

TRAVELING MEDIA STRUCTURES: ADAPTATION AND DEMARCATION IN CHINA'S PUBLIC SARS DISCOURSE

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KEYWORDS

China, SARS, new media, (non-)official discourses, counter-publics, media structures, intercultural comparison, modernity

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Traveling Media Structures: Adaptation and Demarcation in China's Public SARS Discourse

_Abstract

The flow of communication structures across various media formats can be traced back to the printing press culture of early modern Europe, where three distinct media features appeared: disagreement, sensationalism, and self-reference. These features continue to characterize health communication in today's online media (Bogen 2011; 2013). This study investigates whether these media structures also characterize contemporary health communication in non-Western countries like China, which are undergoing a modernization process. By taking European structures of healthcare communication as a point of reference, I will analyze how Chinese healthcare communication differs from its European counterpart. This paper takes SARS (the first globally emerging infectious disease of the 21st century) as a case study. While the SARS discourse illustrates the existence of these communication structures in the Chinese media and indicates some convergence between East and West, it is clear that these media structures have been adapted to a specifically Chinese cultural program of modernization. Moreover, I will identify 'non-European' structures that can be explained by China's specific cultural background, and explore the processes of transfer and demarcation that occur when media structures are adapted across cultures.

1_Theory of Multiple Modernities

There are two faces to modernity. The first, European face, is familiar to most of us as a result of the European Enlightenment and the legacy it has left over the past 300 years.¹ The second, global face, is rather less familiar to many of us. It is the reflection of the modernization processes that have occurred across Latin America, Asia and Africa. These processes are not universal, but shaped by cultural characteristics — resulting in a variety of culture-specific modernities. Confronted by globalization and new visions of modernity, Europe has to rethink its traditional values and reframe its own processes of modernization, acknowledging that they too are culturally specific and without the universal validity often attributed to them.² Chinese cultural theorist Tu Wei-Ming argues that the distinctive modernity developing in East Asia and other non-Western cultures helps Western societies better understand their own modernity.³ East Asian academics argue for a “reinvention of a Chinese discourse approach” and a corresponding reflection on the distinctively Chinese character of China's modernization process.⁴

Shmuel N. Eisenstadt suggests that most modernization theories proposed during the first half of the 20th century expect modern societies to converge — they assume that the Western model of modernization would ultimately prevail across the globe.

However, Eisenstadt highlights three different dimensions of modernization (*structures, institutions, culture*), and argues that even if the structural causes of modernization resemble each other, the distinctive cultural programs inherent in different societies will provide different solutions to these problems. In other words, there may be structural convergence as societies face similar problems, but its realization will diverge significantly across different regions and cultures.⁵ This essay seeks to develop this important insight via a comparative and anthropological analysis of healthcare communication in Europe and China during the severe acute respiratory syndrome (SARS) epidemic of 2003.

Healthcare communication refers to the discussion of healthcare-related issues in the media and in public, and the provision of healthcare-related information through different channels. The basic assumption of this paper is that Chinese and European cultural patterns of both discourse and practice of healthcare differ significantly, despite being rooted in a shared set of problems. These include, for instance, the spread of epidemics undeterred by political or social boundaries, worldwide use of new information technologies in healthcare, the role of media in providing information and education to the public, the knowledge gap between doctor and patient, and the commercialization of doctor-patient interactions. By applying Eisenstadt's theoretical approach of multiple modernities to the way in which healthcare issues are communicated in China and in Western Europe in particular, we identify a threefold process of adaptation and demarcation that falls into what Eisenstadt calls the '*structural dimension*' of modernity:

- a) New Media: the emergence of a Chinese blogosphere within a relatively favorable political climate, led to new forms of interpersonal communication that could connect large numbers of people, bypassing official communication structures. Media distribution has a long history of strict regulation in China, so these developments of the first decade of the 21st century provided a unique and unprecedented media phenomenon in China. From when the first newspaper in the world emerged during the Tang dynasty (an official newspaper called *Di Bao*) until the second half of the 19th century when the first commercial and less regulated newspaper called *Shen Bao* was founded by Western missionaries in 1872, media distribution was strictly regulated by the emperor. Thus, official

newspapers (Di Bao) throughout this period served to disseminate predominantly royal court news and were intended for an audience of officials and bureaucrats to maintain the monarchy.⁶ In contrast, Shen Bao aimed to introduce science, society news, world news, legends and literary pieces⁷ in colloquial language to the folk, but a general audience of newspaper readers was not achieved, and these papers were mainly read by officials and intellectuals.⁸ Furthermore, the newspaper industry was looked down upon by the general public during the late Qing dynasty, because the people who ran it⁹ were seen as collaborators of foreign powers (especially in the aftermath of the opium wars).¹⁰ Due to widespread illiteracy and a “backward education system,” a general audience was still largely absent even during the Republic of China (1911–1948),¹¹ when an unprecedented variety of newspaper types were accessible (run by political parties, businesses, scientists, artists, and independent liberal-minded journalists).¹² Under Communist rule (from 1949), mass media became the Party’s mouthpiece, and the independent newspapers were quashed, even after the reform and opening up in 1978. It was only the emergence of the internet as an increasingly popular medium by the end of the 1990s that began to provide not only an alternative source of information, but also a means for Chinese citizens to circumvent traditional media dependencies, and create information within a temporarily less rigidly censored media environment.¹³ These new online media and SMS thus caused a structural change and the emergence of a Chinese public sphere that could be accessed by the general public, making Chinese communication align more closely with its Western European counterpart.¹⁴

- b) Media Structures: intercultural transfer processes, and particularly the adoption of Western European media patterns, led to changes in the Chinese mass media through use of three media structures (disagreement, sensationalism and self-reference). Over the past decade, with the emergence of social media, Chinese media scholars have noticed an increase of disagreement and negative sensationalism in non-official discourses. These scholars note that the “disharmonic voices online put pressure on the government to maintain political stability” and the dissemination of “sensational events” and “misleading information” causes social instability.¹⁵ My analysis will highlight that all three European media

structures (i.e. disagreement, sensationalism, and self-reference) were already present in the Chinese pre-social media era. However, these adopted media patterns have been modified during the SARS crisis according to China's institutional and cultural dimensions of modernity, leading to a distinctive Chinese modern mass media culture. Specifically, the Chinese government's censorship of mass media and the internet monitoring system have given birth to online sub-cultures that satirize the government's attempt to impose restrictions on the emerging public sphere.¹⁶ For example, a counter-public of SARS jokes (sensationalism occurring in a negative context) circulated online and via SMS during the SARS epidemic in China but did not emerge in the SARS discourse of Western countries.

