

Informatization–Dramatization: Communicating Health in East Asian Television Dramas

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This article samples several television serials from Hong Kong and Japan to examine trends in East Asian television dramas' portrayal of discourses on health, illness, and disability. Such portrayals are a response to an increasingly literate publics' demands for less explicitly instructional health narratives and for dramatic demonstration of knowledge through para-performances in television serials. Accompanying these health messages are exhibitions of positive psycho-behavioral mechanisms for coping with disability or disease that typify the ideal sociocultural traits of the individual. East Asian dramas have defined many trends of modern living for transnational and regional viewers, and the health discourses in these productions are similarly likely to significantly shape notions of modernity and urbanity in regional contexts. Using an "informatization–dramatization" analytical framework, this article seeks to conceptualize the narrative structures behind the presentation of these health-related messages.

Throughout East and Southeast Asia, audiences commonly turn to television stations, DVDs, and the Internet to consume a plethora of television dramas from Japan, Hong Kong, Taiwan, and recently South Korea. These societies' greater resources and expertise—and more importantly, their crucial liberal spaces—have permitted their media industries to broaden their appeal to the region. By becoming absorbed in these serials' dramaturgical narratives, regional audiences are likely to tap into an undercurrent of socio-educational messages originally intended for local consumption. The "health film" is predominantly associated with official, nonfictional, instructional health-related messages (HRMs) that promote general epidemiological awareness of diseases and their prevention and treatment, and offer recommendations on attaining general health and wellness (Bredbenner, 2004, p. 19). This article examines samples of recent television productions from Hong Kong and Japan to illustrate the use of popular media to generate and disseminate HRMs that help to establish broader narratives of healthy modern living in Asia.

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By emphasizing productions with more conscious projection of HRMs, this study aims to frame the extent to which these drama serials' content balances the commercial requirements of entertainment against the promotion of public messages. Whether instilling the need to cultivate healthy habits and behaviors or empathizing with the challenges faced by those with special needs, the production samples surveyed here reveal the ideological underpinnings of HRMs. Rather than critique the glamorizing of unhealthy habits on the small screen, this study intends to spotlight new directions in East Asian television that increasingly promote and normalize the healthy lifestyles of informed, determined, responsible protagonists in postindustrial urban metropolises.

From Instruction to Infotainment

Underlying all design templates of HRMs, from pharmaceutical advertisements to health advisories, is the intention to transform "uninvolved/passive/mindless" audiences into "involved/active/mindful participants" responsible for their own well-being" (Parrott, 1995, p. 13). To this end, popular and vernacular media are deployed to simplify and mediate otherwise seemingly dense medical terminologies (Fariña, 2009; O'Conner, Abbott, & Recoche, 2012). However, without their sociocultural contexts, HRMs would "deprive the ill of stories and one would leave them, as well as the larger public with unscripted, anxious stutterers in their actions and words" (Frank, 2007, p. 390). Drama that incorporates health communications thus enables audiences to foster more empathetic imaginations defined as "cognitive skill sets that help one imagine the experiences and responses of another person" (Case & Brauner, 2010, p. 159). Illustrating biomedical imageries in (moving) image-text or graphic narrative can reveal unvoiced relationships, unarticulated emotions, unspoken possibilities, and even unacknowledged alternatives (Squire, 2008, pp. 129–130). These dramaturgical elements in turn provide the imaginative space for "individuals to perform their physical and mental states, involving appearance, expressions, bodily disposition, movement, and behaviors [that] have recognizable types of personalities; sanguine, phlegmatic, choleric, melancholic" (Garner, 2008, p. 315). In this way dramas offer viewers a more fluid range of opportunities to note the significance of health information within the "socially structured wider human experiences and identities" (Fahy & Smith, 1999, p. 73).

Given their access to time and space to expand on themes and characters, HRMs on television and film are well placed to take what Obregon and Mosquera describe as "Context Based" and "Communications for Social Change" approaches, in contrast to the traditional "Information and Communication for behavior change" (2005, p. 239). Recognition of television's ability to invoke a deeper "structure of feelings" (Ang, 1985, p. 40), has led to wide acknowledgment that popular entertainment probably shapes lay images and discourses of health more significantly than do official sources (Bredbenner, 2004; Dutta & Basynat, 2010; Hodgetts & Chamberlain, 1999; Jensen & Jensen, 2007; Kanda, Okamura, Turin, Hayakawa, Kadowaki & Ueshima, 2006; Laveaga, 2007; Ryerson, 1994; Wober & Guneter 1985). As a double-edged sword, the entertainment media has also been associated with projecting and promoting negative influences. Research in line with "cultivation theory's" approach to the subconscious and sustained absorption of screened messages attributes the media with influence in normalizing lifestyle patterns, many considered socially desirable albeit medically harmful. Numerous works have treated Anglo-American medical dramas and their impacts on health communications. However, considerably fewer have focused on productions outside the Eurocentric core, in what are

assumed to be backward agrarian societies where scholarly discussions are still premised on a top-down approach to information and communication for effecting behavioral changes. This assumption becomes invalid in the case of the Asian context given the proliferation of television stations and networks in the region (Oba & Chan-Olmsted, 2005). Underlying the rapid media penetration are increasing literacy rates coupled with rapidly expanding access to communication technologies.

