exclude a new player. Entering the game means attempting to use knowledge or skill in the most advantageous way possible (Bourdieu, 1993, p. 8).

According to Bourdieu, individuals in a field strive for maximization of capital. Autonomy is key to the power to include or exclude (Bourdieu, 1993, p. 14). In E-E collaboration, many stakeholders (broadcasting organizations, production companies, advertisers, social issue groups, media legislators, and scriptwriters) struggle for control. Some who participate in the creation of a television program have more power in determining the content than do others (Cantor, 1980).

Three main factors attribute power to people: (a) specific expertise (in Bourdieu’s terms, a large amount of cultural or symbolic capital) which is unique, (b) holding a central position in the organization, and (c) the ability to reduce risk concerning the final product (Ettema, 1980).

Bourdieu (1989) studied the survival mechanisms of different fields such as religion, politics, and art. A certain amount of functional antagonism is inherent in every field. This antagonism constitutes a threshold for collaboration with newcomers. Elias and Scotson (1976) theorized about the social identity of an established insider versus an outsider (Elias, 1965). Every group has its own norms, values, and rules of the game. Parties in a collaboration must become familiar with each other’s culture. If parties only reason and act from their own cultural perspective, collaboration is very difficult (Levi-Strauss, 1987; Pinxten, 1994).

Research Methodology

The present study uses qualitative data analyzed in a grounded theory approach (Glaser, 1978; Glaser & Strauss, 1967). Grounded theory is a qualitative research method that uses a systematic set of procedures to develop an inductively derived theory about some phenomenon.

Table 1.
Background Information on Dutch E-E Television Programs

Title and format	Year	TV station	Collaborative health communication organization	Theme
Family Oudenrijn (comedy)	1987-1990	TROS	Dutch Road Safety Organization (VVN) Ministry of Transport, Public Works and Water Management (Min. V&W)	Road safety and environment
Way of Life Show (sports game show)	1988	TROS	Netherlands Heart Foundation Netherlands Bureau for Nutrition Education The Royal Dutch Touring Club (ANWB) Food Industry	Nutrition, smoking, exercise, and stress reduction
Way of Life Magazine (magazine/talkshow)	1988	TROS	Netherlands Heart Foundation Netherlands Bureau for Nutrition Education ANWB Food Industry Federation of Hair-Dressers	Nutrition, smoking, exercise, and stress reduction
Medisch Centrum West (Hospital drama series)	1988-1994	TROS	Netherlands Heart Foundation	Heart disease
Villa Borghese (Drama series)	1991	AVRO	Netherlands Heart Foundation (NHS) Dutch Health Education and Health Promotion Centre	Smoking and nutrition.
Hou Nou Toch Op (Light entertainment talkshow)	1991	KRO	STIVORO (Dutch Smoking and Health Foundation)	Smoking
Je Zult Het Zien (Light entertainment talkshow)	1992	KRO	Netherlands Institute of Alcohol and Drugs (NIAD) Netherlands Bureau for Nutrition Education (VOVO) National Bureau Alcohol Education Project (AVP) Dutch Institute for Sports and Health	Exercise, alcohol, smoking, and nutrition
Twaalf Steden, Dertien Ongelukken (Docu-drama)	1990-1992	VARA	Dutch Traffic Safety Organization (VVN) Ministry of Transport, Public Works and Water Management (Min. V&W)	Traffic safety
Oppassen (Family Comedy)	1992-1996	VARA	Ministry of Housing, Spatial Planning and Environment (VROM)	Environment
Op Leven en Dood (Game and talkshow)	1993	NCRV	Ministry of Welfare, Health and Cultural Affairs (WVC) Programme Committee "Keuzen in de Zorg"	Medical care
Gezond en Wel (Talkshow/magazine)	1994-1995	RTL-4	Netherlands Bureau for Nutrition Education	Nutrition
Viola's Gezondheidsshow (Game and talkshow)	1994	RTL-4	Steering Group Healthy Food Netherlands Heart Foundation	Low fat intake

Level of Analysis

The present research concerns collaboration among members of an E-E team as they meet, negotiate, and act. The level of analysis focuses on the members of the E-E team. The collaboration process is somewhat simplified here, into two groups, health and television professionals, while in reality many more stakeholders (health organizations, broadcast organizations, production companies, advertisers, media legislators, etc.) are involved. The present research deals with (a) broader organizational conditions and responses to the collaboration process, (b) interpersonal communication and negotiation, and (c) biographical differences in personal and professional experiences.