- c) Novel Communication Patterns: China's journalistic values are meant to publicly promote "socialist spiritual civilization" and "socialist modernization of China."¹⁷ The revised version of the Chinese professional journalist code of ethics from 1997¹⁸ asks journalists to serve the Party by guiding public opinion and by "adhering to the principle of positive propaganda" and "positive style."¹⁹ Chinese reporters are encouraged to be patriotic by covering predominantly positive news about politics and social life to promote social harmony, rather than highlighting conflicts and contradictions as Western European media do. Thus, the limits imposed on the mass media (by journalist culture and state regulations), along with the availability of new forms of communication via SMS and the internet, have brought about a distinctive pattern of official communication on healthcare-related issues in China that are unknown in Europe: we see an additional media structure of *patriotism*.

2 Processes of Transfer and Demarcation between China and Europe in Medicine and Mass-Mediated Communication

Having discussed the structural dimension of modern Chinese healthcare communication in the previous section, I now turn to its institutional dimension. Institutionally, the Chinese model of healthcare diverges from its European counterpart through the roles played by the individual, the family, and the state. Whereas the state is expected to provide a system of social security in Europe, in China help is provided by family, neighbors, friends, and the state's role is to provide the economic stability and prosperity that enables the people to take care of each other.²⁰ This Chinese conceptualization

of social security is also closely related to the cultural dimension of Chinese modernity. Chinese culture is rooted in values of collectivity and solidarity, and places great significance on social bonds. Culturally, the government plays a role in guiding public opinion to foster political trust. Unsurprisingly, these factors all lead to a healthcare system that differs significantly from those found in Europe. Although the institutional structures of healthcare in China have changed dramatically over the last few decades (sometimes converging with, sometimes diverging from the European model),²¹ the cultural commitment to collectivity and social solidarity has remained remarkably constant. This supports the idea that institutional change and modernization need not amount to a change in cultural values.

Although the interaction of Eisenstadt's three dimensions of modernization (structures, institutions, culture) have helped develop a uniquely Chinese model of healthcare, *transfer processes* have occurred between China and Europe throughout history. For example, when Chinese medical science began to promote its status as an alternative to Western medicine in the 1970s, China's membership in the World Health Organization forced the Chinese healthcare system to adapt to international standards, especially regarding the prevention of epidemic diseases. Such give and take across cultures also occurred in the development of the Chinese *media*. Three particular features of Chinese media are worth highlighting:

- a) The Chinese government asserts control over *official media* content and media distribution, with the aim of legitimizing party rule, creating political cohesion and harmony, and avoiding social upheaval. This explains the serious censorship of both state and private mass media. Typically, negative news is not allowed to be published during special national events, as was the case during the SARS epidemic with the National People's and Party's Congress in November 2002 and March 2003. Chinese reporters were prevented from covering the epidemic initially by the Law on Keeping Secrets and other regulations about news coverage of infectious disease,²² and various Propaganda Departments acted as gatekeepers to deny reporters these official permissions. When SARS first started to spread in the southern province of Guangdong, the Propaganda Department of the Central Committee issued a document stating that all SARS news reports should claim the epidemic had been successfully controlled (Feb. 7, 2003).²³ The Guangdong Provincial Party Committee then urged the media

to “guide public opinion with an authoritative voice” to “minimize social panic” (Feb. 11), and by the end of February, the Propaganda Department of Guangdong Province banned reports because criticism would affect “social stability.”²⁴ Furthermore, the “Law on the prevention and control of infectious diseases” stated that only the health departments of the central and provincial governments could report on the epidemic, and that a release by the health department was required before any information could be reported by journalists.²⁵ The so-called secrecy laws (which consider almost all areas of social life to be national secrets) make it difficult for journalists to determine which information ought to be considered secret.²⁶

- b) Structurally, the Chinese media have come rather closer to Western models, as they have adopted Western forms of news presentation (e.g. infotainment and personalizing news stories).
- c) New media technology (here: internet, SMS) has enabled the Chinese public to engage in a form of virtual public discourse that had been unprecedented in the previous 60 years of communist rule. The decentralized Chinese internet of the late 1990s “broke the government’s information monopoly and generated a public space for citizens to discuss state related issues and to form an influential opinion that is not represented in government controlled traditional mass media.”²⁷ This Chinese online public sphere is not distinct from the state due to regulations of the Chinese internet by the State Council, the Ministry of Public Security and the Ministry of Information Industry that tried to restrict the freedom of online speech since the introduction of the internet to China in 1994.²⁸ However, although there is no kind of Habermasian deliberation, the emergence of a platform for a large *non-official discourse* still allows for some sort of balancing of interests. As far as health communication is concerned, the consensus of public opinion gets channeled to the Chinese government through monitoring of all media, and if public pressure is large enough, the general public has the power to bring about change in how the government is handling the dissemination of health news and in how it designs new health policies (e.g. food safety regulations).²⁹

The interaction of Eisenstadt's three dimensions within Chinese healthcare and media systems have led to the emergence of a distinctively Chinese type of cultural modernization that shapes present day healthcare thinking in China. The present study aims to demonstrate this by contrasting the intersection of medicine, healthcare, mass media, and the public sphere in Europe and China.

3_Communication Structures: Historical Background of a Western European Healthcare Discourse

Public communication about healthcare issues and information can be characterized in contemporary Western European mass media by three distinct features (*disagreement*, *sensationalism*, and *self-reference*), which can be traced back to the media upheaval that occurred at the beginning of the book and press culture in 17th and 18th century Europe.³⁰ This beginning of modernity was also marked by a new paradigm of individual self-empowerment via "self-reflected 'reason,'"³¹ so most of these structures (with the exception of different types of sensationalism) are designed to foster the reader's critical thinking capabilities.

It is worth noting here that Europe (excluding Russia and the Balkans) can be envisioned as a relatively open, homogenous and connected public sphere of communication in the early modern period, with its center located in Central Europe plus Great Britain, France, Italy, and the Netherlands.³² Even before the emergence of such a public sphere, Reformation historians have identified a "shared European culture of public health print" (broadsheets, flysheets and pamphlets) that was used by early modern European city governments to coordinate the different regional public health strategies of trading centers in Italy, France, Switzerland and Germany in order to control the spread of epidemics (e.g. plague) by travelers.³³ Hereafter, when I speak of a Western European discursive space, I refer to Great Britain, France, the Netherlands, Switzerland, Austria and Germany, due to changed notions of what is considered to be Western and Central Europe.³⁴

Disagreement refers to the media's tendency to present a counterpoint to any position advanced. For example, if one expert says X, another 'expert' is found who says not-X, or a single author may introduce conflicting evidence in a media article or online comment. Since the evolution of Europe's first mass media, the audience has been confronted with a continuous increase of *contradicting* information in the media. Thus, the

inconsistency of published knowledge was a topos of 18th century European high-culture critique (Kulturkritik).³⁵ Since contradictions question the plausibility of existing arguments, there is a pressure to look for new orientations. This dialectic between consistency of meaning and differentiation has been prominently described by Max Weber as the motor of cultural development in Europe. The media upheaval at the emergence of the internet has only further increased contradiction in public discourses.

