AM
Rivista della Società italiana di antropologia medica / 17-18, ottobre 2004, pp. 179-190

1.7 *The generalized sign of the atomized subject of mass media and public health*

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The not (fully) articulated generalized sign of a 'you'

We are ceaselessly confronted with messages and information on risk and (ill)health. In public discourse, we encounter and hence, at some level, necessarily interact with a never-ending stream of risk-related messages directed at us as individuals. In these messages the singular personal pronoun of 'you'[(1)] or the possessive singular 'your is used extensively. Examples of this are: 'This is how you control your craving for sugar' or 'Check *your* risk of coronary heart disease'. This paper is based on the assumption that the endless series of similar (if not identical) images or signs which all targets a 'you', over time, will generate or produce a generalized sign which mediates meaning that goes beyond and is other than that which is conveyed by the single individual signs. I hypothesize that a generalized sign – *a type* – has been generated and, consequently, that the individual signs in public discourse on risk and (ill)health are currently functioning as individual instances or *tokens*[(2)] of this generalised sign/type. It is in interaction with this type that the individual tokens gain their meaning. As a type, the generalized sign is not (fully) articulated. Instead we encounter it through its individual instantiations, that is, through those (diverse) tokens, 'you' or 'your', we are confronted with, and through which we receive risk-related-messages. Hence, we are engaged in ongoing interaction with the type through its tokens. As the meaning of the type is not explicitly articulated, an exploration of some of the meanings it nevertheless conveys and with which we interact is what is aimed for in this paper.

This discussion draws upon a study on cultural perceptions of risk and (ill)health in contemporary Norway. In that study, mass-media served as the main ethnographic case. Over a period of three months the coverage on (ill)health and risk in six newspapers were examined closely. Subsequently, two newspapers and also colored magazines were examined for two years albeit not on a daily basis. Health education materials were also

scrutinized. As food figures prominently in public discourse on risk and (ill)health particular attention has been given to material and coverage that address food and risk.

Is it possible to claim that a non-articulated sign is in operation, and to investigate such a sign and its operations? Of course, no one has ever seen an implicit or unarticulated image, at least, not if we limit ourselves to speak very concretely. But to limit ourselves to explore, conceptualize or speak only of that which can be concretely perceived can hardly be the task of anthropology. No one has ever seen the unconscious. We nevertheless hold the unconscious be a decisive force in our lives (since Freud). It is inherent in the very nature of phenomena such as habit, tacit knowledge, unconsidered certainties, implicit or non-articulated signs that we identify them by making inferences from their manifestations, or hypothesize their existence on the basis of that which is already known to us empirically or theoretically. This is the case with regard to the tacit knowledge and the cultural signs by which we habitually interpret and understand phenomena of everyday life. Neither have 'cultural models' ever been 'seen'. What we have seen is what we perceive to be their expressions. It is from these expressions that we make inferences about the existence of such models. That we cannot measure and/or describe exactly such phenomena cannot prevent us from attempting and even striving to identify and understand them. If we should refrain from doing so, anthropology would be merely a discipline of concrete ethnographic descriptions.

The theoretical framework that guided the investigation and informs the discussion here is semiotics in the tradition after the American philosopher Charles Sanders Peirce and especially as it has been interpreted and adumbrated by David Savan (SAVAN D. 1987-88) and Vincent Colapietro (COLAPIETRO V. e.g. 1989), but also as it has been developed into a formal semiotic anthropology by Milton Singer (SINGER M. 1980, 1984, 1991). In this tradition, 'sign' designates the dynamic triadic sign and is anything that stands for something (called its object) in such a way as to generate a new sign (its interpretant). Insofar as something carries significance it might be called a sign or more precisely, a *sign-vehicle* it is that by which something is conveyed or carried (COLAPIETRO V. 1993). A sign is consequently defined by 'function', its capacity to convey and mediate meaning and significance. Anything, for example, images, words, concepts, gestures, events, objects, sounds, inscriptions or (complex) collections or generalized entities of such signs, can function as signs. It is through signs that the world takes on meaning for us. Importantly, our ability to produce and interpret relevant, effective signs in diverse, shifting situations (our semiotic compe-

tency) does not entail semiotic consciousness, that is, our focal awareness of signs *as such* (POLANYI M. 1983). On the contrary, such competency depends upon our signs being 'transparent': normally we look *through* them – not *at* them (MIDDELTHON A. L. - COLAPIETRO V. 2004). The ease of looking through signs, however, may seduce us into overlooking their importance. This may be even more so in cases like the one we are considering here: the emergence and work of a generalized sign or type that is not fully articulated in its individual instantiations.