Data Collection

Twelve Dutch E-E television programs were examined that met three criteria: (a) the television program focused on knowledge, attitude, or behavior change regarding health, (b) a substantial degree of collaboration between health communication and television professionals had to have taken place, and (c) the format of the television program had to be a combination of education and entertainment. The 12 productions based on the E-E strategy were *Familie Oudenrijn* (1987–1990); *Way of life Show* (1988); *Way of Life Magazine* (1988); *Medisch Centrum West* (1988–1994); *Villa Borghese* (1991); *Hou Nou Toch Op* (1991); *Je Zult Het Zien* (1992); *Twaalf Steden, Dertien Ongelukken* (1990–1992); *Oppassen* (1992–1996); *Op Leven en Dood* (1993); *Gezond en Wel* (1994–1995); *Viola's Gezondheidsshow* (1994). Nine of these television programs dealt with health issues, one with an environmental issue, and two with road safety issues (see Table 1). Videotapes of each program were analyzed.

Sensitizing Concepts

In the personal interviews with E-E collaborators, certain concepts were used as probes. These concepts were derived from reviewing literature on intercultural communication (Pinxten, 1994); sense-making approach (Cicourel, 1974; Schutz, 1964; Weick, 1995), newcomers' socialization theory (Louis, 1980), social identity theory (Elias, 1965; Elias & Scotson, 1979; Kramer & Messick, 1995), media production (Cantor, 1980, 1982; Elliot, 1977; Gitlin, 1979; Thomson & Burns, 1990; Turow, 1984, 1989), creativity (Edwards, 1986), and sociology (Bourdieu, 1993). Six sensitizing concepts were identified as being especially relevant: capital forms, cultural differences, professional standards, personal traits, selection criteria, and genre features.

Capital forms refers to the different types (economic, cultural, and social) of capital available and invested in the negotiation and collaboration process. *Cultural differences* are a mediating variable in the present analysis. Collaborating partners must know the specific rules of the game of a professional field. *Professional standards* and *personal traits* constitute the social identity that is brought by the participants to the collaboration process. *Selection criteria* concern the selection of collaboration partners, and *genre features* refers to the ground rules and principles of the specific television program.

Interviews

The personal interviews were unstructured and based on the six sensitizing concepts. Interviews were conducted with the health communication ($N = 18$) and television ($N = 12$) professionals of the E-E team involved in the 12 television programs of study. Most of the time, the conversation directed itself. Leading questions to introduce the six concepts were brought into the conversation when necessary. The health

professionals were communication experts, social scientists, topical experts, and public relation managers. The television professionals that were interviewed were producers, program managers, and creative people like scriptwriters, drama experts, and directors. All persons were intensively involved in the E-E collaboration process. The interviews were audiotaped, verbally transcribed, and returned to the respondents for checking and authorization.

Coding Procedure

All interviews were content-analyzed according to a detailed coding protocol using the computer program KWALITAN 5.1 (Wester, 1987; Peters, 1994). An independent coder was trained thoroughly in use of the coding protocol.

Grounded theory is referred to in scholarly literature as “the constant comparative method of analysis” (Glaser & Strauss, 1967). Data collection and data analysis are tightly interwoven processes, and occur alternately because the analysis directs sampling of the data. After a first round of personal interviews, data analysis was conducted. Based on this data analysis, a next round of interviews began.

Data analysis in grounded theory is composed of three subsequent types of coding: (a) open coding, (b) axial coding, and (c) selective coding.