Sensationalism is the media's primary strategy for attracting attention. Sensationalism occurring in a *positive context* means that the public is misled because it only hears one (euphemistic) perspective. If sensationalism is used in a *negative context* however, the public can be either misled by scaremongering, or the public can be enlightened, as is the case with satire (where exaggerations make the audience aware of shortcomings in society). Sensational representations of information became a conformity in (pre-) modern Western European mass media.³⁶ Since the emergence of the dialectic of attention economics in 18th century Europe,³⁷ seeking the attention of and enlightening readers have become conflicting goals within media,³⁸ and the fight for public attention intensifies with each new media upheaval.

Self-reference refers to the logic of interwoven structures of media communication in modern societies. An author who makes self-referential considerations critically analyses how a given topic is communicated in the public sphere. In doing so, the author might also use the stylistic means of satire, but only to highlight those shortcomings that are related to mass-mediated communication. Discourses in the media relate to each other continuously, establishing a web of opinions and perspectives that are often grounded more in the media and its critical, ideal, or utopian ideas themselves than in reality. Since the beginning of the 18th century,³⁹ *self-reference* has been developed in both fictional⁴⁰ and non-fictional texts within an emerging, autonomous Western European system of literature. These authors generated discourse patterns and self-reflexive structures by critically observing and commenting on public discourses in the form of meta-narrative texts.⁴¹ While doing so, these authors educated readers of printed texts to critically observe both oneself and the action system of literature (i.e. reading or literary socialization).⁴² Since then, the compulsion for a permanent self-monitoring of mass-mediated communication has increased and occupies both professional media producers and audiences in today's public spheres.⁴³ For this reason, some scholars consider self-reference to be a signum of postmodern times.⁴⁴

These three communication structures (disagreement, sensationalism and self-reference) were present in 17th and 18th century books, newspapers, magazines, and autobiographies, and are still found today in Western European media reports on healthcare-related matters, both in traditional media or on the internet.⁴⁵ In China, the social impact of the implementation of digital media at the beginning of the 21st century can, to some degree, be compared to the media upheaval that happened when printing technology spread in early modern Europe. Although these two media shifts occurred during different periods of time and within different cultural settings, they both resulted in the birth of a general public that actively shapes discourses on health and illness. Technological media evolution, societal media use, and public discursivization⁴⁶ are all interdependent, as illustrated by the systematic problems of mediated health information described above (contradicting information, sensational information, media's permanent self-monitoring), which are methodically used in this paper.

A vivid illustration of the complicated interaction between European and East Asian media discourse on healthcare occurred during the SARS global epidemic in 2003. The context of the decade in which the SARS epidemic occurred in is particularly noteworthy, as a Chinese blogosphere had emerged in 2002⁴⁷ within a relatively favorable political climate when the newly elected political leaders were willing to “establish a newly founded transparency and more open communication.”⁴⁸ In the second decade of the 21st century, this window of transparency has been gradually closing again due to the emergence of national versions of social media that—in contrast to the internet forums and SMS of the first decade—only allow for a non-anonymous communication within small private groups and fragmented public spheres.⁴⁹ Thus, the question arises whether the less rigid media censorship during the first decade of the 21st century allowed for the flow of communication structures that rather resembled its Western European counterpart.

4. Communication Structures: Methodology

As such, communication structures serve as a suitable analysis grid to explore the concept of distribution in comparative media case studies; they help to identify similarities and differences in how (health) information is distributed across different cultural contexts, as well as how this is influenced by power structures, new media technologies and journalist cultures. Detecting these features within the Chinese SARS discourse

can help us identify a) transfer processes from European to Chinese media (convergence), b) processes of modification (adaptation of European structures to Chinese cultural context), and c) processes of demarcation (unique Chinese communication structures) that distinguish the presentation of healthcare knowledge in the Chinese public sphere from that in European media.

In the first stage of this study, I conducted a systematic review of English-speaking secondary literature analyzing Chinese SARS discourse. I used the aforementioned European media structures as an analysis grid to find out whether these scholars describe phenomena that can be assigned to one of these structures. As the existing literature emphasizes a patriotic nature of the media language about SARS,⁵⁰ I decided to add ‘patriotism’ as an extra structure on my analysis grid. This resulted in a final analysis grid of four media structures: disagreement, sensationalism, self-reference, patriotism. Next, I conducted a search with the Chinese search engine Baidu, specifying:

- a given time frame (i.e. November 2002, when the first cases were reported in Guangdong, to June 2003, when the epidemic in China was successfully contained),⁵¹
- certain Chinese keywords (e.g. ‘SARS’, 非典, ‘SARS jokes’, 非典笑话, ‘SARS short message’, 非典短信)
- protagonists (e.g. ‘Dr. Jiang Yanyong’ or ex-Health Minister ‘Zhang Wenkang’).

This search resulted in 79 SARS media articles by Chinese journalists, 187 online forum-comments, and 132 short message texts (SMS, here: SARS jokes) by Chinese netizens. No SARS-related online content could be found for November and December 2002. Once again, the four media structures served as an analysis grid, so only media articles, online comments and SMS that contained one or more of these media structures were selected, leaving 98 publications in total (100%). The official discourse is represented by 55 journalist articles (56.12%) written by 46 different authors, and the non-official discourse is represented by 43 sources (44.88%), which is split up into the two sub-categories of 27 online comments (27.55%; written by 27 different netizens), and 18 public SARS jokes/SMS (18.37%; collected and uploaded online by 5 different netizens). Surprisingly, the comments found were posted in online forums (BBS) that were popular at the time,⁵² but almost none⁵³ appeared below journalist articles, as it is

usually the case with other media topics. The SARS jokes exchanged in 2003 in the form of public SMS have been archived by netizens in the form of online posts.⁵⁴ Since all of the jokes I encountered were posted after the change of official communication strategy (April 20, 2003), I refer to other scholars' observations when discussing personalized SMS communication in the initial stage of the crisis.