The 'subject' of the public discourse on health and risk

A conspicuous feature of media's coverage on health and risk can be found in its presentation of risk, that is, one by one. Statistical correlations are harvested by, or presented to, the media in a piecemeal fashion. This reflects media's demand for 'stories' as well as the tools of epidemiology by which correlations are ceaselessly established and risk factors continuously identified: one by one. Further, mediated through public discourse, epidemiological data tend to be re-presented as knowledge about simple causal relations between individual 'risk factors' and disease. We are exposed to endless series of identified 'risks' and, not infrequently, to withdrawals of 'risk factors' formerly conveyed to us as scientifically established facts.

It is not only our risks that come to us one by one; in this discourse, the addressees are approached one by one. The individual is the locus of control of risk associated with (ill)health, and expected to navigate cunningly and 'rationally' upon the information with which he or she is confronted: 'Know your risks and act accordingly!'. Such an individualisation or privatization of risk has been discussed by many (for example GASTALDO D. 1997, NETTLETON S. 1997, OGDEN J. 1995, 2002, PETERSEN A. - LUPTON D. 1996, HILDEN P. K. 2003 and in this volume, see also CRAWFORD R. 1977 for an early discussion). By making the individual person the target of information and the locus of risk-control, he or she appears as his or her own saviour or terminator; a (solitary) mediator of his or her own illness and health, life and destruction.

One of the ways in which the privatization/individualization of risk-control materializes in media and in public health or health education is found in a conspicuous use of the singular 'you' (*du*). When public health or health education material is scrutinized, one quickly realises that the plural 'you' (*dere* in Norwegian) is found only very rarely. It is the single 'you' that is addressed when information is offered about presumed 'risks' and how to

handle them. This is also the case when so-called target groups are approached, messages will still be addressed to individual members of the group. The 'you' is used to achieve a personalizing of risk; to make the recipient, reader or buyer *identify* with messages such as 'Sun can give *you* cancer' or 'Prevent *yourself* from sexually transmittable diseases' and hence replace the 'you' with a personal 'I' or 'me'. The techniques and tools employed in personalizing of risk and (ill)health in mass media and new public health have their roots in neither of them. It seems significant that this approach originated and was subsequently developed, in commercial marketing.

Norwegian journalists have termed the personalizing journalism '*DU journalistikk*' ('YOU journalism') or '*DUnyheter*' ('YOU-news') *etc.* These Norwegian terms do not have an English equivalent, some of them will nevertheless be used in (direct) translation so as to convey a sense of the particular location where this discussion evolved. However, regardless of the term employed, it is my unambiguous experience that as soon as the 'personalizing you-approach' is exemplified by text or image the phenomenon is recognized.

The current use of 'you' in media is a fairly recent development. An indication of just how recent is found in a textbook for students of journalism published in 1989 (ROKSVOLD T. 1989). In Roksvold's discussion of angles from where writers may approach their readers, *du-vinkel* (the 'you-angle') is categorized as an angle solely used in commercial marketing. According to Roksvold, this approach was not found in journalism or literature in the late eighties (ROKSVOLD T. 1989: 169). Even if this should not prove to be absolutely accurate, it indicates how recent a phenomenon this approach is. It is significant that this discursive style which today is taken almost for granted as being one among the major approaches of media, could hardly be found on its repertoire at the end of the eighties (at least not in a Norwegian context). Not only does this testify to the speed by which changes can happen, it also tells us something about how quickly a novel way of addressing people may turn into a seemingly inevitable mode of doing so. The change is reflected in today's textbooks for journalists. In their discussion of news genres, Østlyngen and Øvrebø (ØSTLYNGEN T. - ØVREBØ T. 2000: 374) include what they designate as *du-journalstikk* ('you-journalism') *and DU-nyheter* ('YOU-news'). They characterise this approach as intrusive in form, as an approach which makes our whole life their (the journalists') business and can be understood as a kind of 'life-education-journalism' (*livsanvisningsjournalistikk*). Østlyngen and Øvrebø (*ibidem*: 373) discuss how the voice of the 'you-news' and 'you-journalism' work by establishing a form of parental authority to their readers. While messages come forth as

decrees ('You' should do this if you want to protect yourself from …!), the convincing potential of factual information is also exploited (Eat carrots and protect *yourself* against cancer). Østlyngen and Øvrebø (*ibidem*: 371) describe how the texts of media oscillate between instruction and information. It seems plausible to suggest that this is fairly close to the approach of health education or public health material.

