The Media Narratives of Relatives:

Are We Missing the Nuances?

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“An individual never has anything to do with another human being without holding something of that person’s life in their hands.”

K. E. Løgstrup

Introduction

“It’s not only the people affected who are the protagonists. It’s very much also the relatives!”

That realisation struck me in January 2023 as I stood at Hammel Neurocenter with my camera, filming a married couple because the husband had just been admitted with a stroke.

It was the first day of filming for Season 1 of my DR1 documentary series Min ødelagte hjerne (*My Broken Brain*) about people who have sustained a brain injury.

Over the following six months, with Hammel Neurocenter as my point of departure, I would portray some of the many ordinary people whose lives are turned upside down overnight by a sudden brain injury. My intention was partly to follow healthcare professionals in their rehabilitation work and partly to follow those affected in order to create greater visibility and understanding of what it means to be one of the 230,000 Danes living with an acquired brain injury. The idea was that, following the broadcast of the series, this large group of people would be able to engage with the world without constantly having to explain their condition. They would be able to refer to the series and thereby provide others with a nuanced and detailed insight into the challenges they faced in everyday life. People would also know how best to communicate with and support those affected when needed. In other words, it was a very public-service-oriented approach to producing a documentary series.

However, on that first day of filming, it became clear to me that the true protagonists of this story should not be those who had been affected. It should be their relatives: their spouses, their children, their parents, and their siblings.

Certainly, it was unfortunate and tragic for those affected, who had now lost mobility, aspects of their personality, and cognitive abilities. They clearly had an important story to tell. Yet an equally profound tragedy was unfolding on the sidelines among their relatives. The difference was that no one seemed to notice it. Given that each person with a brain injury has, on average, at least three to four relatives, we are talking about a very large and overlooked target group.

At the same time, I felt that relatives are rarely allowed to be anything more than a secondary storyline within the narratives of those affected. A secondary storyline in which they often play one of two roles: either as the innocent victim of a family member’s misfortune or as a necessary resource in an economically strained healthcare system.

Now, however, I had the opportunity to communicate a more nuanced narrative about what it means to be a relative. For that reason, the decision to shift *My Broken Brain* from being the story of those affected to being the story of their relatives was not difficult to make.

This forms the background to the present report, in which I will examine how the media most often communicate stories about relatives. Drawing on the three pillars of constructive journalism—solutions, nuance, and democratic dialogue—I will consider whether the narratives that are published qualify as constructive. Or whether we can do a little better.

I will use my own series as a point of reference and as an object of analysis, while also incorporating the podcast Ramt i hjernen (*Struck in the Brain*), which I produced for Hjernesagen. In the podcast, I primarily speak with relatives of people with brain injuries in order—just as in *My Broken Brain*—to give them a voice. But did I realise the constructive potential of the documentary series and the podcast series? This is something I will examine more closely.

For perspective, I will speak with health journalists from DR, Jyllands-Posten, Politiken, and Ekstrabladet. I will also speak with a patient and relatives' association to gain a better understanding of whether they think constructively when referring journalists to stories and case studies drawn from their own membership base.

First, however, I will establish an understanding of what it means to be a relative and how relatives experience their situation, as this forms the basis of many of the narratives that the media subsequently communicate. This will be the focus of the report in the following sections.

What Is a Relative?

My point of departure for outlining and defining what constitutes a relative is VIVE's comprehensive report on relatives, *Who Are the Relatives in Denmark?* from 2025.

According to VIVE, relatives constitute a substantial proportion of the population. A total of 2.2 million Danes—or almost every second adult—are relatives of one or more individuals.

The report is based on the premise that the role of relatives in Denmark has changed in recent years as a result of increasing pressure on the welfare state. Consequently, relatives have become, to a greater extent than previously, a necessary resource within an economically strained healthcare system. This places growing demands on relatives, and it is this issue that the report seeks to map and examine.

At an overall level, VIVE distinguishes between two definitions: being a significant other and being a relative.

A significant other is defined as "the person for whom the relative provides care, assistance, and support".