Finally, I determined which of the four structures occurred within each reference, and conducted a statistical analysis to show the frequency of each media structure within the 98 sample texts. Each reference was categorized according to its source (i.e. 'official' or 'non-official,' with non-official references subdivided into online comments and SMS), and publication period (i.e. 'phase 1,' during the initial stage of crisis or 'phase 2,' afterwards). This allows me to compare how structures change over the course of the SARS discourse, and to determine, among other things, who (official or non-official) disagrees how often with whom.

The following discourse analysis demonstrates how the non-official SARS discourse displayed European media structures, and provoked a change in the government's communication strategy (i.e. from active suppression of health information at the dawn of the epidemic, towards using media to improve public health education). The quantitative analysis is intended to supplement the qualitative analysis of primary literature (my sample texts) and secondary literature (research on SARS discourse in China and abroad). My findings are summarized in two tables (Tables 1 and 2) and one bar diagram (Table 3).

5_Discourse Analysis of Chinese Health Communication on SARS

Public Communication at Its Initial Stage

When the first SARS cases appeared in the southern province of Guangdong in November 2002, Chinese mass media remained silent for four months.⁵⁵ Prominent Chinese government officials attempt to justify this in retrospect as a strategy to prevent mass panic;⁵⁶ but the recently elected government (President Hu Jintao and Premier Wen Jiabao, elected in March 2003) may have been unwilling to risk their legitimacy and political stability by publicly admitting to a healthcare catastrophe. Regular news reporting on contentious matters was also inconceivable during the national New Year celebrations and the National People's and Party's Congress in November 2002 and

March 2003.⁵⁷ During this period of public silence in which SARS reports were officially banned,⁵⁸ the virus kept spreading, first inside and then also outside of China. The first official media reports (published from March 11, 2003 onwards⁵⁹) and the first national press conference on SARS (televised live at the beginning of April 2003) downplayed the seriousness of the situation.⁶⁰

However, ordinary people did not believe these optimistic reports and proclamations of no crisis—they had already learned of the huge number of SARS cases via mobile phone text messages that were exchanged among friends and family members. The government became torn between prosecuting those who spread ‘false rumors’ on SARS via SMS messages⁶¹ and allowing audiences to spread “potentially disruptive information” during a health crisis.⁶² According to Haiqing Yu, mobile phones and the internet “were the major carriers of information on SARS” from January 2003 until mainstream media eventually began to report on SARS extensively by the end of April.⁶³

Some Chinese physicians who watched the official TV reports about SARS in early April became outraged by the blatant disinformation. Knowing the truth first-hand, they reported their version directly to U.S. American media. Retired army surgeon Dr. Jiang Yanyong wrote a letter of complaint to several Chinese news outlets (CCTV-4 and Phoenix TV) but was ignored by Chinese media. However, he aroused international awareness when he publicly questioned the government statistics on new infections in the *Time Magazine*.⁶⁴ The World Health Organization (WHO) evaluated the situation on site, and WHO Beijing director cautiously endorsed Dr. Jiang’s claims as “very credible.”⁶⁵ Foreign media reports questioning the official line were in turn read by the Chinese population via the internet.⁶⁶ The government could no longer stick to its storyline and had to change communication strategy.

Thus, we observe the phenomenon of *disagreement*, which is characteristic of Western European healthcare communication, in the initial stages of Chinese health communication on SARS. Disagreement was present in the personalized SMS communications among ordinary people, in discussions on (anonymous) online forums (BBS),⁶⁷ which served as the preferred platforms for Chinese user comments on sensitive topics and on public officials,⁶⁸ and in the disclosures made by some physicians to international journalists (SARS-subculture). However, due to the structural and institutional

dimension of Chinese modernity, there was a lack of contrarian information in government-ruled mass media. Hence, among the 16 (out of 98) primary sources that were published before the government's change of communication strategy, only one journalist article—which was censored⁶⁹—disagreed with the official discourse. The other publication backed up the government's claim that the epidemic was under control, and exhibited disagreement by contradicting foreign media reports instead.⁷⁰ The cultural ethics of Chinese journalism imply that media reports should build up *consensus* rather than stimulating the audience to join in a chorus of polyphonic and opposing voices.⁷¹

Sensationalism in the Chinese mass media reports on SARS and healthcare-related issues is striking, as it mostly occurred in a *positive* context. The Chinese journalists' code of ethics, asks reporters not to mislead the audience's attention by exaggerating events in a negative way.⁷² This contrasts with European sensationalism which typically has a negative dimension, as it is taken for granted that bad news is good news. Despite the fact that Chinese academia still disagreed on the nature of the virus, we encounter sensationalism from mid-February (when local media claimed that hospitals in Guangzhou could treat the disease),⁷³ until the beginning of April (when Health Minister Zhang Wenkang claimed that the SARS epidemic would be under effective control).⁷⁴ Sensationalism is a common feature of Chinese media reports, and differs from its Western European counterpart as a result of the distinctive institutional (government), structural (media censorship during political events, socialist journalistic values) and cultural (respect, harmony) dimensions of Chinese modernity.

The personalization of healthcare communication outside of the mainstream media seems to be one of the most salient features of Chinese health communication on SARS: a communicative reality was created by ordinary people via mobile phones and the internet (counter-public). *Private* messages were exchanged between families and friends, and a body of *public* SMS texts were circulated in Chinese society—messages that were transmitted and rewritten frequently during the four months of media silence and beyond.⁷⁵ In this context, features typical of European health communication did occur: namely, *disagreement* and *sensationalism occurring in a negative context*. People not only criticized the inadequate emergency response system and its inability to prevent the spread of the disease, but also decried social ills that were rooted in political

evils like corruption and suggested satirically that they could be ‘cured’ by the outbreak of SARS. One saying was:

The party failed to control drinking and eating with public money. SARS succeeded;

The party failed to control travelling with public money. SARS succeeded;

The party failed to reduce mountains of paperwork and endless meetings. SARS succeeded;

The party failed to control deceiving one’s superiors and deluding one’s subordinates. SARS succeeded;

The party failed to eliminate prostitution. SARS succeeded.⁷⁶

These rhymes not only questioned government actions, but also mocked the SARS-induced panic that led people to empty out supermarkets, pharmacies and apothecaries, or sterilize their money and face masks in the microwave.⁷⁷ Jokes which addressed scare shopping by Guangzhou residents compensated for Guangdong Propaganda Bureau’s ban on local media reports about such topics in February.⁷⁸ One journalist article mentions that media’s general tendency to report only positive news (sensationalism in a positive context) has made people to be unprepared for times of public emergencies and to spread rumor about an unknown pneumonia in Guangdong via the internet and SMS in January/February 2003 (sensationalism in negative context).⁷⁹

Change of Public Communication Strategy

The Chinese government was eventually forced to change its mass media coverage of SARS to prevent losing credibility. However, such a loss could also have occurred if government regulations on the flow of communication were to change suddenly and radically. Thus, all Chinese national mass media began to implement a patriotic rhetoric when reporting on SARS. From April 20, 2003 (when the Ministry of Public Health declared its war on SARS), until the end of May 2003 when the SARS crisis ended, a nationwide campaign against SARS was launched by the government, characterized by a *patriotic media discourse*.