Open Coding. In open coding, data are broken into discrete parts and examined closely. The data are not interpreted, but are coded according to the literal text. The code segments are compared for similarities and differences, and questions are asked about the phenomena reflected in the data. For example, in one interview, a health communication professional described the professional traits needed in an E-E collaboration: “You need to have so much knowledge of the content that you can map out things fast, have a quick overview. There’s no question of just having to go back to your organization. That is not what you stand for. They [the television professionals] won’t take that time either.” This segment of the interview was open coded as representing “attitude of the health communication professional” and “time and energy.”

Axial Coding. Open coding fractures the data and allows for the identification of categories, their properties, and dimensional locations, while axial coding puts these data back together in new ways by making connections between a category and its subcategories. For example, by constantly comparing the time and energy coding in the complete data set, different properties and dimensions were identified. Time was mentioned not just in the sense of a physical dimension, such as hours of work, or time spent reading and checking manuscripts, but also in the sense of a mental and social dimension.

Selective Coding. After collection and analysis of the interview data, categories are integrated in order to form a grounded theory. Selective coding is the process of identifying a core category, systematically relat-

ing it to other categories, validating these relationships, and filling in categories that need further refinement and development (Strauss & Corbin, 1990, p. 116). The integration of selective coding is not much different from axial coding but it is done at a higher, more abstract level of analysis.

Results and Analysis

The main research question of the present study asked: How do health communication professionals and television professionals collaborate in the design and implementation of an E-E television program? Here the answers to this question are organized around various headings.

Management of E-E Collaboration

The management of an E-E collaboration is a joint function, in which both types of professionals have to manage their specific part of the process, but they also have to go beyond their own part. Health communication and television professionals indicated that an E-E collaboration is a strange kind of marriage. Both professionals consider themselves to be communication specialists, each with their own approach. Television professionals said that they did not know much about the health communication profession. Both collaboration partners felt the urge to explain their professional points of view to each other, but for the most part failed to do so, because of the time pressure of the production process and of differences in work culture.

Making a television program is the result of a negotiated agreement in which all partners have to give and take, and be willing to cross boundaries to create win-win options. Crossing boundaries, however, may cause imbalances in the collaboration. Both professionals have to figure out, often by trial and error, how much influence and interference is most effective. Too much or too little interference may be counterproductive.

Comparison of the interview data gave rise to an interesting picture. Several health communication professionals felt that the collaboration, although interdependent in theory, was rather dependent in practice. Interdependency presupposes an equal balance of power, but the television world was perceived as far more powerful. Some denied there was any collaboration and called it rather, “a ride on a wild horse,” or “traveling in a fast train with destination unknown.” Comparing the collaboration to a football game, one health communication professional said: “Usually the television professionals are playing the ball; only sometimes when you play fluently, can you score.” The data revealed that television professionals showed more self-confidence and self-esteem than did health communication professionals. The latter said they were often less secure about their own role in the collaboration process. In the opin-

ion of television professionals, health communication professionals were the “visiting” (or the dependent) party in the collaboration.

To probe the issue of power, the coded interview segments were further analyzed. This showed that the balance of power shifted during the collaboration process. In the early stages of the collaboration (orientation and crystallization) health communication professionals felt they had more steering power and were able to manage the collaboration process better than in the later stages (production and implementation). The signing of the contract (crystallization) proved to be a turning point.

Television professionals confessed that in the initial negotiation stage they sometimes promised more than they were able or willing to deliver. As one of them stated, “We butter them up from here to Tokyo. We promise the earth and give them as little as we can, or just as much as does us no harm.” Health communication professionals said that after the contracts were signed, they felt a world of difference. One said, “As long as the money is not handed over, the power is in our hands, but as soon as the money is given, the television organization takes over. I did not like this power play.”

Once the production stage began, the collaboration process took its own course and the balance of power shifted. Now television professionals were in control. Health communication professionals had to do their utmost to adjust to the dynamics of television production. They described this process as unpredictable and uncontrollable, using metaphors such as, “fast moving trains,” “galloping horses,” or “a whirlwind.” The program production process was so hectic that health communication professionals wanted to slow it down in order to keep control. This time was not given by television professionals, as they were accustomed to these dynamics. For health communication professionals, it seemed to be a “survival of the fittest” for which television professionals were better equipped.