Conversely, a relative is defined as "the person who provides care, assistance, and support to a significant other who requires such support, for example due to illness".[1]

Terms also used to describe the role of a relative. Source: VIVE

[1] "Hvem er de pårørende i Danmark" side 7

VIVE's study includes 54 interview participants, all of whom have a significant other in need of care. Collectively, the interview participants constitute a representative cross-section of the category "relatives":

- Aged 18 years and above
- Individuals who support, assist, care for and/or provide care to a significant other with a physical illness, mental illness, substance dependency, dual diagnosis, cognitive and/or physical impairment, and/or age-related frailty
- This may include spouses/partners, parents, adult children, siblings, grandparents, friends, neighbours, colleagues, and others
- It may also include a person who is close to someone who does not wish to receive, or is unable to receive, support, assistance, care, or caregiving
- The group includes both individuals who have been relatives for shorter or longer periods and individuals who move in and out of the role of relative[2]

As is evident from the points above, the role of a relative encompasses a very broad spectrum. It ranges from having a significant other with a relatively mild illness and therefore limited caregiving responsibilities, to being the partner, parent, child, or sibling of a person with a more severe illness and the resulting life-altering consequences for the relative.

In this report, I focus on relatives of significant others with critical illness. In other words, relatives who are themselves at risk of experiencing a crisis as a result of the mental and physical strain associated with a family member's serious illness.

The Identity Shift

Most relatives prefer to describe themselves through their primary relationship with the significant other—for example, as a mother, daughter, wife, or friend—as this is experienced as more meaningful than being identified as a relative. However, as the VIVE study demonstrates, self-identification as a relative increases in line with the severity of the significant other's illness.

The study describes a relative, Maja, who is married to a man with Parkinson's disease. As his illness gradually changes him, Maja experiences the loss of both her husband and their marital relationship, with its reciprocity and affection, in favor of a relationship centered on care and support.[3]

[2] "Hvem er de pårørende i Danmark" side 17

[3] "Hvem er de pårørende i Danmark" side 36

Similarly, Steen, whose wife lives with several different illnesses, describes how his identity has been reduced to that of a practical and organisational function within the relationship:

“Actually, over the past year since my wife’s accident, I have more or less been responsible for everything. Cleaning, cooking, shopping, transporting my wife, and I have also managed her diabetes. (…) For a long period, I was also responsible for organising her medication, although my wife has now started to take over some of that responsibility again.”[4]

The transformation from perceiving oneself as a parent, spouse, sibling, and so forth to identifying as a relative is typically accelerated through encounters with the healthcare system. Many relatives report that they are regarded as a form of care personnel for their significant other and that communication with them is conducted in a highly matter-of-fact and professionally clinical language.

They also experience that attention to them as individuals with their own integrity and needs is minimal, as their primary function is considered to be that of supporter and caregiver to the significant other.

Tasks typically assigned to the relative. Source: VIVE

[4] ”Hvem er de pårørende i Danmark” side 36

More Than Just a Relative

Bjarne Ledet Larsen is the father of a son with type 1 diabetes and is actively engaged, as a relative, in improving collaboration and communication between families affected by illness and the healthcare system. He explains that, in his experience, the family's often time-constrained encounters with the healthcare system leave very little room for conversations about the mental well-being of either their son or the parents as relatives. He describes these encounters as interactions centered on "checklists, weighing, measuring, and keeping records", and argues that healthcare professionals focus primarily on the illness rather than seeing patients and relatives as whole individuals.

More specifically, Bjarne Ledet Larsen calls for "a linguistic service review of healthcare professionals' communication". He believes that healthcare professionals frequently use too much technical jargon and attributes this to the fact that they tend to share similar educational and professional backgrounds. The problem arises when they meet people from all sections of society during consultations and treatment—people who have not necessarily completed a medical degree. In such situations, communication should be adapted to a lower level of linguistic complexity, according to Bjarne Ledet Larsen.

At the same time, he feels that empathy is often lacking in healthcare professionals' communication and handovers. He describes a sense that "it is them against us. And you are up against a large system".

To help change the tone and culture of interactions between patients, relatives, and the healthcare system, he has become a member of the Patient and Relative Panel, a voluntary panel under the Centre for Research in Patient Communication. Here, users and researchers work together to explore how healthcare professionals can improve their communication with users.

Another initiative in which Bjarne Ledet Larsen has invested considerable effort is the collaborative project CODIAC under Steno Diabetes Center Copenhagen. This collaboration has resulted in a code of practice for user collaboration. Significantly, the key term is *user collaboration* rather than *user involvement*, as involvement implies an unequal relationship in which one party involves the other, Bjarne Ledet Larsen explains. The term *collaboration*, by contrast, places the partners on an equal footing.