Television and the press reported on President Hu, Premier Wen, and the newly-appointed Health Minister and Vice-Premier Wu Yi’s travel to affected areas.⁸⁰ Journalists emphasized China’s current close cooperation with WHO to show the leaders’ strong commitment to handling the situation,⁸¹ but stayed silent about their criticism of the initial downplay of the epidemic.⁸² Wu Yi, chosen to be one of the most influential

people worldwide by *Times* magazine,⁸³ was restaged as a mascot for the new track of transparency.⁸⁴ Scientists were portrayed searching for remedies —using both traditional Chinese medicine as well as Western biomedicine.⁸⁵ Images and texts depicting doctors and nurses in military uniforms and well-equipped hospitals circulated the mass media in an effort to portray medical personnel as “tireless warriors”⁸⁶ in the “battlefield,”⁸⁷ and as national heroes who sacrifice their family life for the greater good.⁸⁸ This patriotic discourse was closely connected to the theme of communist values, and Party members were frequently depicted as volunteers sacrificing their health on the front line.⁸⁹ Other media formats like stamps,⁹⁰ poems,⁹¹ songs,⁹² diaries of medical personnel,⁹³ TV shows about SARS (e.g. 我们众志成城 “We are all united”)⁹⁴ and videos⁹⁵ praising medical staff and ordinary people were all released, meaning to reinforce cultural values like loyalty, collective orientation, individual sacrifice, moral spirit, and social unity in the “People’s war” (President Hu) and mobilization against SARS. Out of all 98 analyzed publications, 37 items showed patriotism, making it the second most frequent media structure in the collected sample texts. Of these 37 items, only 5 are from non-official sources (all 5 in online comments; none in SMS texts), indicating that the patriotic discourse was mainly employed by journalists who act as the mouthpiece of the Chinese government. This is typical of a media system that draws its roots from an authoritarian philosophy, where media’s role is to serve the goals of the state.⁹⁶

Sensationalism in official media reports continued to mostly occur in a *positive* context in order to mitigate public fear. Reports emphasized that a SARS hospital in Beijing had been built in a single week.⁹⁷ Chinese cultural theorist Zhang points out that any negatively-sensational reports (e.g. “Unidentified Epidemic Likely to Cost Hundreds of Lives” as a hypothetical headline) could never have appeared in Chinese official discourse, as news media are required to keep to the Party’s political position.⁹⁸ It follows that riots opposing quarantine measures were never reported.⁹⁹ My own analysis shows that on the rare occasion that quarantine efforts made it into the media, journalists used a euphemistic style. For instance, one reporter mentions the initial discontent in Beijing, but presents the citizens as finally becoming supportive due to the “peaceful atmosphere” created by government’s provision of people’s daily needs.¹⁰⁰ Although SARS had a disproportionate economic impact, both worldwide¹⁰¹ and

within China,¹⁰² national leaders described the development of Chinese economy at the time as “good.” Positive sensationalism is exhibited in 26 of the 98 publications, but they all come from official sources. Thus, similar to the structure of patriotism, it is mainly the group of journalists who advocate a euphemistic perspective of the SARS epidemic.¹⁰³ All of this exemplifies a distinct form of communicative interaction that is absent in contemporary European healthcare communication: identity-building via public discourses on epidemics.

According to scholars, this public discourse helped to strengthen the national spirit and legitimize Party rule.¹⁰⁴ However, the sample texts suggest that public discourse was far from unified. Analysis shows *disagreement* to be the most dominant of all four structures (57 out of 98 articles). It also shows that the fraction of sources showing disagreement almost doubles from the initial phase to the second phase. Of the 57 items voicing disagreement, only 16 come from official sources.¹⁰⁵ In particular, *non-official sources* tended to voice more disagreement with official statements than with non-official statements (27 examples of non-official sources disagreeing with official statements, compared to only 18 examples of non-official sources disagreeing with a non-official statements; please note that these sets overlap, as some sources voice disagreement with both official and non-official statements). However, some journalists do voice disagreement with official sources (11 examples out of the 55 journalist sources collected).

My analysis also shows that the Chinese state was not immune from media criticism of its public communication, with 32 of 98 sample texts containing the structure of *self-reference*. Of these 32 items, 14 were journalist articles, 13 were online comments, and 5 were SMS texts. I encountered tense debates between users of online forums trying to either justify or criticize the sudden change from silence to extensive coverage.¹⁰⁶ We witness self-referential considerations in *non-official discourses* when netizens blame the terminology used by academia and other knowledge institutions (e.g. Chinese Center for Disease Control and Prevention, CDC) for having deceived the public about the severity of the disease.¹⁰⁷ Some netizens give voice to their weariness of the patriotic tone in newspapers and TV.¹⁰⁸ Others join in with the media’s patriotic tone, remarking that all Chinese citizens should be regarded as “soldiers”¹⁰⁹ or voicing nationalist sentiment against the Japanese and U.S. Americans on whom they wished the disease.¹¹⁰ There is a category of SARS online humor published during the height of

the anti-SARS campaign (April–May), in which we can also find the communication structure of self-reference, with jokes that make fun of the government’s patriotic media language¹¹¹ and criticize media censorship.¹¹² As Zhang pointed out, these jokes rephrase SARS media campaign slogans like “The will of the masses will form a Great Wall for SARS prevention” that the government adapted from the national anthem in an effort to mobilize the masses.¹¹³

Arise,
Ye who refuse to be *infected*,
With your *money*,
Let us build our Great Wall *against* SARS!¹¹⁴

Other jokes questioned the quarantine efforts,¹¹⁵ which mainstream media had presented in a positive way.¹¹⁶ With the help of SARS humor, citizens could mock the euphemistic (positively sensationalist) and patriotic style of official media reports. The SARS jokes and satirical comments that were passed on via mobile phones and the internet compensated for the limited degree of *disagreement, sensationalism occurring in a negative context*. —here in the shape of satirical comments— and *self-reference* in the official media structures. Less official expressions of misgivings were also common —for example, some privately owned Chinese newspapers took on the people’s desire for interaction and participation by printing news items written by readers even during the SARS crisis.¹¹⁷ The popularity of such jokes and the *bottom-up* discourse it enabled among the public were visible when even the government news services published (relatively tame) SARS jokes on its own website.¹¹⁸