Risk Management

The notion of risk management emerged strongly from the personal interviews as a core category. E-E collaboration was compared by one health communication professional to a “heart transplant” with the risk of the new heart being rejected. This metaphor points to artificiality. Implanting an educational message in an entertainment television format is a challenging risky experiment. Health communication professionals described the process with phrases like, “love and hate,” “in the heat of the fire,” and “walking on tiptoe.” Television professionals used words like, “tight-rope dancing,” “ballet of compromises,” and “hauling in a Trojan horse.”

Health Communication Risk Management Strategies

For the health communication professionals, the risks that needed to be managed were especially related to the message (message management).

Health organizations were very concerned about image. The health message had to be presented in a trustworthy context, be based on scientifically correct, objective information, and on a consensus among subject-matter specialists in the specific field of health expertise. Television professionals emphasized the laws of television making and demanded different things. Scientific findings needed to be visualized in an entertaining way. Sometimes, television professionals thought the content of the message needed to be sacrificed for entertainment. Health organizations that were accustomed to designing their health communication materials in-house (brochures, leaflets, books, magazines, videos, and documentary films) and found this new process difficult to manage. They were accustomed to spelling out their goals, creating a message following a carefully structured plan, and checking and double-checking the message. The design process stayed under their control from start to finish, as well as the distribution of the message. For health organizations, this was the low-risk context in which they were used to working.

The collaborative management of a health message in entertainment television includes high risks. The message is complicated by the multi-dimensional character of the medium, which combines text, image, and sound. Television is also open-aired, mediated, and not restricted to a captive audience. Moreover, when education and entertainment are combined, the straight educational message tends to disappear behind the entertainment. The television program is produced under conditions of uncertainty and complexity. The final program often differs from the original script, due to technical or practical production matters, casting, costs, etc.

The entertainment-education strategy weighs, as equally important, form, content, and presentation. Risk reduction means controlling them all because health communication professionals know that not only the message, but also the interaction of content, form, and presentation determine whether the educational message will be effective. Health communication professionals felt responsible for managing these different message elements. Television professionals, however, expected health communication professionals to only deliver content, such as scientific facts and figures. Health communication professionals, knowing the importance of integrating content, form, and presentation, wanted to do more. This overlap of professional roles made the risk more complicated.

Management Strategies of Health Communication Professionals

Most health communication professionals were newcomers to E-E production and faced difficulties in making sense of cues. The formal power they used in steering the collaboration process was related to the kind of E-E partnership arrangement. The power to define was greatest in an E-E production, and least in E-E lobbying. Because health organizations paid

in large part for the television program, they expected television professionals to serve their needs in-line with the formal power structure defined by the contract. A customer-client attitude proved ineffective, however, and forced health communication professionals to shift to more informal coping strategies. They assisted in desk research, facilitated in organizing personal interviews, and helped in finding shooting locations. This strategy proved to be an excellent tool of control. The more health communication professionals invested in being of service to television professionals, the more influence they had on the health message. Experienced health communication professionals (during collaboration with television professionals) were able to consciously shift between the formal and informal strategy.

Health communication professionals continuously asked for more detailed information (on paper) about the latest program ideas. However, program ideas continually changed during the production process. Health communication professionals thought that withholding information was sometimes a (perhaps informal) strategy by television professionals to avoid editorial control. When health communication professionals wanted to know more about the television program, or asked questions about visualization of the message, television professionals often said, "Everything will be alright, don't worry." Some health communication professionals came to realize that television professionals only listened when they made a big fuss.

Television professionals were not accustomed to advanced planning, but enjoyed brainstorming about alternatives until the last minute. When health communication professionals expressed their uneasiness about this problem, they were told to have more faith in television professionalism. This conflicted with the organizational work culture of health communication professionals, who often needed to inform their board of directors, or to consult internal or external colleagues about program decisions. Television professionals stated in the interviews that they noticed that health organizations had a fear of popularity, and a fear of becoming involved in popular culture. Television professionals regularly experienced the disdain of health organizations for popular entertainment. They experienced initial suspicion and mistrust coming from health communication professionals. A television professional said about a health communication professional, "He was such a turtle, showing his head now and then, and quickly withdrawing when he got afraid." Health communication professionals were regarded by television professionals as trustworthy and solid, but quick to withdraw when the situation became dangerous or difficult.