Nonetheless, media cultures in East Asia are developing at unequal pace, particularly those of Northeast Asia—mainly in Japan, South Korea, Hong Kong, and Taiwan—as compared to its poorer neighbors in Southeast Asia. Flows between these regions are characterized by broadly asymmetrical geo-media relationships that privilege the four localities that have provided the infrastructure, financial capital, and crucially, the space for generating a more sustained media industry. Already successful in their own local markets, Northeast Asian television dramas are also gaining popularity in audiences from China to Indonesia (Chua & Iwabuchi, 2008; Cooper-Chen, 1999; Liew & Tay, 2011). Such broadcasts have increased since the 1980s, when deregulation of the airwaves led to the proliferation of television channels and programs. Meanwhile, as more technologically savvy audiences rely less on television networks and authorized distributors, the digital revolution has intensified and democratized the flows of these products outside the mainstream networks through means ranging from pirated DVDs to subsequent Internet downloads and streaming. Not limited to distribution and consumption, the circulation process also entails adaptation and localization of commercially successful foreign screen narratives by cautious television stations. Hence, East Asian television dramas from teenage idol romance to historical epics, with some variation, could be considered “culturally homologous,” according to Fung (2007). In the case of medical dramas, a trend may have begun in the 1990s with the emergence of several popular series, such as *Healing Hands* in Hong Kong or *Team Medical Dragon* and *Team Batista* in Japan that are screened as television and occasionally adapted into film. (Liew, 2011). Although the narratives of these dramas often concerned the dramatic complexities of hospital office politics, they did perhaps lay a foundation for productions that make conscious use of HRMs.

Scholarly research on the regional appeal of East Asian popular media has focused on narrative structures such as those emphasizing on the dilemma between familial obligations and the individual pursuit of romance in modern society (Kang & Kim, 2011). On-screen, these stories are depicted in urbane lifestyle contexts that place greater filmic emphasis on mobility and autonomy in negotiating the concrete and complex cityscape, as opposed to the fixity and domesticity that characterizes the unchanging countryside. Story lines increasingly insert health and medical issues into this urban complexity as screen characters are confronted with illness, disability, death and loss. Whether awaiting news of medical status in a clinic or visiting relatives in hospitals wards and caring for the terminally ill, the screen characters would mirror and normalize mechanisms for coping with health and sickness.

More importantly, these productions are also used as platforms for broader public education messages aimed at cultivating what are deemed informed, socially responsible, sensitive ways of living healthily. Protagonists—no longer only lovers and heroes/heroines—become patients, medical professionals, caregivers, and educators as screen portrayals of health and illness grow to encompass not only dramatic critical life-and-death situations but also more ordinary physical and social challenges. Through realistic recreations of hospital settings and operating theaters, these narratives also provide

opportunities to bring the viewer's gaze into what are understood as the back rooms of hospitals, real and staged.

Here, the financial support and professional advice that go into framing the scripts of some of these productions are evident. The level of states' active involvement seems to follow from recognition of the limits to penetration of the domestic sphere in highly anonymous, urbanized societies where homes are more extensively linked to commercial broadcasting networks than to official media agencies. Hence, in medical dramas, the onus of the responsibility to educate the public falls on the media industry instead of the state machinery. In addition, fear of pandemics of emerging and reemerging infectious diseases like AIDS and influenza has heightened visibility of concerns and knowledge about public health and hygiene, particularly in places like Hong Kong, Taiwan, and China after the SARS epidemic in 2003. Public health messages in government and pharmaceutical commercials are thus changing advertising, not only on billboards in Asian cities but on small screens as well.

Another trend in the portrayal of health discourses in East Asian dramas is the positioning of medical professionals and health authorities—doctors, medics, nurses, therapists—in more central roles. The exalted status of these professions is not fundamentally altered; doctors especially are still portrayed as personifications of compassion as well as bearers of scientific rationality, despite increasing recognition of their limitations in dealing with broader social problems brought into the hospitals (DuBose, 2009). In the neoliberal era of shrinking public spending and corporatized medical services, the burden of health care seems to fall on the screen personalities who shoulder personal emotional burdens as well as social problems. If the innocent child and youthful female protagonist can optimistically and independently confront crippling disability or rare disease, should they not inspire viewers to be more self-reliant? Interestingly, these dramas have featured little discussion of the cost of health care: the protagonists do not seem to be required to pay for treatment, medication, or rehabilitation, indicating avoidance of harsh realities of health care economics that may disrupt idealistic images of universally accessible medical infrastructures. Nonetheless, screen characters in East Asia—having benefited from increases in their knowledge of medical lexicons, their sensitivity to the needs of less fortunate, less healthy counterparts, and their conscious responsibility for their own well-being—are now the messengers of health.