According to the tenor of scholars who analyze the *official discourse* on SARS, there was very little self-referential consideration in the media. The government never publicly admitted that it had deliberately concealed facts; it instead blamed officials at the *local* level for having not reported the relevant information in a timely and adequate manner.¹¹⁹ Even investigative TV magazines like CCTV’s *Focus*, which had become known for breaking the convention of covering only good news, failed to openly criticize the state’s early handling of the epidemic.¹²⁰ However, I also encountered a handful of journalist reports criticizing the public communication of *national* institutions (CDC and media propaganda departments)¹²¹ and national mainstream media who (in

contrast to local media in Guangdong in mid-February) didn't cover controversial debates among academia that questioned the official line about the disease's cause,¹²² and remained silent about local reports of an "unknown virus."¹²³ The analysis of my text samples suggests that although self-referential considerations are more common in non-official discourses, journalists' discourse does also account for a considerable part of criticism of the government's public communication strategy (56% of all items that show self-reference are online comments or SMS, i.e., come from non-official sources; the remaining 43% come from journalists, i.e., official sources). However, in most cases, the journalists' *self-referential observations* are *limited* because they lack a cause analysis.¹²⁴ Articles offering some explanation for the initial news blackout or discussing solutions (e.g. information disclosure law) are rare.¹²⁵ Similarly, in contrast to non-official discourse,¹²⁶ critical assessments of prominent political figures were only allowed for those who had already been dismissed (Zhang Wenkang, April 26, 2003).¹²⁷ Journalists, in contrast to netizens,¹²⁸ spared new leaders from any critique. One outstanding exception, published the very day of the government's change of strategy, were the reporters from the investigative magazine *Caijing* who decried the national leaders' and media's suggestion that SARS can be cured with antibiotics because its cause is chlamydia, arguing that the public communications were sensationalistic, unscientific and even blatant lies. They criticized forms of censorship, including the State Council's (Wen Jiabao) order that no national research institution was to publish any research on the SARS pathogen without prior authorization from the leading groups of the CDC and the Ministry of Health (April 13).¹²⁹

Even the news stories that describe the role Dr. Jiang Yanyong played in the turning point of SARS reporting (by uncovering of Zhang Wenkang's lies) appear to lack self-referential considerations. The audience never learns why Dr. Jiang's letter of complaint was ignored, who "passed the letter on to foreign reporters," or for what reasons.¹³⁰ Was it the Chinese way of sticking to the rules (of self-censorship) while simultaneously circumventing them (by leaking the letter), to see Dr. Jiang righted without having to take responsibility? Although one journalist indicates that it was the hospital's press and propaganda department that prevented *Caijing* from interviewing Dr. Jiang,¹³¹ most authors fail to critically assess their own journalist culture when giving voice to hospital managers who blame Dr. Jiang for having talked to foreign media.¹³² Finally, in 2006, the Chinese scholar and National Committee member Zhong Nanshan

discussed the shortcomings of communication on SARS (self-reference) in a foreign academic journal (self-reference).¹³³ Moreover, some journalist articles still remain inaccessible.¹³⁴

The following table summarizes my findings about media structures in Chinese discourses on SARS. The first table illustrates my qualitative analysis, while the second and third tables illustrate my quantitative analysis. Note that there is a discrepancy between the qualitative and quantitative tables. We know from the literature that many SARS jokes already circulated in the initial phase, however, my sample only contains a collection of SMS that were uploaded by netizens in May 2003. It is impossible to accurately determine the date of origin for each joke (this seems to be inherent to the nature of jokes), so I decided to classify all SARS jokes as belonging to the second phase.

	Official discourse	Non-official discourse
Initial stage of epidemic	1_ – 2_ Sensationalism, positive 3_ – 4_ –	1_ Disagreement (SMS, online comments) 2_ Sensationalism, negative (SARS jokes) 3_ Self-reference (Dr. Jiang Yanyong) 4_ –
After government's change of communication strategy	1_ Disagreement to a limited degree 2_ Sensationalism, positive 3_ Self-reference to a limited degree (Zhang Wenkang; no cause analysis; censorship of online comments) 4_ Patriotism	1_ Disagreement 2_ Sensationalism, negative (SARS jokes) 3_ Self-reference (SARS jokes on media coverage; netizens analyze media language) 4_ Patriotism to a limited degree

Table 1

Data per Source and Phase

		Type of Source		
		official	non-official	all sources
Time of publication	phase 1	10	6	16
	phase 2	45	37	82
	both phases	55	43	98

Data per Source, Phase, and Structural Feature

		Official Source		non-official source		both
phase 1	dis	3	dis	4		7
	pos sens	4	pos sens	0		4
	neg sens	0	neg sens	3		3
	self-ref	1	self-ref	2		3
	pat	6	pat	3		9
phase 2	dis	13	dis	37		50
	pos sens	22	pos sens	0		22
	neg sens	3	neg sens	23		26
	self-ref	13	self-ref	16		29
	pat	26	pat	2		28
both phases	dis	16	dis	41		57
	pos sens	26	pos sens	0		26
	neg sens	3	neg sens	26		29
	self-ref	14	self-ref	18		32
	pat	32	pat	5		37

Percentages per Source, Phase, and Structural Feature

		Official Source		non-official source		both
phase 1	dis	30%	dis	67%		44%
	pos sens	40%	pos sens	0%		25%
	neg sens	0%	neg sens	50%		19%
	self-ref	10%	self-ref	33%		19%
	pat	60%	pat	50%		56%
phase 2	dis	29%	dis	100%		61%
	pos sens	49%	pos sens	0%		27%
	neg sens	7%	neg sens	62%		32%
	self-ref	29%	self-ref	43%		35%
	pat	58%	pat	5%		34%
both phases	dis	29%	dis	95%		58%
	pos sens	47%	pos sens	0%		27%
	neg sens	5%	neg sens	60%		30%
	self-ref	25%	self-ref	42%		33%
	pat	58%	pat	12%		38%