In fact, measures have already been introduced to improve communication and promote a more nuanced understanding of patients and relatives within some medical degree programmes. One example is at SDU, where students are taught narrative medicine. Narrative medicine is an interdisciplinary field that connects the humanities with health sciences, and its purpose is to improve patient care by understanding the personal story behind an illness rather than focusing solely on symptoms.

However, Bjarne Ledet Larsen argues that this is not sufficient, pointing out that the subject accounts for only six weeks of a six-year degree programme. He therefore maintains that

medical education still lacks adequate communication training and meaningful contact with users. He suggests that users themselves should participate in the design of medical degree programmes. Above all, he argues that there is a need for closer collaboration between users and healthcare professionals in order to improve communication, innovation, and efficiency within the healthcare system.

The New Patients

Like Bjarne Ledet Larsen, Rikke Struve is also a relative. Her son suffered a sudden brain heamorrhage at the age of 33 and now lives with an acquired brain injury, while her now adult foster child was born with a brain injury. Her many years as a relative have made Rikke Struve an expert in the field, and she has recently published the book *We Are All Relatives* on the subject.

Rikke Struve experiences the same communication-related frustrations as Bjarne Ledet Larsen, whereby relatives suffer from unemphatic rhetoric and the system's lack of understanding of their situation. She therefore advocates the use of more human-centered language in interactions between the system and the people it serves. For example, when the system says, "You have been granted a Section 85 provision", Rikke Struve recommends instead using more empathetic wording such as, "You have been assigned Maria as a support worker. She is really kind."

According to Rikke Struve, the issue is fundamentally about changing our perception of relatives so that we recognise them as people with a need for understanding. Understanding is a key concept and is crucial if relatives are not to reach breaking point. For Rikke Struve, there is a clear purpose behind improving communication about and with relatives. One of the aims is to ensure that it is possible to live a good life as a relative. If relatives are doing well, they are better able to support their significant others and relieve pressure on the system. However, if relatives themselves are not supported, they become the new patients. And as a society, we cannot afford that—either in human or economic terms.

Grief as a Lifelong Companion

When examining the experiences of relatives, it is natural also to consider the concept of grief. The loss of identity, opportunities, and life aspirations that may result from a significant other's critical illness is often closely associated with grief.

Allan Køster is a philosopher and senior researcher at Det Nationale Sorgcenter. He appears in the DR program Anne og Sorgen (*Anne and Grief*), in which he encourages people to stop evaluating grief based on whom someone has lost and instead to focus more specifically on what it is they have lost. Too often, the primary emphasis is placed on the fact that, as a relative,

one has lost a significant other—that is, another person. Far less attention is paid to the routines, points of identification, and communities that relatives no longer have in their lives.

Relatives of people with critical illness may not have lost their significant other. However, they have lost a substantial part of their former way of sharing the world with that person. And with that loss comes grief. It is a form of grief that can be difficult to express because what has been lost is connected to someone who is still alive.

This type of grief is known as *anticipatory grief*. Anticipatory grief is a term used both to describe the grief that arises while awaiting the death of a significant other and the grief and strain that can emerge when living with prolonged and profound uncertainty. Det Nationale Sorgcenter describes it as follows:

“Anticipatory grief arises because people are trying to live with something that is unpredictable and beyond their control.”[5]

Allan Køster in Anne and Grief. Source: screenshot from DRTV. Mai-Britt Guldin, grief researcher. Source: Aarhus University

According to the research, grief following a loss is felt most intensely during the first year after the loss. Mai-Britt Guldin, grief expert and senior researcher at the Department of Public Health at Aarhus University, has studied how people’s grieving processes change over time. Her research shows that although loss is painful and requires significant adjustment, the vast

[5] https://sorgcenter.dk/ventesorgsguide/hvad-er-ventesorg-uddybning/

majority of bereaved individuals find constructive ways of living with their loss. As Mai-Britt Guldin explains:

> "Our large representative studies show that the vast majority cope well. And by far the majority—up to 90 per cent—find new values and new ways of being in the world."

One particularly interesting observation made by Mai-Britt Guldin is that although the grieving process eventually reaches a positive place for most people—which must be regarded as a hopeful story—there is a tendency within the media to focus predominantly on the initial, difficult period.