A Note on Samples

The television dramas selected for this study are derived from recent contemporary Japanese and Hong Kong productions. Although audiences in East and Southeast Asia are also exposed to the regional circulation of popular media products from countries like Taiwan, South Korea, and China, I find the Japanese and Hong Kong versions to be more intent on consciously using small screens as platforms for HRMs. For a more in-depth analysis using television serials and film adaptations from a smaller range of localities in the region, comparative study of the sample of recent Japanese and Hong Kong productions could facilitate the establishment of a conceptual spectrum on the portrayal of health discourses within the HRMs. While many dramas do engage with somewhat with using health and medical issues (Belling, 1998), the selection criterion for the productions sampled here was the extent to which they deliberately showcase HRMs. The proliferation of hospital-centered medical dramas also makes it important to distinguish popular media products emphasizing tensions in operating theaters under the category of "dramatization" from those that consciously attempt to increase routine public consciousness of health and

illness via the process of "informatization." Here, then, "patient-centered" dramas that more consciously disseminate health messages to sensitize viewers to the challenges of daily living are prioritized over critical situations in doctor-centered productions. Instead of "how to save lives in the hospital," the screen stories culled for the sample emphasize "how to cope with life (health and illness) outside the hospital" using the relevant HRMs.

In some ways, this informatization-dramatization framework follows Fiske's approach, viewing television culture through discourses of realism that map ideological underpinnings onto the "reality" in which televisual messages are normalized, factualized, and made realistic by "getting the details right." In a "recognizable system" that entails a logical set of contradictions and resolutions, a realistic scenario becomes possible when viewers are required to adopt the social positions and identities prepared for them. In filmic terms, the dramatization-informatization axis becomes critical to productions' attempts to fuse the otherwise paradoxical forms of dramatic and documentary realism. Whereas the latter emphasizes the presence of the objective but recognizable camera, the dramatic tries to get the viewer to forget the camera by shifting the emphasis from the environment to the protagonists (Fiske, 2011, pp. 30-47). Unlike the "informational" HRMs on the X-axis in Figure 1, which seek more patiently to educate viewers on health and medical issues, the "dramatizational" scale on the Y-axis is concerned more with sensationalizing protagonists' health experiences at particular moments of diagnosis, trauma, surgery, and death. Medical dramas magnify uncertainty at such moments, especially when a life is at stake, allowing audiences to emotionally affirm the benevolence of doctors as well as the stoicism of patients facing death. In contrast, narratives on the "informational" axis devote more attention to identifying comparatively routine health and medical issues and addressing audiences through the protagonists' behavioral and emotional coping mechanisms.

The Figure posits equilibriums at various intersections in the interplay of the emotional-theatrical demands of the television drama and the projection of HRMs. Six general sections classify the productions according to the weight of different determinants in their scripts. With their emphasis on fast-paced, highly charged emergency situations involving complex medical diagnoses and surgical procedures performed by often valorized professionals, the medical dramas in Section 1 fall into the category of "High Drama-Low Information." In Section 2 below it are productions that place little emphasis on health and sickness, apart from cursory references to hospital visits and medical consultations. At the other end of the spectrum, the productions in Section 6 are usually publicly funded docudramas or health documentaries that clearly and specifically focus on HRMs and privilege facts over fiction. Here, however, discussion will focus on productions that fall into Sections, 3, 4, and 5, which categorize television dramas and films that seem to strive more consciously to provide viewers with greater edutainment value. Thereby, instead of presenting medical dramas per se as the principal representation of health discourses, these zones permit observation of varying social commitments to projecting HRMs in a large pool of televised serial dramas, using the genres of romance, comedy, adventure, action, and family.