It is not only in relation to risk and (ill)health that we are addressed through a 'you'. Parallel modes of address are found in the ways media relate to financial concerns. Some examples from the mass media may illuminate this, for example: 'Here are the banks that give *you* the best interests', 'Check how many years *you* have to work to get full pension' etc. Perhaps the realms of health and financial issues are the ones where the use of 'personalization' is most pronounced. 'Risk management' was indeed developed in the field of economy (BERNSTEIN P. 1996). The striking similarity in coverage between the areas of health and financial issues indicates that we are dealing with a cultural phenomenon of a somewhat general, or at least, rather encompassing character.

Fig. 1 *Illustration text: Unique heart test can save your life. Take the new doctor's test in Dagbladet [name of newspaper]*

The singular *du* and *ditt* (possessive pronoun) is not only found and used in headlines (cf. Fig. 1) in the coverage that follows them, most newspapers and magazines are dotted with small rubrics conveying information on risk aimed at a 'you'. In addition to the provision of (more or less factual) information about risk factors, simple and quick tests which the readers are encouraged to take in order to check their risk and/or (ill)health and, the readers are offered information on how to manage or control risks as for example what to eat, how handle the boss, how to sit correct etc. The information is sold/sent/offered to countless numbers of viewers/listeners/readers, all addressed or approached as a single 'you'.

What subject, what self?

The manner in which the language of market economy and its logic have penetrated public discourse is a much discussed and analyzed phenomenon. Work has been done on concepts and signs such as 'market', 'selling' and 'product', and, the transposition of these from the realm of liberal market economy to operate in new fields or contexts (e.g. VON DER LIPPE B. 1999). Little attention (if any) has been given to cases where signs of the market – e.g its 'you' – starts operating in realms where the same term is already in operation as a sign-vehicle for a meaning quite other than that which the sign of the market conveys. In such cases, nothing in the term itself will suggest whether the newly introduced 'you' carries meaning which is different from the meaning conveyed by the designation(s) already in operation in this context. It may not be immediately clear whether a 'you' is a token (an individual instantiation) of the neo-liberal type of 'you' (and hence gains its meaning from that type), or a token of a type which mediates quite another understanding of what it is to be a human being. Hence, the 'self' or 'subject' of the personalized journalism and also of health information material needs to be explored. Questions need to be posed as to whether that 'self' is the 'self' of everyday experience (or a phenomenon similar to it?

In order to approach this question I need to briefly sketch the approach to the phenomenon of subjectivity that I draw upon here. The approach to subjectivity developed after the semiotic of Peirce, emphasizes our capacity for self-reflection, performativity (the capacity to take on and discard roles) and also our self-division (the self is not merely a conscious agent but also an unconscious being). Moreover, in the same manner as there is no 'I' without a 'me' (no subject without a capacity for self-reflection), there is *no*

'I' without a 'we' (no subject apart from relations, community or society). Importantly, this 'we' is not a 'we' external to the subject but a 'we' which is *both* internal and external to the subject. In sum, this subject is a corporeal (embodied), historic, inter-subjective (communal), meaning making (sign using and sign interpreting), self-reflecting, enculturated, social and political being. She or he has a body and a history, possesses and uses signs and language(s), live in relation to others (individuals and collectives), has power and is subjected to power, and is an agent - a 'doer' (cfr. for example COLAPIETRO V. 1989, SILVERMAN K. 1983).

Interesting contrasts appear once we apply such dimensions to the individual that is presented in mass media health discourse. If such an application is to be pursued, an inquiry into only those features which are *manifestly present* will *not* suffice. There is a need also to search for *thoroughgoing absences*. Is something *consistently lacking* in the images or signs we are continuously confronted with, compared to the dimensions emphasized in a semiotic understanding of subjectivity? It should be noted that 'absence' is *not* meant here to imply a complete lack of a particular phenomenon in the sense that that which is identified as being characteristically absent has *never* been present in *any* connection or at *any* time. 'Absence' is meant to convey that when or if the (generally) lacking dimension *has* been present; its presences have been far too insignificant and/or all too sporadic to have made a sustained impact on the generalized sign or type discussed here.