The specific E-E television program studied here was part of a larger campaign that demanded careful orchestration of various campaign elements. Health communication professionals became tired of, and an-

noyed at, waiting for more specific information, and had difficulties in responding to questions that were raised about the television program within their own organization.

Health communication professionals indicated that they served as mediators between the subject-matter specialists and the television professionals. They described their role in the E-E collaboration process as “bridge-builder,” “chameleon,” “diplomat,” “gatekeeper,” and “policeman.” Health communication professionals perceived their role as both mediator-facilitator and controller-regulator. A close reading of the interviews revealed that health communication professionals used mediating and facilitating strategies in order to gain control over the message. Health communication professionals functioned in the collaboration process as “water carriers” but not as “generals.” They had to be of service to television professionals in order to have influence and control over the content.

During the actual production of the program, the television professionals worked around the clock to get the work done. When they had questions related to the health message, they called the health communication professionals, day or night, for a quick response. When the health communication professionals could not react immediately, the television professionals made their own decisions.

Entertainment Risk Management Strategies

Television professionals indicated that in the dynamics of producing an entertainment television program, it was very difficult for them to work with systematic communication plans, such as those used in health communication. Television professionals became annoyed by the slow decision-making processes in health organizations and their bureaucratic work style, as one television professional indicated: “We don’t have a culture of consultation and formal meetings. Of course, we consult each other, but it’s more doing than talking. And all you come across are those health communication professionals who first have to consult their superiors or others in the field, mainly for strategic reasons, to avoid conflicts or problems.”

Television, typically, has little room for new, experimental approaches. The entertainment-education format in television is not standard or well-tested. Television professionals who engage in E-E collaboration take risks. From the perspective of the broadcasting organization, choosing an E-E format is more risky than a pure educational approach or a pure entertainment approach.

Management Strategies of Television Professionals

Television professionals were less explicit than health communication professionals in defining their role in the E-E collaboration process. Some

thought of themselves as “creatives” (e.g., scriptwriters, drama experts, and directors) and others as program managers or producers. Television professionals in public broadcasting typically differ from those in commercial broadcasting. In commercial broadcast organizations, a “client manager” is usually appointed to coordinate the collaboration process. These professionals serve as intermediaries between the media and health organizations, ensuring a smooth management of the collaborative process. In public broadcasting organizations, such professional liaisons are usually absent. The role of health communication professionals, however, remains the same, whether the collaboration process takes place within a public or commercial broadcast setting.

Creative television professionals said that program managers explicitly told them to cooperate with the health organization’s professionals. Without their sponsorship, the program either could not be made or, if being broadcast, would be off prime-time air. Scriptwriters felt they were caught between a rock and a hard place. They often felt that they could not satisfy the health professionals.

Some television professionals said they succeeded in “defrosting” health communication professionals by taking time with them to socialize, drink, and dine together. Television professionals regarded such socializing as a key activity in preventing health communication professionals from frustrating their work. They advised health communication professionals to invest in developing personal relationships with people on the work floor. According to health communication professionals, television professionals could be very arrogant, like “peacocks” showing their feathers. Some of these proved to be very vulnerable, however, when it came to their ego. As one health communication professional said, “Before we talked to the scriptwriter, we were warned about his sensitive nature and requested not to upset him too much.”

Entertainment-Education and Grounded Theory

The present research on the E-E collaboration process showed an intrinsic tension between entertainment and education. Health communication and television professionals both felt this tension, and employed risk management strategies to contain the risks. In an E-E collaboration, management takes place in a high-risk context. This is much more difficult to manage than, for example, a low-risk context in which television programs are either educational or entertaining.