This can create a misleading impression of how severely people are affected by grief. Rather than understanding grief as something that becomes integrated into life over time, media consumers may be left with the impression that grief is a condition that overwhelms and defeats people. Mai-Britt Guldin emphasizes that these 90 per cent still experience pain, but that there is another side to the story: many discover a new depth or direction in life as a result of what they have been through and succeed in creating a meaningful future based on what matters most to them.

However, despite this hopeful perspective, Mai-Britt Guldin argues that it is not where the media's attention tends to be directed:

> "We do not want to look at that. We love the story that grief is painful and involves a huge life adjustment and so on. We love focusing on the first year after the loss, and then we forget that in the following year, and the year after that, and the year after that, something incredibly interesting happens to us. And I do not think that story is being told. I would almost go so far as to say that the way it is presented turns people who have experienced loss into major losers rather than allowing them to become the winners of the story."

According to Mai-Britt Guldin, the media's conflict-oriented focus is driven by several factors. It stems partly from journalistic preferences, partly from the financial agendas of advocacy organisations, and partly from a lack of interest in systematic research.

With regard to journalistic preferences, Mai-Britt Guldin explains that journalists often seek what she describes as "juicy stories" from clinical settings. These are stories that focus on how painful grief is and how many people become ill because of it, rather than on the 90 per cent who ultimately find a way forward. Furthermore, according to Mai-Britt Guldin, many journalists have already decided on their angle before contacting a researcher. If research findings—for example,

that grief is not necessarily a taboo subject, or that most people cope well—do not fit the intended narrative, journalists often choose not to include the researcher in their coverage. As a result, Mai-Britt Guldin now declines interview requests more frequently than she once did. She explains:

> "That is why I hardly appear in the media anymore. Whereas I used to be there all the time, I now decline almost automatically because, time and again, I discover that the journalists have already written the story before they call me."

At the same time, Mai-Britt Guldin has observed that journalists increasingly choose to contact patient organisations rather than independent researchers. The problem, as she sees it, is that unlike researchers, patient organisations often have financial agendas. By portraying grief as something that makes people ill and unable to work, they may secure political funding and donations for their organisations.

Mai-Britt Guldin explains that this dynamic can be reinforced by a mutual interest between organisations and politicians. Politicians can position themselves favourably by allocating funding to organisations that highlight the "terrible stories". In this regard, Mai-Britt Guldin believes journalists need to become better at recognising the agendas of their sources. She also calls for greater attention to how public funds are spent in this field and for the media to adopt a more critical approach when assessing whether the cases presented by organisations are genuinely representative of the wider population. According to Mai-Britt Guldin, this may ultimately influence how much funding is allocated to representative studies in the future.

My own theory is that the early, acute phase of grief is overrepresented in the media because it contains more conflict than the subsequent phase, during which people generally fare much better. Many media outlets continue to be driven primarily by stories of conflict rather than by stories that provide perspective and explore solutions. I will return to this point in later sections.

With this introduction to the concepts of relatives and grief, and with these examples of relatives' lived experiences, I will now examine whether media portrayals of relatives and their life situations tend to reproduce the somewhat detached rhetoric that relatives themselves describe encountering within the healthcare system. I will explore whether there is a disproportionate media focus on the initial difficult period following loss, and whether portrayals of relatives as primarily powerless victims of their significant other's illness and as resources for the healthcare system continue to dominate media coverage. Alternatively, I will consider whether the growing attention in recent years to relatives as whole individuals—with needs of their own and an inherent capacity for agency—has begun to be reflected in media representations.