In my examination of media coverage and health information materials, at least three voids of relevance to the discussion of the 'you' or 'subject' of public discourse on risk and (ill)health emerged. The *first* void was encountered in a thoroughgoing lack of a 'we'. A community or something similar was hardly ever present in relation to the 'you' considered here. The 'I' which the singular 'you' is strategically used to evoke came forth as an 'I' without a 'we', that is, as a black boxed non-communal, non-social, and hence non-inter-subjective, being. It is not as if groups were never addressed in the media or by new public health. Rather, when they were addressed, they were so as 'collections of single individuals' and only very rarely as 'collectives'.

In fact, even where the subject matter might call for communal action on the part of members of a group, the possibility of such communal action is not engaged. For example, a news item reported [(3)] on an epidemiological finding which seemed to suggest that *jordarbeidere* (construction workers working on and with soil) suffer a particular health risk through exposure to pathogens in the soil. Of course, such workers share not only this partic-

ular alleged elevated level of risk to their health, they also share a particular relationship to powerful 'other'; viz. those to whom they sell their labour, their employers. Thus, the headline for the news report could conceivably have called upon these workers to *organize* at the face of this threat. Such was not the case. Instead, the headlined read «The workers (*jordarbeidere*) should get themselves vaccinated». In other words, on the basis of an epidemiological finding, individuals (belonging to a collection of individuals) were called upon to act; not the collective as such. The distinction between a collective and a collection of individuals is crucial here. I should be noted that at times families were addressed but when they were they too were related to as insulated entities existing outside or not belonging to any larger 'we'[4]. After having been exposed to series of signs, images or tokens of the 'you' in mass media and health information material, the image that emerged was an image of a self *without a life world*; a self-contained and insulated self. Such an absence or lack of life world can be seen as one property of the generalized sign (or type) of mass media and health education and new public health.

The *second void* concerns the body. Of course the 'you' of public discourse on risk and (ill)health has a body, but that body is not just *any* body. The focus of the health messages and media coverage is indeed to a large extent on the body, for example, on what you should and should not eat, and on how you should and should not conduct yourself physically in order to become or stay healthy, and/or to keep or get a fit body. But the image of the body with which we are addressed and by which messages are given, is nothing like our own (at least this is the case for the vast majority of us). The body of the risk and (ill)health discourse is either the idealized body or the despised body (for example the extraordinary fat or 'misshaped' one cfr. COULTER L. 1996, PITTS V. 1999). In general, the body of health materials and mass media is not *corpo* "real" but *corpo* "ideal" (or the antithesis of such an ideal e.g. the very fat body). Hence, people on whom messages concerning their bodies are ceaselessly thrust, will search in vain for their own bodies in these messages and images.

The *third void* concerns time and history. Only very rarely did the 'you' or 'subject' have the kind of history we often, in everyday life, refer to as 'personal history'. Neither did this 'you' live in what we more generally term 'history'. The 'subject' of mass media and new public health did not come forth as a historic being except in one particular sense; with regard to health, it had a future which it colonized, or by which it was being colonized (what you eat today will eat you tomorrow). Giddens (GIDDENS A. 1991) discusses how (in late modernity) we colonize the future (*ibidem*: 111)

and how the future colonizes the present (*ibidem*: 3). In this regard, but in this regard only, the 'subject' has temporality.

That the generalized sign – or type – of the 'subject' is not fully articulated does not mean that nothing is openly conveyed by it. As discussed above, it is certainly articulated and conveyed beyond doubt that this 'you' is the locus of risk management and control. The most dominant of its manifest traits is indeed the position of this 'subject' as being its own risk controller/ manager. Castel's (CASTEL R. 1991) description of contemporary public health strategies as ones which in practice have replaced the notion of an individual self with the notion of the individual or the self as a certain combination of risk factors captures this phenomenon well. Based on what is argued above, his description may be taken even further. The inherent notion of the 'self' or 'subject' of new public health and mass media is one which relates to the self as an "atomised" or "insulated manager" of its own particular cluster of risk.