Bourdieu (1993) says that a basic antagonism between fields is often very difficult to overcome. One solution may be construction of a neutral territory, a common ground, where both parties can meet without the strict, excluding rules of their field. In order to create a win-win outcome instead of a win-lose outcome, the design of an optimal E-E television program is not possible when the frame of reference of one

collaboration partner dominates that of the other. This asymmetry of power leads to unwanted field antagonisms. This imbalance can only be resolved by jointly creating a new frame of reference. E-E television is (a) designed according to behavior change theories, (b) it follows a time schedule that allows the collaboration partners to mutual explore each other's ideas and expertise, (c) it engages target audiences in the different stages of design and production, (d) it is guided by extensive (formative) research, and (e) it is integrated into a larger communication campaign. This new media genre needs to be accepted as part of the habitus in both fields in order for E-E collaboration to be feasible and effective.

In order to define and to determine what should be done to avoid this unsatisfying outcome, a paradigmatic model will be presented here. It states that (a) the need for health organizations to reach certain target groups in society leads to (b) a combination of entertainment and education in television programs, which leads to (c) management in a high-risk context, which leads to (d) certain high-risk management strategies, such as formalized contracts, controlling editorial input, a service-oriented attitude, and a significant investment by health communication professionals in time, energy, and personal contacts. Further, deadlines and production demands by television professionals inadvertently leads to (e) field antagonisms and hence asymmetry of power (win-lose outcome) that has a negative influence on the desired outcome.

Win-win situations become feasible when both partners see that mutual victory is a better result than single victory. In other words, a grounded theory of E-E collaboration states: Designing an E-E television program means collaborating in a high-risk context. Win-win outcomes will emerge when both collaborating partners jointly construct a new frame of reference that consecrates the E-E program in both professional fields.

Conclusions

What lessons can be derived from the present study of the E-E collaboration process in the Netherlands? The E-E collaboration between health communication and television professionals is complex. Bourdieu's (1991) general theory of practice provides insights into these complexities. The key theoretical concept is habitus: Health communication experts and television professionals belong to very different fields, and thus employ a different habitus. In a collaboration where these fields seek to reach a common goal (for instance, the E-E production), both parties must attune (make congruent) their habitus to that of their collaborative partner.

In the studied E-E collaboration processes health communication and television professionals experienced incongruency because they had different interpretations of the habitus that the collaboration required. Tele-

vision professionals talked about “viewers” and “viewers’ satisfaction,” whereas health communication professionals were concerned with “target groups” and “behavior change.” Television professionals looked at potential topics in terms of visualization and attracting the attention of the audience, which are goals in themselves. Health communication professionals were interested in social learning through media role models and influencing the audience’s awareness, attitudes, and behavior change. What is an *end* for television professionals is a *means* for health communication professionals. Consequently, both wanted to maintain power during the E-E collaboration process.

Health communication professionals wanted to utilize the principles of behavior change theories and to influence the various aspects of the E-E program: content, form, angle, and context. Television professionals expected health communication professionals to deliver the content of the message, while they designed the format in which the health message could best be visualized. Instead of creating a common ground (or habitus), both fields just employed their own habitus. The question then became whose habitus was the most powerful and could force the other to comply with its rules.

According to Bourdieu (1993), in order to be accepted (“consecrated”) by a field, one must possess the habitus that predisposes one to enter that field. Without full recognition of its habitus, a field will reject or exclude new “players.” Since Dutch television organizations often took the initiative for the E-E collaboration, health communication professionals were forced (not always consciously) to incorporate the television field’s habitus in order to be allowed to play along. Health communication professionals, especially when they were newcomers to the television field, felt they were drifting away from their own field. Working with the television professionals’ frame of reference caused an asymmetry of power, which was not what the health experts had in mind when they began the collaboration. Moreover, their acquisition of the habitus of television professionals jeopardized their relationships with their own organization. They also feared the misrepresentation of their health message, the loss of their respectability, and potential damage to their personal networks. Health communication professionals thus became hesitant to assimilate with the television field’s habitus.