Table 2

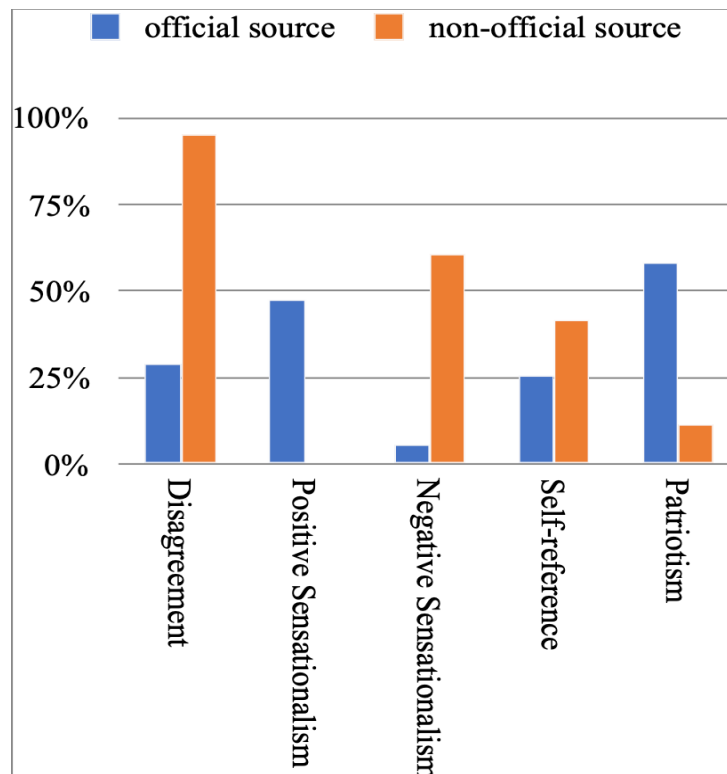


Table 3

6_Comparison to Western Discourses on SARS

According to scholars who analyze the framing of infectious diseases, Western media reporting follows two distinct phases. The outbreak is first presented as frightening and threatening (i.e. scaremongering, *sensationalism occurring in a negative context*), followed by reassurance that the epidemic can be contained (euphemistic account, *sensationalism in a positive context*).¹³⁵ Journalists reassure the audience by shedding light on medical progress, and ‘othering’ the situation,¹³⁶ i.e. presenting the disease as being restricted to certain social groups (AIDS) or regions (Ebola).¹³⁷

This pattern was found, as expected, in Western discourses on SARS. For example, “alarming” and “pessimistic” language was used at the beginning (here: New Zealand media).¹³⁸ This was followed by employing metaphors of control¹³⁹ and presenting the disease as a problem of others (i.e. the Chinese) for the second phase (here: UK media).¹⁴⁰ In contrast, Chinese government officials already used the strategy of ‘othering’ in the first phase, when Zhang Wenkang claimed that there were only cases in Guangdong.¹⁴¹ Even after the government changed its communication strategy, negative news

was mostly published in relation to ex-Minister Zhang Wenkang's media performance (in both official¹⁴² and non-official¹⁴³ discourse), whereas Western reports heavily criticize the Chinese government in general for having downplayed the epidemic and thus delayed its containment.¹⁴⁴

Thus, whereas sensationalism in Chinese official media occurs in a positive context throughout the health crisis to sustain 'harmony,' it occurs in Western media only during the second phase of SARS-reporting.¹⁴⁵ Furthermore, in contrast to Western media which communicate "*conflicting* messages and confusion to the public" (here: Canadian media),¹⁴⁶ Chinese journalists were eager to communicate clear messages by employing a patriotic tone —'our nation will win the war'— and covering dissenting voices and disagreement would have undercut this *patriotic* tone.

Official Chinese media framed disease control as a 'war' —not only because SARS was regarded as an immediate threat to the nation, but also because SARS discourse was used to build identity. Chinese *non-official* discourse also used militaristic language, but for the public to simultaneously parody and affirm state ideology. As Yu pointed out, the rhymes refer to the opposing positions of the Chinese government on two ongoing wars —the heroic fight of the Chinese nation against SARS and the illegitimate fight of the USA against Iraq.¹⁴⁷ Interestingly, researchers of Western SARS discourses observed that the lack of militaristic language in Western media (here: UK media) was unusual because it had been characteristic of the metaphorical framing of transmittable diseases since the 1980s.¹⁴⁸ Moreover, none of the scholars that analyzed Western media reporting observed the phenomenon of SARS-subculture.

In summary, my analysis shows a threefold intercultural transfer process of adaptation, modification, and demarcation. Whereas positive sensational and patriotic reports characterize Chinese official discourse, Western media reports cover the outbreak in a negative sensational style (modification of sensationalism, demarcation: patriotism). Whereas Western media criticized the Chinese central government, Chinese journalists' freedom to criticize politicians and media regulations was restricted (modification of disagreement, limited degree of self-reference). In contrast, it was the Chinese non-official discourse that employed media structures very akin to those in Western European health discourses (adaptation). At the same time, the formation of such a satirizing

counter-public was not seen in Western European discourse (demarcation), where the role of official media is not to serve the state, but to supervise it.

7 Conclusion

The Chinese public sphere is characterized by a complicated interaction of citizens, journalists, and the state. By applying Eisenstadt's three dimensions of modernity to the analysis of media structures in Chinese SARS discourse, we see that the interaction of:

- a) the institutional dimension (authoritarian government, Party rule);
- b) the cultural dimension (value of social harmony, state's role in providing economic and social stability and in guiding public opinion); and
- c) structural dimension (i.e. laws for media regulation, media censorship, socialist journalistic values aiming at building consensus)

bring about a distinctively Chinese type of modernization that shapes present day healthcare thinking and media distribution of healthcare communication in China.

My discourse analysis demonstrated that during a four-month silence of Chinese national media (exception: Guangdong local media), a small counter-public emerged (exemplified by Chinese doctors like Jiang Yanyong, and citizens' communication via SMS and BBS online forums), which compensated for the lack of *disagreement*, *sensationalism in a negative context*, and *self-reference* in the published official discourse. This provoked the government to change its communication strategy to a *patriotic* media discourse that was intended to legitimize party rule, but was parodied by Chinese citizen's SARS humor (*self-reference*). In order to cater to growing counter-publics, criticism of dismissed government officials was allowed within certain boundaries, while new leaders were staged as forerunners of a more transparent public communication style (*sensationalism in positive context*).

"SARS-subculture" is a vivid and rare example of how the periphery (ordinary people) tries to affect the center (government and their media organs) and how the center responds with concrete actions ranging from a change in information policy and risk management within the health care system to changes in international communication and cooperation. Although, as Eisenstadt remarks, the influence of the periphery on the center in hierarchical societies like China is weaker than in Western European societies (where a multitude of centers and collectives exist),¹⁴⁹ the SARS-crisis demonstrates

how changes in health communication were made possible by new media that couldn't be effectively controlled during a time when the Chinese blogosphere was in its infancy.