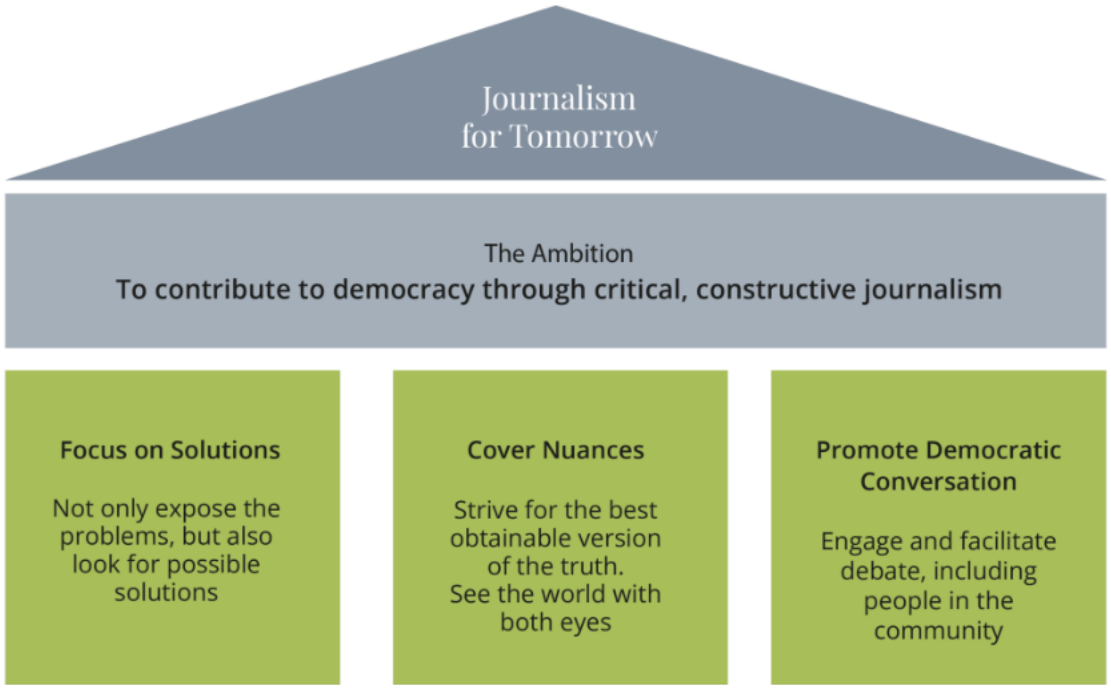
The Three Pillars of Constructive Journalism

Before moving on to the specific analyses, I will introduce the concept of constructive journalism. This will serve as the benchmark against which I assess media coverage of relatives of people with critical illnesses.

In its basic form, constructive journalism is an extension of traditional news reporting, which often focuses on problems, criticism of systems, and conflict, and considerably less on solutions, perspectives, and nuance.

The somewhat one-sidedly negative worldview of traditional journalism, together with increasing news avoidance and declining trust in the media, led journalist and former news director Ulrik Haagerup to advocate a different approach to news reporting. Since the early 2000s, he has been a leading proponent of constructive journalism and, in 2017, founded the Constructive Institute, which, among other activities, provides professional training for journalists in the constructive approach.

Constructive journalism does not represent a departure from classical journalistic ideals such as critical scrutiny, the pursuit of truth, and independence. Rather, it constitutes an expansion of them. By integrating solutions, nuance, and audience engagement, constructive journalism seeks to create a more balanced and forward-looking form of news reporting that both informs and engages citizens in societal development and equips them with a sense of agency to act.



The three pillars of constructive journalism. Source: Constructive Institute

Constructive journalism as we know it today builds upon the foundations of *public journalism*—an American journalistic theory that emerged in the late 1980s and early 1990s. The spread of public journalism was driven by growing concerns about declining voter turnout, political apathy, and an increasing distance between citizens, the media, and political institutions. As a result, public journalism actively involved citizens and facilitated democratic dialogue. It also shared constructive journalism's focus on solutions and conversation rather than conflict.

During its early years in Denmark, constructive journalism was met with scepticism from several quarters, with critics questioning whether it compromised critical scrutiny and merely produced positive "happy-go-lucky" news stories. Today, however, constructive journalism is recognised as both critical and fact-based, as well as for its nuanced, engaging, and solutions-oriented approach to reporting.

Having outlined the principles of constructive journalism, I will now examine a qualitative selection of media coverage to assess the extent to which constructive journalism is—or is not—employed in reporting on relatives.

How Do Selected Media Outlets Frame the Story of Relatives?

As documented by VIVE, 2.2 million Danes are relatives. Despite this, it is typically those who are ill or directly affected who occupy the pages of newspapers, the airtime of podcasts, and the screens of streaming services and television. The identity of relatives and the issues they face are surprisingly underrepresented. When relatives do appear, they are most often portrayed through the familiar secondary narrative or victim narrative.

To gain a better understanding of why media outlets frame these stories as they do, I have spoken with health journalists from a range of different media organisations.