According to Bourdieu (1991), a field with the greatest economic and commercial interests will try to dominate other fields. Ultimately, competition for high viewing rates always determined the way an E-E television program was designed. The television field dominated the health communication field. Health communication professionals had difficulty projecting that an effective E-E television program could not be made without their professional input. The collaboration motives of national health organizations in the Netherlands ranged from influencing behav-

ior change, to raising money, creating publicity, and selling products. Television professionals in such situations could have just followed their own knowledge and expertise. To design E-E television programs, however, their knowledge and expertise were not sufficient, the specific expertise of health communication professionals was needed to tune the program to the goal of prosocial behavior change. Thus the merging of professional cultures became inevitable.

Specific measures have to be taken to build an E-E collaboration based on symmetry of power. What is required is a joint frame of reference that incorporates elements of the habitus of both professional fields. New incentives to create a joint frame of reference might have positive effects. One effective incentive might be to project the appeal of pioneering a new television genre which imbues creativity with prosocial content. Health organizations as well as television organizations, therefore, should invest in establishing the features for this new genre and begin to stimulate the formation of capital relevant to an “E-E habitus.” Cultural, social, and symbolic capital can be formed by establishing professional standards to create effective E-E programs, and by meeting the established creative and prosocial goals. To do so, health organizations must become more television literate, television organizations must recognize that commercial interests can go with social accountability, and both must move from a production-centred to a truly audience-centred approach.

In the collaborative E-E process studied here, there was an asymmetry of power between the two collaborating professional fields. The creation of a joint frame of reference is offered as a possible solution, but it is unrealistic to expect that the collaborative partners will eagerly embrace the concept of common ground. Television professionals have much to lose by accepting their collaboration partners as equals: authorship, creative freedom, and editorial control. In practice, this loss of status for television professionals appears to be an important barrier to successful collaboration. However, at a time where funding is restricted and television organizations are searching for a new identity, defining a new genre with collaboration partners is an interesting option.

Television is big business. How can health organizations with a nonprofit culture deal with a collaborative partner in a profit-making venture? New types of health professionals, who are marketing oriented should be increasingly employed and new “effectiveness” criteria for health communication projects should be considered, such as being cost effective.

E-E television has been found to be effective in non-Western settings where television is a relatively new medium, domestic entertainment productions may be rare, health issues are fundamental to life and death issues, and millions of viewers can be counted upon. The work cultures

in non-Western settings of health communication and television professionals are more oriented to development. The entertainment-education strategy in Western countries certainly must meet other demands. There is more competition for viewers' attention, public taste is more varied, the number of potential viewers is smaller, and many educational issues (such as preventive health) are not immediately life threatening.

What recommendations emerge from this Dutch study of collaboration in entertainment-education television? Health organizations interested in establishing an E-E collaboration with television professionals need to develop a proactive media policy in which choices about television genres, and the nature and type of collaboration sought, are carefully made beforehand. Television organizations seeking collaboration with health organizations must be willing to invest in the creation of common ground. To do so, an E-E workshop and a briefing retreat for the members of the E-E team and other relevant stakeholders should be a standard initiation procedure in every E-E collaboration (as is the case in the South African "Soul City" project; see Singhal & Rogers, 1999). Incentives have to be in place for television organizations to explore such collaborations.

E-E television programs are designed in a high-risk context. They do not fit the traditional production mold of pure entertainment or pure educational programs. E-E television programs are a new genre, and as such, should be accepted and consecrated in both the television and the health communication fields. This consecration on part of the health communication professionals can occur more readily if they become more television literate. In order for both health communication and television professionals to become skilled collaborative partners, the study of E-E strategies should be included in departments of television broadcasting, media studies, and health communication.

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Notes

¹ The entertainment-education strategy is the process of purposively designing and implementing mediated communication with the potential of both entertaining and educating people, in order to enhance and facilitate different stages of behavior change.

² Such "Hollywood lobbyists" do not exist in the Netherlands. Black, elderly, women, or disabled grass roots organizations advocate proper media coverage. In the Netherlands, different political and religious parties have their own broadcasting organizations and channels, financially supported by members and subscribers' fees. Many "voices" in society speak and are heard.

³ Bourdieu said there are subtypes of capital which depend on the field of action, such as political capital, linguistic capital, etc.

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