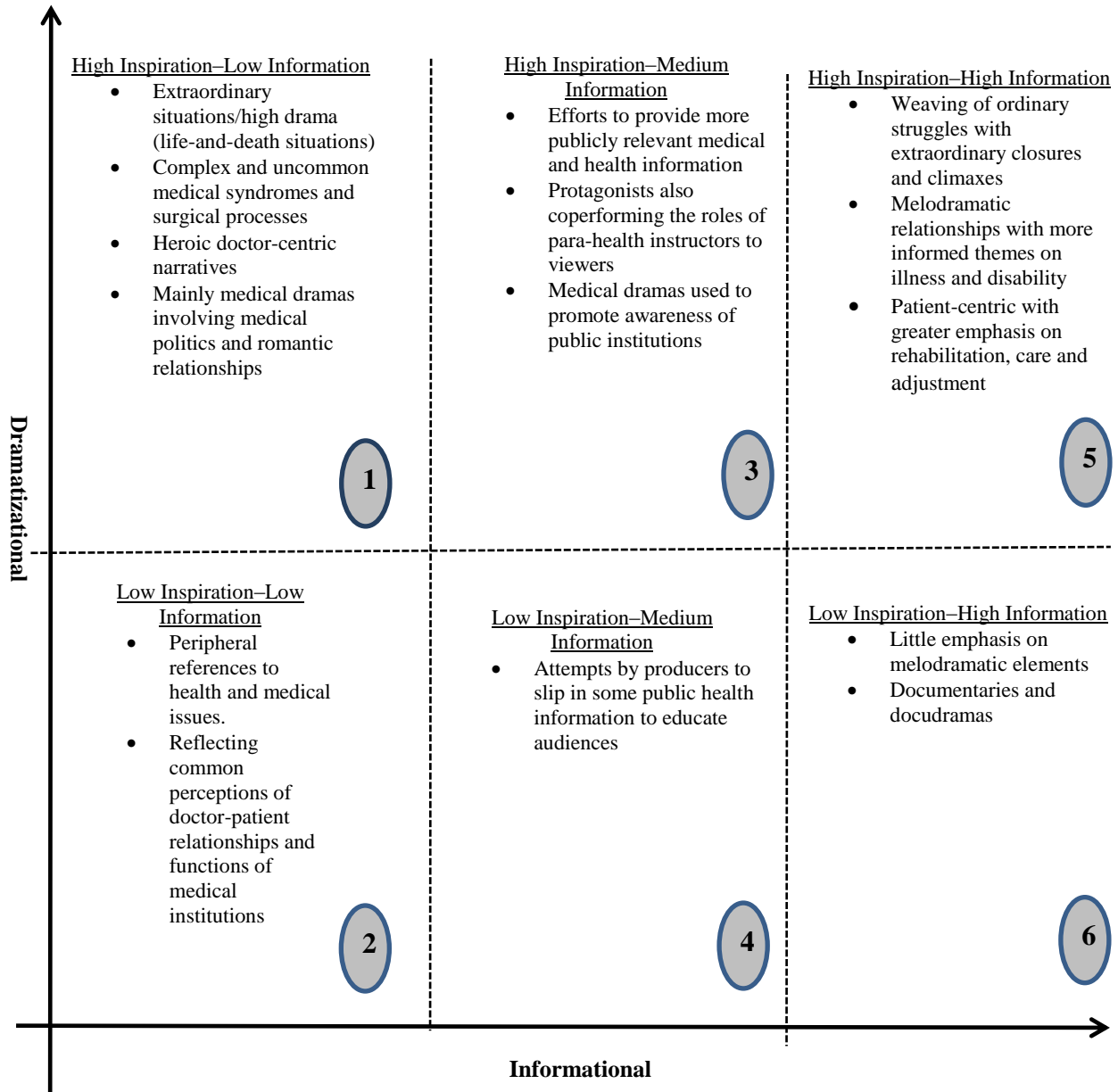


Figure 1: Informational-Dramatizational Chart for TV Dramas and Films with Health-Related Messages.

Reminders and Awareness: HRMs and TVB Dramas in Hong Kong

The discussion here will focus on recent productions of Hong Kong's main television station, Television Broadcast Limited (TVB), established in 1967 as the city's first wireless commercial television station. Besides serving the city's 2.29 million households with 17,000 annual hours of programs on its Chinese- and English-language stations, TVB distributes its productions internationally to an estimated 30 million viewers in both the region and the transnational Chinese diaspora (TVB, 2010). Over the decades, as part of meeting legal obligations and standards of corporate social responsibility, the station has been involved in a range of charity fundraising variety shows and educational programs to increase public awareness and civic consciousness. Aside from the relatively "realistic" docudramas produced by the state-owned Radio Television Hong Kong (RTHK) and aired on its Cantonese channel, TVB collaborates with both public and private entities to produce content with educational value and messages for some of its more commercial serial dramas. However, as Ma (1996) notes, there is a noticeable distinction between RTHK and TVB in that the former is inclined more to avant-garde, alternative discourses and less to mainstream content that is sensitive to audience ratings.

Visible trends of the insertion of public health messages in TVB programs date from the late 1990s with its first major medical drama, *Healing Hands* (1998). Revolving around the work and lifestyles of medical staff at the fictional Yan Oi Hospital, the series garnered high ratings and was proclaimed TVB's "Best Drama of 1998." Other recent TVB dramas set in public institutional contexts include *Burning Flame* (1999, 2002, and 2009), about a fire department, and *Always Ready* (2006), which dealt with the Government Flying Service. With financial and infrastructural support from the institutions concerned, these productions reconstructed "behind-the-scenes" training and operational activities in reenactments that revealed insights into the nature of the work involved, accompanied by reminders to audiences to use such services with discretion. Later, to demonstrate corporate social responsibility and obtain further public funding for its commercial programs showcasing the work of government agencies, TVB even extended the conscious projection of HRMs into other contemporary genres.

The recent trend of weaving public education messages into TVB dramas seems to follow a pattern of "incidental-ity" whereby social issues and themes are inserted in cutaways at certain convenient junctures in the scripts. The HRMs staged for these TVB dramas can be grouped under the following templates: identification, prevention, and treatment of medical syndromes; the doctor-patient relationship; and familiarization with various public health institutions in Hong Kong. The core assumption of the delivery of such content is the viewer's perceived ignorance of basic epistemologies and discursive regimes of modern medicine. Following this presupposition, TVB drama series seem keen to persuade audiences to monitor their own medical conditions and adopt healthy forms of wellness and lifestyles. Purposefully avoiding framing and projecting public messages as instructional documentaries like those of RTHK, TVB usually presents its serial dramas primarily as entertainment products in the genres of romantic comedy, family (soap operas and comedy), action (mainly involving uniformed organizations) and historical drama. Public education messages are mainly located in relatively lighthearted family dramas revolving around the lives of ordinary households and in productions centering on medical workers and their counterparts involved in lifesaving and rescue functions.

These productions circulate HRMs through several layers of role-play. In the case of lighthearted family dramas that parody or dramatize daily living, the dialogue and exchanges among members of fictitious households are crucial to the communication of tips, snippets of information, and reminders about staying healthy. Screen stories about medical personnel have provided related, sponsoring public institutions with airtime to demonstrate their functions and give health and safety advice. Television actors, in the process of handling emergency scenarios or routine functions in their roles as health care professionals and ambulance and helicopter rescuers, demonstrate the types of public services available and, more importantly, show how the public can access them responsibly. These demonstrations are usually accompanied by HRMs pertaining to the sociocultural and clinical diagnosis of common medical symptoms. Without overshadowing the main narrative structures, these productions represent conscious efforts at public education to inculcate and normalize what are deemed to be healthy habits and lifestyles.