Jyllands-Posten and Politiken

For most of her career as a journalist at Jyllands-Posten, Tea Krogh-Sørensen has covered health-related issues. She explains that, historically, reporting within her field has primarily focused on communicating the experiences of those directly affected:

> "My perception is that, as journalists, we have focused heavily on the patient and much less on the relatives. The healthcare system's attention is, of course, primarily directed towards the person who is ill—that is, the patient—and, as a starting point, it is also the patient who most often embodies the personal, conflict-driven, or dramatic journalistic narrative."

And at a time when competition for public attention is more intense than ever, the tendency to focus on the person directly affected does not appear to be shifting towards relatives. The priority is to capture readers' attention through a simple and relatable story without too many protagonists. This tendency does not work in favour of relatives. Tea Krogh-Sørensen explains:

> "As media organisations, we are becoming increasingly focused on strong human-interest stories—the dramatic, the moving—and we want to get as close as possible to the individual. That can work somewhat against also focusing on a relative in a story about a patient. If, as a journalist, you are producing a human-interest story, you zoom right in, and if you start zooming in on two people, there is perhaps a risk that you do not get close enough to either. So, alongside developments in journalism and the digital landscape, where we are becoming increasingly focused on a single individual, the patient is typically the more obvious person to focus on than the relative."

Lars Igum Rasmussen, Health Editor at Politiken, confirms Tea Krogh-Sørensen's assessment. He explains that there are relatively few traditional news stories in which relatives constitute the main story. Relatives are almost always a secondary narrative within the patient's story, where the angle typically focuses on the difficulties relatives face as the "calendar captain" in the life of someone navigating a chaotic healthcare system, or on relatives as a necessary resource within an economically strained healthcare service.

DR

At DR, I spoke with health analyst Anders Heissel. He readily recognises the same tendency identified by Jyllands-Posten and Politiken, which he attributes to journalism's inherent tendency to focus on problems. Anders Heissel offers an example of a story about relatives from DR's news coverage:

> "We had a story about dementia in which we visited a couple. The husband had dementia, and he remained in the background. The wife spoke about how frustrating it was not to receive support. In that sense, she may have appeared as a victim figure. But we are very conscious of the need to ask critical follow-up questions as well. Put bluntly, questions such as: 'Isn't it partly your own responsibility?', 'Could you have done something differently?', or 'Do you not have some responsibility yourself?' If you do not ask those questions, it is very easy to slip into portraying someone simply as a victim. And those kinds of questions often generate very valuable answers."

If we shift our focus from news coverage to DR's current affairs output, the broadcaster recently addressed the subject of death in its major cross-media initiative *Let's Talk About Dying*. Esben Ammundsen served as editor of the project, whose aim was to make conversations about death less taboo.

The subject of death was explored across a range of formats and perspectives, including the highly personal, expert-free narratives in *My Final Gift*, the legal preparations associated with death for both those approaching the end of life and their relatives in *My Will*, and the processing of grief in *Anne and Grief*. Although the experience of being a relative is not the explicit focus of the initiative, the topic is implicitly present throughout the productions, given that death is often the result of critical illness and almost always involves relatives.