At least some properties of the generalized sign may now be summarized. Besides that it openly points at the individual as a solitary controller of its own risks, it seems that the sign of the 'subject' we encounter in the personalised journalism and new public health carries with it an image of its 'subject' as an atomized 'subject'. It conveys an image of a self-sufficient, solely self-reliant, utterly self-contained as well as fully self-maintained and self-sustained subject. A 'subject' without a body of its own which operates outside history and independently of others; a non-communal 'subject'. It is not without significance that inherent in this sign we will also of necessity find the notion that you can trust no-one but yourself. Consequently, everybody else become a potential enemy. Hence, the 'subject' mediated by this 'type' through its 'tokens' is not of our world. But can we nevertheless say that this figure – which none of us have encountered in our lived lives and most would claim to be an impossible figure – is a living creature? It seems to me that this fantasy figure is very much alive and at work as the subject and hero [(5)] of neo-liberal capitalist thinking and practice.

Lastly, and even if not the theme here, the personalizing approach cannot be discussed without also mentioning the one who is (constantly) pointing at me with the aim of making me identify with the 'you' by which I am addressed. Somebody seems to possess an institutional right to talk to you in a manner normally reserved for e.g. a family situation. While 'sender' is the term conventionally used to express this position, in this case 'pointer' seems to be a more accurate designation. Of course, individual health education or health information pamphlets have a sender or named pointer,

and often quite a visible one; such as a governmental body or a non-governmental organisation. The message of the media also have a named sender or pointer like *TV2 Hjelper deg* ("TV 2 helps you") or *Dagbladet* (tabloid newspaper) *is on your side*. But on a general level the omnipresent pointer seems to be a nameless one.

Conclusion

I have argued that the endless stream of messages and coverage directed at a single 'you', over time, will have generated or produced a generalized sign/type of this 'you', a sign which carries meaning that goes beyond that which is openly conveyed by the individual signs. As a type, the general sign is the one from which the single individual signs, its instantiations or tokens, gain their meaning. The *type* of the 'subject' of mass media and that of new public health share defining features with neo-liberalism's self-contained and self-maintained type of 'subject'. The similarities between the two are striking to such a degree that it seems reasonable to suggest that the 'subject' (type) of mass media and public health – in practice – are merged with that of neo-liberalism – at least, in the context of risk and (ill)health

I have tried to show that with regard to risk and (ill)health we are addressed through signs which mediate 'selves' and 'subjects', which in decisive ways are different from the 'selves' and 'subjects' of our lived lives. While the type of the 'subject' of mass media and new public health does not have a life world, such a person has never been encountered in real life (this, of course, does not omit the fact that life worlds may be felt as unsatisfactory, too small or even evil). As it is omnipresent, the sign of the atomized 'subject' is a sign by which we might come to think and communicate without being fully aware of doing so. Hence, we may come to mediate – to ourselves and others – implicit meanings which are not only alien but also potentially detrimental.

We are currently experiencing serious threats to the welfare state and other communal modes of organisation and practice. While the welfare state was founded on reciprocity of the kind we are trained to name 'generalized reciprocity' (SAHLINS M. 1988), the logic of the neo-liberalist kind of 'reciprocity' may be seen as its inversion. It is a fundamental principle of the 'reciprocity' of the market that its 'subject' takes out exactly what it has put in – plus of course, interests and/or profit. This logic runs contrary to the whole idea of the welfare state and communal ways of thinking. In sum,

much may currently be at stake with regard to how we perceive 'selves' and 'subjects' and consequently with regard to the potential for communal action and practice, community and society.

Notes

(1) It should be noted that in Norwegian "du" designates only the singular "you", the plural one is termed "dere".

(2) Charles Sanders Peirce developed the type token distinction: «Type is a sign considered as an indefinitely replicable entity or function; token, an individual replication or instance [...] There can be numerous tokens of a single type» (COLAPIETRO V. 1993: 200).

(3) Dagsavisen 19. April

(4) Calls for changes at structural levels are also rare. Such is the case both in public health and in media coverage. In media, there are certainly cases where authorities are called upon to act or accused of neglect, but this does not eliminate that fact that, in general, messages on risk and health target the individual person.

(5) An important discussion which I cannot pursue here relates to shame. For even if this 'subject' is the hero of neo-liberalism it is also a very shameful subject. That is the trap of this figure. This 'subject' is one that is completely on its own. And that is in many ways a shameful position to be in. To be self-sustained and self-contained is to not need anybody and not be needed by anybody. To be atomised and self-sufficient is to be outside love as this is a position outside or without a 'we'. (e.g. PIERS G. - SINGER M. 1953).

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