One example of using opportunities in television to remind audiences more directly about their health is TVB's expensive medical drama, *The Last Breakthrough*, about the activities of a fictitious Hong Kong-based medical relief organization working in Kumming and Kenya. Despite its overseas orientations, a substantial part was filmed in older, working-class Hong Kong districts where the protagonist, Dr. Fun (Nick Cheung), carried out volunteer efforts. One scene depicts him in dialogue in colloquial Cantonese, reminding an elderly patient to take his medication regularly and coaxing him to his clinic for routine checkups. Set informally in a public park, the scene opens with Fun approaching an elderly "Uncle Fok," an ex-patient who has cardiac problems. After they exchange pleasantries, Fun informs Fok that he has heard from the latter's wife that he has slipped recently and has not been getting regular medical checkups or taking his medication.

In a response that typifies what some regard as the complacency of especially elderly patients regarding their own health, Fok tells the young surgeon to "leave me alone. I still practice Tai Chi daily. I am fine. Don't worry. Let me show you my moves." Here, in an apparent reminder to audiences to be patient with elders with chronic medical problems, Instead of nagging him with instructions, Fun tries to humor his elderly patient into monitoring his health more closely by challenging him to a friendly bet over Tai Chi: If Fok loses, he will have to see the doctor more often. Quite immediately, this shows the audience a para-social doctor-patient relationship being established between a benevolent medical practitioner and an infantilized patient whose personal negligence and obstinacy prevent him from looking after his own health.

Besides playing on-screen instructors, TVB's actors depict uniformed service providers and other bearers of HRMs. In one story line in *Burning Flame III*, the main protagonist, Chung Yau Shing (Wong Hei), suffers a badly broken leg during a rescue operation. His condition is further aggravated when the injured limb must be amputated after a car accident caused by his own recklessness. The drama highlights how Chung, previously shown to be determined and disciplined, endures extraordinary medical and emotional difficulties in coping with the trauma of post-amputation surgery. The loss of his job and, subsequently, his girlfriend; the excruciating recurrence of pain (known as "phantom limb" pain) when anesthetics wear off; and having to adjust to the limitations of a wheelchair leave him prone to suicidal tendencies. Chung's case personifies the types of experiences of amputees undergo in dealing with their changed circumstances.

The drama also seizes the opportunity to feature the post-operation process of rehabilitation, in which Chung undertakes a regimen of lower limb rehabilitation, stump management, and prosthesis fitting to restore his motor rhythmic senses. As part of his kinesthetic therapy, one scene shows Chung rubbing the stump of his leg in a container of marbles to help his proprioceptive senses recognize the absence of the limb and develop new motor capacities around the remaining portion. In a predictably optimistic narrative closure, a rehabilitated Chung not only walks, drives, and enjoys healthy sexual relationships, but also continues his duties as a frontline fireman. His experiences impress upon audiences the importance of understanding both the pains of disability and accepting the reintegration of the disabled into the mainstream.

In contrast to the occasional public health message worked into the dramas discussed above, the crime thriller-cum-medical drama *A Great Way to Care* (2009) exposes audiences more concretely to issues of mental health. As a junior woman constable (Kate Tsui) and the senior psychiatrist Ko Lap Yan (Alex Fong) solve crimes related to mental health disorders, this production uses the opportunity of their informal cooperation to make the public more concretely aware of psychiatry. Exposing viewers to terms like post-traumatic stress disorder, multiple personality disorder, antisocial personality disorder, and "stiff man" syndrome, it not only attempts to help viewers identify otherwise latent psychiatric problems, but also works to root out indifference and prejudices. By tackling issues like juvenile suicide, mass hysteria generated by cult groups, and violent schizophrenia, the two protagonists demonstrate the need to look beneath the surface of such problems to discover latent and repressed traumas of physical and sexual abuses, or the "dark spaces of mind and social relationships" demanded by medicine" (Armstrong, 1984, p. 739). In the case of *A Great Way to Care*, representatives of the state direct their sympathetic and clinical gaze toward exteriorizing and rationalizing even the deepest repressed, taboo memories and intimate experiences for the small screen. Portraying a mix of surrealistic psychosocial crimes and more routine manifestations of mental disorders, *A Great Way to Care* becomes a cocktail of dramatic suspense and educational material. Overall, in dramas relating to uniformed public services and timely interventions by the professional and humane doctors, psychiatrists, and firemen who oversee the health and well-being of Hong Kong, even the bleakest medical scenarios are given assuring moral closures.

At another level, one of the more popular genres used as a vehicle for more frequent and "incidental" public education messages is the lighthearted family drama, which mirrors the struggles of daily living in ordinary households. In these mundane contexts, these messages can be consciously placed, discussed, and demonstrated without being explicitly instructional. One such example is *Family Link* (2007), which features and in the process critiques certain routine habits of ordinary housewives, such as drying clothes at public playgrounds, and highlights avenues by which women facing financial difficulties can seek assistance in the form of social services. One opportunity to project HRMs in *Family Link* arises when its protagonist, Mung Ka Ka (Sheren Tang), displays symptoms of obsessive-compulsive disorder, becoming paranoid in a range of matters from locking her door to turning off the gas. She is shown to be in complete denial until her worried neighbor compels her to consult a psychiatrist, who explains the symptoms to her (and the audience). In the context of what has been described as the "naturalistic project" of the depiction of the "real issues" and "real settings" of "everyday life" in soap operas (Longhurst, 1987, p. 640), HRMs are smoothly transmitted in seemingly subliminal ways.