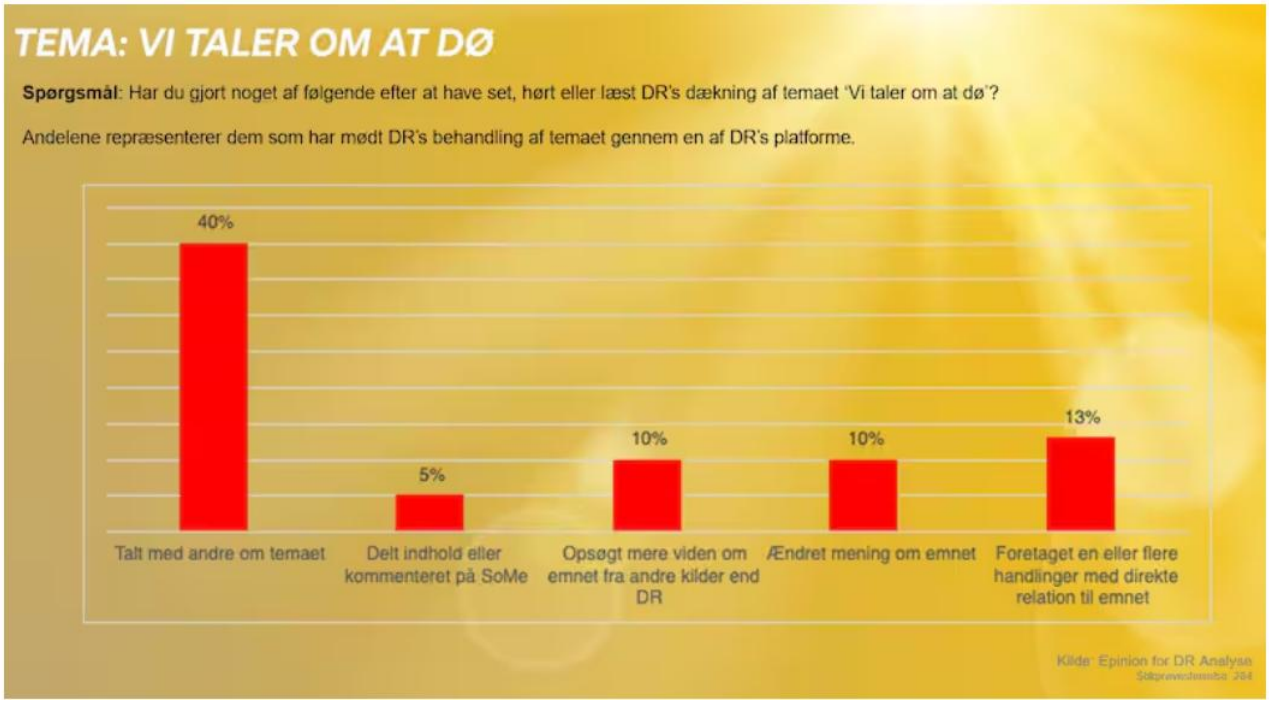
Overall, the initiative examines Danish grief culture—or, as Esben Ammundsen suggests, the absence of a clearly defined grief culture:

> "Experts believe that we are worse at dealing with this than any comparable country. But they also say that, through this initiative, we have come a very, very long way simply by recognising the problem."

While the initiative may have succeeded in drawing attention to Denmark's difficulties in dealing with death, it is still far from establishing clear solutions or creating a genuinely new and improved grief culture. As Esben Ammundsen notes: "We may have offered fewer solutions. There are some ideas currently being developed."

However, Esben Ammundsen explains that evaluations of the initiative's impact were conducted following publication. These revealed that many users had taken action after watching one or more of the programmes. Examples included creating a will or establishing a lasting power of attorney. There were also reports of new user-driven initiatives, such as memorial walks, while Dansk Oplysningssamfund established courses centred on conversations about death.

Finally, Esben Ammundsen observes that the initiative has brought together funeral directors, relatives' associations, grief centres, and legal professionals in entirely new collaborative constellations. In that sense, the initiative can be said to have succeeded in pointing towards practical solutions.



Source: screenshot from dr.dk

Ekstra Bladet

At Ekstra Bladet, journalist Emil Rützou produces health-related stories for both the free website, ekstrabladet.dk, and the subscription-based platform, Ekstra Bladet+. As at Jyllands-Posten, journalists at Ekstra Bladet write more frequently about those directly affected than about their relatives. However, Emil Rützou observes that, in the stories where relatives do appear, they are typically framed within a victim narrative:

> "Relatives are most often a secondary storyline to the story of the person affected, at least when we are talking about health journalism here at Ekstra Bladet. But if we look at our news desk, relatives will more often be the main character in a story about the system. And that is because they encounter a system that is not equipped to take care of them. That is typically the direction we pursue, simply because it is incredibly hard to be a relative of someone living with illness."

On the free news website, the framing of health stories is predominantly dystopian and focused on systemic failures. The following are three examples of headlines:

Municipality Declared Lærke Fit for Work: Four Days Later She Died (03.02.26)

Skin Cancer Is Rising Rapidly: Expert Calls It a "Public Health Disease" (29.03.26)

One-Year-Old Died Following a Series of Medical Errors: "We Could Still Have Had Ellen" (01.04.26)

Kommune erklærede Lærke arbejdsdygtig: Fire dage senere døde hun

Et hav af læge- og sygehusattester fra 2025 var ifølge Struer Kommune ikke nok til at vurdere Lærke Johanssons funktionsniveau

Lærke Johansson. Source: screenshot from ekstrabladet.dk

In these articles, the problems are outlined, but no solutions are offered. At the same time, the headlines are characterised by conflict, criticism, and indignation—that is, elements designed to trigger an immediate emotional response. Emil Rützou explains why:

> "The news section at Ekstra Bladet is fast-paced and has to be first. And it is typically a dark picture that is being painted."