It should be noted that the Chinese internet has changed considerably since the SARS epidemic. Communication has moved from blogs and SMS to social media, and as software continues to develop, these will be censored with increasing effectiveness. Thus, presumably *disagreement*, *self-reference*, and *sensationalism occurring in a negative context* in non-official discourses of social media will only show up temporarily until this content is censored. However, the structures of *patriotism* and *sensationalism in a positive context* will likely continue to dominate official discourses. I predict that China will soon demonstrate how social media, new data analytics, and the newly evolving surveillance systems of citizens' communicative acts (social credit system) can be used by authoritarian states to both (a) govern public discourses on any topic, and (b) take public opinion into account when making policy decisions.

Nevertheless, the healthcare communication observed during the SARS epidemic supports Eisenstadt's theory that the interaction of shared problems (i.e. those posed by healthcare crises and internet legislation), with distinctive cultural and political background conditions and unique structures (restricted or censored structures of communicative possibilities) lead to the development of a distinctive form of modernity. The combination of newly available, less regulated technologies (i.e. internet and SMS at the time) coupled with a relatively favorable political climate, enabled a general public to emerge, bypass official communication structures, and actively participate and shape public discussions on a scale unseen before in communist and pre-digital China

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Endnotes

- ¹ The two most common assumptions about European modernity (i.e. Enlightenment philosophy and its conception of individual autonomy; and a cultural-intellectual revolution that led to political and economic revolution) are well described and questioned by Strath and Wagner. The authors argue that the key components of Europe's concept of modernity should be regarded as normative commitments that have actually never been realized. However, the authors underestimate the role of mass media for the cultural transformation of early modern Europe. See: Bo Strath and Peter Wagner, *European Modernity: A Global Approach* (London/New York: Bloomsbury, 2017), 186–193, here: 1–2. For a more comprehensive perspective on the importance of an emerging European public sphere for Europe's legacy, see: Elizabeth L. Eisenstein, *The Printing Press as an Agent of Change: Communications and Cultural Transformations in Early Modern Europe* (Cambridge: Cambridge University Press, 1979). See also: Sabrina Alcorn Baron, Eric N. Lindquist and Eleanor F. Shevlin, eds., *Agent of Change: Print Culture Studies after Elizabeth L. Eisenstein* (Amherst: University of Massachusetts Press, 2007).
- ² Shmuel N. Eisenstadt, "Die Vielfalt der Moderne: Ein Blick zurück auf die ersten Überlegungen zu den 'Multiple Modernities,'" in *Europa und die Europäer: Quellen und Essays zur modernen europäischen Geschichte*, eds. Rüdiger Hohls, Iris Schröder and Hannes Siegrist (Stuttgart: Franz Steiner Verlag, 2005), 169–172, here: 170–171.
- ³ Wei Ming Tu, *Confucian Traditions in East Asian Modernity: Moral Education and Economic Culture in Japan and the Four Mini-Dragons* (Cambridge: Harvard University Press, 1996).
- ⁴ Shi Xu, "Towards a Chinese-Discourse-Studies Approach to Cultural China: An Epilogue," in *Discourses of Cultural China in the Globalization Age*, ed. Doreen D. Wu (Hong Kong: University Press, 2008), 243–253, here: 246–247.
- ⁵ Eisenstadt is referring here to Western Europe in relation to Japan. See Shmuel N. Eisenstadt, *Die Vielfalt der Moderne*. 3rd ed., translated by Brigitte Schluchter (Weilerswist: Velbrück Wissenschaft, 2011), 111.
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- ⁸ Xuemin Wang, *A Study of the Early Stage of Shen Bao's Relationship with Readers – Based on a Text Analysis of Shen Bao from 1872 to 1882* (Dissertation, Shandong University, 2013), 14, 17 [王学敏, "早期'申报'与读者关系研究 – 以 1872–1882 年为中心, 山东大学, 2013] (my translation).
- ⁹ These included lawyers, journalists, novelists, Western medicine doctors, and political activists. See also: Shuowei Ling, *Journalism and Fiction – Focused on the Early Society in Shen Bao Sentiment*

- Journalists Press* (Dissertation, East China Normal University, 2007), 2–3 [凌硕为, “新闻传播与小说情调,” 华东师范大] (my translation).
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 - 14 Habermas describes the emergence of a sphere of discursive interaction and non-governmental opinion-making for the emerging middle class within Western Europe (Great Britain, France, the Netherlands, Switzerland, Austria and Germany), following the emergence of the 18th-century printing press. This reasoning public enjoyed the freedom to publicly discuss any matter of public interest, come to an agreement, and channel its social concerns to political authorities. Deliberate outcomes were brought about by genuine argumentative interactions between the discourses of institutionalized deliberations (state) and informal networks (citizens). See: Jürgen Habermas, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society* (Cambridge: MIT Press, 1989).
 - 15 Peiren Shao and Yun Wang, “How Does Social Media Change Chinese Political Culture? The Formation of Fragmentized Public Sphere,” in *Telematics and Informatics* 34 (2016), 694–704, here: 695, 699.
 - 16 Shao and Wang, “How Does Social Media Change Chinese Political Culture?,” 699.
 - 17 The latest version of the code of conduct is from year 2009, see: “China News Workers’ Code of Professional Ethics,” *China Journalist Association Network* [“中国新闻工作者职业道德准则”, in: 中国记协网] (my translation), (2009), accessed November 09, 2019, <<https://www.cecc.gov/resources/legal-provisions/china-news-workers-code-of-professional-ethics-chinese-text>>.
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 - 20 Anne Dorothee Köster, *Gesundheitspolitik und Transformation in China: Reformoptionen für ein zukunftsfähiges Gesundheitssystem zwischen Pfadabhängigkeit und Innovation* (Bayreuth: Verlag P.C.O., 2008), 304.
 - 21 Hendrichske suggests the model of co-evolution for those processes, which may be seen as an elaboration of Eisenstadt’s theoretical concept, at least for specific branches of modernization. See Hans Hendrichske and Barabara Krug, “Framing China: Transformation and Institutional Change through Co-Evolution,” in *Management and Organization Review* 1.4 (2008), 81–108.

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- 28 Li summarizes all 13 regulations that were released by the Chinese government between 1994–2002. See: Li, “Will the Internet Form the Public Sphere in China?”.
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- 36 Niklas Luhmann, *Die Realität der Massenmedien*, quoted in Christoph Türcke, *Erregte Gesellschaft: Philosophie der Sensation* (München: Beck, 2002), 98.
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