While entertaining viewers with comedy, romance, and action, TVB uses its television actors to provide tips on public and preventive health matters through the roles they play. It no longer expects audiences to be passively entertained but rather sees them as actively absorbing the HRMs within the scripts. The next case studies on Japanese television serials will show HRMs taking on a different context— not just raising awareness of the medically marginalized, but reiterating cultural notions of resilience and determination through the struggles of people with disabilities.

Dramatic and Informational: Japanese Dramas and Disability

Several recent Japanese dramas featuring a comparatively understated blend of drama and education on particular issues of disability fall into the category of “high dramatization and information” in Section 5 of Figure 2.

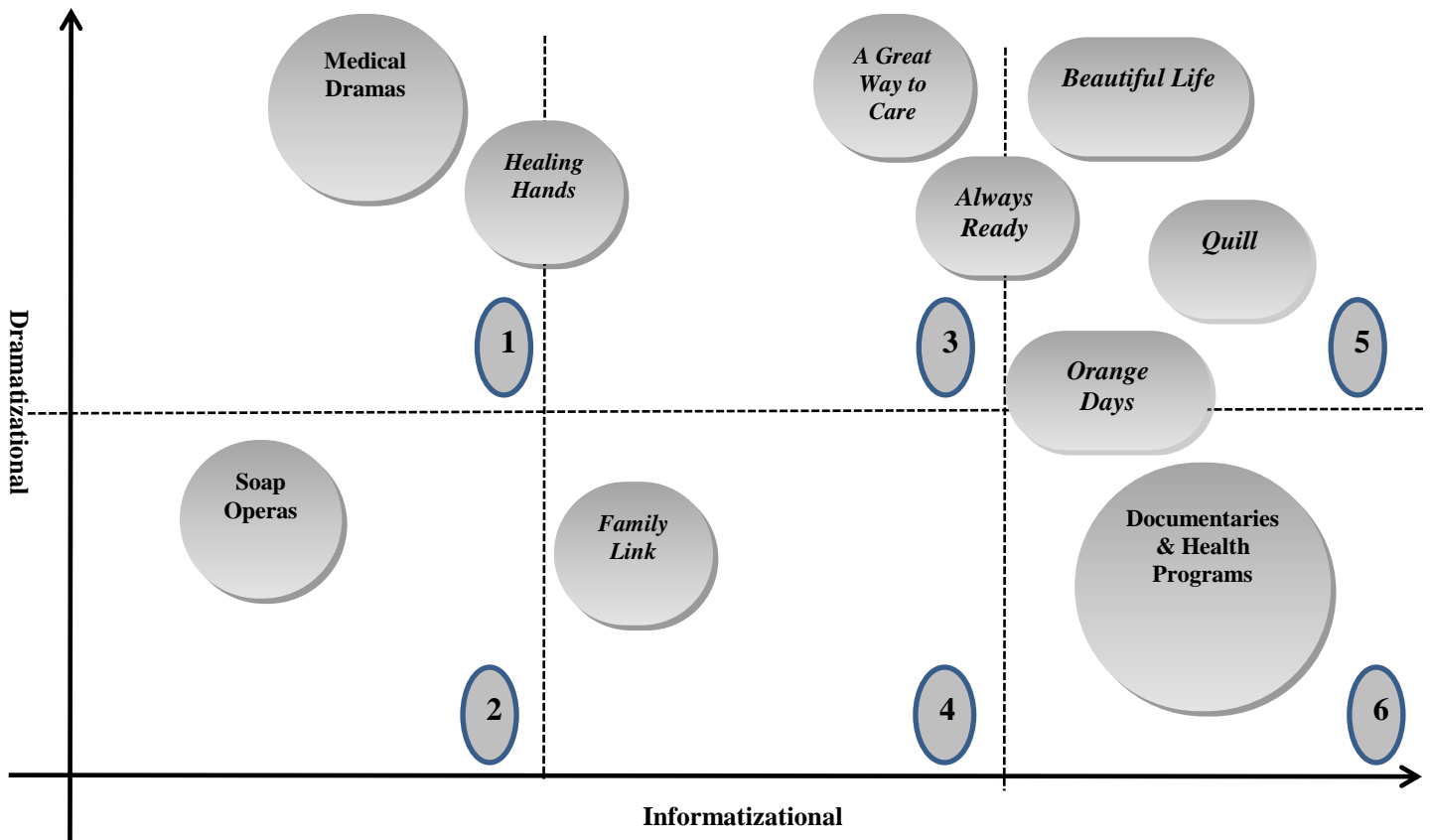


Figure 2. Dramatization-Informational Chart for TV Dramas and Films with Health-Related Messages

Disability, portrayed in nonmedicalized terms, becomes useful for dramatic representations concerning the body's personal and social performance rather than the identification and pathologization of extraordinary bodies (Garner, 2008, p. 314). A common thread in the genres of "sickness" and "disability" in these television dramas is the use of characters who give little suggestion of impairments typically associated with the elderly and the chronically ill. Instead, children, teenagers, young women, and even dogs take the lead in these productions. A central formula is to depict how these protagonists struggle to the very end against cancers, tumors, and other bodily disabilities that threaten to rob them prematurely of happiness and life. Rather than resigning themselves to fate, these protagonists muster their remaining energies to stoically face the dimming moments of their lives, inspiring friends, family, and audiences in the process.

A prominent example of using such a character as a vehicle for a social message is *Quill* (2004), which depicts the life of a golden retriever from puppyhood in a foster home through his employment as a guide dog for the visually disabled. After briefly focusing on his adorable infant stage, the series, which is adapted from a film, provides insights into Quill's training as a guide dog until he is paired up with a middle-aged visually impaired man, Mr. Watanabe, for around a decade. When his "human partner" dies unexpectedly, Quill is returned to his original foster home, where he spends his final years in retirement. Here, the endearing image of the dog is superseded by a more moving narrative of affection, loyalty, and trust in the human-animal partnership.

This production also afforded its makers opportunities to open up perspectives on people with visual impairments by depicting them as they are seen through Quill's eyes. Early on, the series reveal the difficulties of establishing a working relationship between a trained guide dog and its user as both parties adjust to one another. When Watanabe chooses to take the dog out alone during their first week together, their lack of coordination causes a traffic jam when the pair strays into the street. As a result, the first-time guide dog user faces a severe reprimand from the dog trainer upon reaching his workplace at the Center for People with Disabilities. Here, despite his visual difficulties, Watanabe is shown to be an active participant in the larger public sphere at the center. He communicates with colleagues with other types of disabilities in speech and is proficient in sign language as well. One of his speech-impaired colleagues responds by using his finger to draw images of words on Watanabe's palms, thereby communicating his question about Quill. This scene serves to demonstrate to the general public that people with disabilities are still able to communicate, not just ingeniously among themselves, but with the broader public. Rather than appearing as pitiable and neglected, the disabled characters in *Quill* remind the audience that social participation does not end with disability.

It was, however, the series *Beautiful Life* (2000) that popularized and mainstreamed such narratives on the small screen with its portrayal of a short but intense romance between the wheelchair-using librarian Kyoko (Tokiwa Takako) and the prominent, dashing hairstylist Okishima Shuji (Kimura Takuya). An initial attempt by the latter to feature Kyoko as a model in a fashion magazine paves the way for not only the blossoming of a romantic relationship, but also a more difficult negotiation between people from different social backgrounds, differences made evident by the wheelchair. The romantic relationship is not a fantasy for the audience but instead rests on Kyoko's determination to live her life to

the fullest, as an “ordinary” person would. The script treats issues of “barrier-free access” prominently. In watching Kyoko perform routine tasks like driving and buying groceries, audiences are brought to realize how otherwise minor daily struggles can be significantly obstructive for the wheelchair-bound. She must contend not only with more “able” and “able-bodied” love rivals, but also with roadblocks erected from mundane road works and pedestrian paths, as well as steps with no wheelchair access that completely halts her movement on the streets. More crippling than the physical inconveniences are the burdens she feels her conditions have imposed on her family, particularly her brother, who has to forgo his marital prospects to look after her.

Another television drama, *Orange Days* (2004), features a speech-impaired university undergraduate who became deaf as a teenager. The “normal”-looking Sae Haigo (Kou Shibasaki) seems reserved until she meets Kai Yuuki, who is taking undergraduate courses in sign language and social work. Drawn into a group of friends, Sae establishes closer relations with people who help her negotiate the silent world. *Orange Days* uncovers the traumatic disabilities beneath Sae’s superficial normality and in the process introduces audiences to the kinds of challenges the hearing-impaired face, and the resources available to them. The drama depicts the teenage Sae as a talented violinist stricken by a rare disease that suddenly causes her to lose her hearing. With the world of silence creeping upon her, the struggling student feels increasingly withdrawn and isolated, even as she tries to switch to new, higher-pitched instruments like the drum, cymbal and piano. Again, her disability plays out in everyday situations, as when she fails to make simple functional conversation with a cashier, must rely solely on writings on screen displays during lectures, or misses announcements from loudspeakers in public places. Her options in the job market narrow significantly to backroom operations, as she finds when she tries to seek employment to lighten her mother’s financial burden.

In other moments, the protagonist suspects that “ordinary people,” including her friends, are merely pitying her and using her condition to boost their own self-esteem, a nagging suspicion prevalent among people suffering from clinical disabilities. This sentiment points to the most important part of the drama: its efforts to cultivate greater sensitivity to disabled people’s insecurities about the condescending attitudes of the larger world. Here, the drama finds opportunity to introduce audiences to alternative forms of tertiary education, from sign language to physiotherapy and social work. These skills, though not the most lucrative, certainly make life more meaningful, and Kai even abandons the path of a conventional “salaryman” (a Japanese term for a salaried employee in a stable profession) to embark on a career in geriatric and rehabilitative health care.

In this exploration of the use of HRMs in contemporary Japanese television dramas, the emphasis seems to lie with protagonists’ struggles in social settings rather than as patients in the hospital. In these productions, the cause of disability takes a back seat to efforts at reintegrating, however partially, into the mainstream. Significant attention is devoted to the types of material and sociocultural challenges faced, especially by characters who are considered too young, innocent, or beautiful to suffer premature degeneration. Stibbe (2004) construes such portrayals as indicative of a trend of feminization and infantilization of disability, which reinforces the masculinist staging of the rational, able-bodied male in paternal care of his seemingly irrational and disabled female partner. In addition, like many “disability films,” such productions can be seen as “disability drag”: performances that consciously use able

characters to perform exaggerated versions of disability, deepening the invisibility of the “really” disabled as actors present the “morality tale” of each person’s journey from “disability to ability” and “inhumanity to humanity” (Siebers, 2004, pp. 16–18). Nonetheless, such productions seem to have garnered substantial response as tools for communicating awareness of disability. While terms like “bariafuri” (barrier-free) have been around since the 1970s, it was dramas like *Beautiful Life* that spurred greater awareness of the needs of people with disabilities. The most visible outcome was a sudden increase in enthusiasm for sign language after a sign language dictionary that had sold only 20,000 copies in 10 years suddenly recorded sales of 8,000 copies in eight weeks after the television drama *Hoshi no kinka* or *New Star Coins* (2001) featured a romantic relationship between a speech-impaired woman and a doctor (Sugimoto, 2001). As Frank notes regarding the appeal of texts related to disability: “The drama of fear and loss is not whether or when these will end. The suspense is whether the person suffering those losses will be consumed by fear or whether she or he will be able to articulate loss and fear sufficiently to hold them at bay through dialogue” (Frank, 2007, p. 388).

Nonetheless, Japanese dramas focus comparatively little on mental disorders other than intellectual disabilities (Saito & Ishiyama, 2005, pp. 443–444). Indicators of such disorders imply the lack of a “courageous inner spirit” of discipline and resolve, values that are increasingly attractive to Japanese pulling through the crippling effects of prolonged recession, which has become a familiar aspect of life. In general, rather than cultivating healthy and health-informed behavioral patterns, television dramas in this category emphasize what Dutta (2008) describes as “Communication-for-Social Change” messages that sensitize public knowledge and attitudes to illness and disability. By magnifying and dramatizing the mental resolve and determination of (usually) the physically disabled, these dramas, ironically, reinforce the stigma of mental health problems by implying the mentally ill are less deserving of public attention. As much as social change, the communicative process in these dramas involves the more coded and aspects of the normalization of desired and ideal sociocultural behaviors and responses to health and illnesses.

Conclusion: Televisualizing Modern Health Living

Once associated with normalizing unhealthy habits, mainstream television serials have consciously morphed toward the projection of socially positive messages. Whether legally mandated or commercially driven, the culture of restraint, health, and wellness has become part of the new standard of modern living in the televisual world as tobacco, alcohol, casual sex, and more recently fatty foods increasingly fade from the small screen. Meanwhile, global circulation of these products is introducing these new benchmarks of healthy and responsible living to the rest of the world. In the context of the Asia-Pacific region, soap operas and medical and youth-based “idol” dramas from the East Asian media centers of Hong Kong, Taiwan, Japan, and South Korea share regional airspace and DVD players with American television programs. Since the postwar decades, these productions have collectively defined and projected the aesthetics and ideals of modernity in contemporary urban life, especially for viewers in mainland China and Southeast Asia. Now, in addition to fashion, streetscapes, flashy gadgets, and romantic relationships, urban denizens must familiarize themselves with new screen lexicons of health and medicine as part of modern living.

Examination of content in a sample of materials from Hong Kong and Japanese dramas suggests a spectrum of public message delivery on the East Asian small screen. Apart from their presentation of routinized doctor-patient relations in the settings of modern hospitals and clinics, what distinguishes the productions spotlighted here is their effort to project specific, targeted HRMs to viewers as part of what Hartley (1999, p. 41) describes as “televised attempts to use oral domestic discourses to teach lay audiences modes of citizenship based on self-knowledge and identity.” The discussion here points to several strategies for creating the optimal informatization–dramatization edutainment effect by synchronizing the dramaturgical with the instructional. The insertion of scenarios, as seen mainly in Hong Kong’s TVB dramatic serials, promotes awareness of common medical symptoms, reminds viewers of healthy living, and increases familiarity with public health institutions. Placing less emphasis on the “factual,” the Japanese counterparts surveyed here seem keen to “familiarize” viewers with the serious obstacles that otherwise ordinary challenges present for people with disabilities.

Thus, around the region, audiences are exposed to both the overtly instructional and the demonstrative aspects of HRMs. These range from screen doctors’ reminders to patients to take their medications, to a depiction of a hearing-impaired university student’s attempts to read the lecturer’s lips during class. Underlying the differing health communication strategies in these dramas are efforts in East Asian television to market some of its productions as purposeful, informative and inspiring edutainment. Through these dramas’ protagonists, viewers from Seoul to Jakarta receive more than doses of HRMs. Associated with understanding the kinds of medical regimens and patient participation required in sophisticated health care facilities and services, as well as recognizing the importance of barrier-free access on the street, HRMs play a cultural role by invoking imaginings of living as modern, informed, conscious screen citizens.

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