Most health-related content at Ekstra Bladet is published behind the paywall on Ekstra Bladet+. Emil Rützou has observed that there is generally a difference between stories published in the paid health section and those published in the free news section.

> "When we write for the Plus universe, our subscription platform, we work according to the inverted news triangle in reverse. In other words, we only provide the solution after the paywall. We use the first few lines to tease what the story is about. For example, it might be a person who has lost 70 kilos in a year without medication. We then tell the story: 'Well, I actually discovered that what worked was walking 25,000 steps a day and eating nothing but chicken.' Broadly speaking, our Plus content consists of guides on how people can make their everyday lives easier."

Examples of health-related articles published behind the paywall include the following headlines:

How Daniel Did It: Took Control of His Diabetes Himself (30.03.26)

Anxiety or Depression – Here's How to Tell the Difference (26.04.26)

Anette Overcame Aggressive Psoriasis (28.04.26)

Sådan gjorde Daniel: Fik selv styr på sin diabetes

Det er kun fire måneder siden, at Daniel Birk Pallesgaard Nielsen fik konstateret diabetes 2 med beskeden om, at han skulle spise medicin resten af livet. I dag er hans langtidsblodsukkerniveau normalt, med et par få tricks

Source: screenshot from ekstrabladet.dk

In other words, the two different approaches—the system-critical framing and the "ordinary man/woman versus the system" narrative on the free site, compared with guides and solutions on the paid site—mean that the picture of the world presented to readers differs depending on whether they are willing or able to pay for their news from Ekstra Bladet.

Emil Rützou confirms this observation. He primarily works on health-related content behind the paywall. However, when he is assigned to the news desk, which produces free articles on topics ranging from crime to health, he consciously approaches reporting differently from when he works on subscription content. At the news desk, he writes "entirely according to the inverted news pyramid", as illustrated in the earlier example of Lærke, who was declared fit for work despite suffering from a terminal illness. The article was written by one of Emil Rützou's colleagues, but it illustrates very clearly how emotion and drama are amplified and how the conflict with the municipality is framed in particularly stark terms.

Even when Emil Rützou is working on health features for the subscription section, where there is greater room for nuance and solutions than on the news desk, he remains highly conscious of subject selection. At a commercial media outlet, articles that require readers to pay for access must generate a strong desire to click. As a result, Emil Rützou routinely rejects health-related topics that may be socially relevant or important to cover if they lack sufficient audience appeal.

> "It can be all sorts of stories where you think, 'This is actually quite a good news angle,' but there simply is not enough substance within the framework of what has to function as a guide.
>
> Until about a year ago, for example, we completely avoided writing about mental illness. Not because it is not important, but because people simply did not want to read about it. We could see how people scrolled past it, regardless of how much time we had invested in it or how well it was presented. They did not want it.

> That has started to change somewhat as anxiety, depression, and similar conditions have become less stigmatised. But if we look at conditions such as schizophrenia or bipolar disorder, they simply do not affect enough people for readers to engage with them. We just know that it is not 'Ekstra Bladet-like' in any way."

The topics that pass the audience-appeal test on the paid health platform are generally those that affect large numbers of people and are easily relatable. These may include case-based stories in which an individual explains how they managed, for example, to overcome high blood pressure, supplemented by expert commentary explaining why the approach was successful.

Although the health articles behind the paywall are more solutions-oriented than those available free of charge, both patient and relative stories across the two platforms rarely qualify as constructive journalism. Emil Rützou explains:

> "Ekstra Bladet is a tabloid newspaper, so there is not a great deal of constructive journalism. But when we produce something that comes close to being constructive, it is typically a story about relatives finding their own way of coping. Precisely because they did not receive help from the system they expected would support them. It might be that neighbours step in to help. Or that the person who is ill has discovered that if they climb the stairs in a very particular way, life can still work, even though the municipality never installed the stairlift that had been promised. But when we tell those stories, it is primarily to underline how little the system has done for these families. In other words, it is a system-critical angle."

What may initially sound like a constructive approach—reporting on how patients and relatives have found workarounds that enable everyday life to function—is not constructive at its core. For these articles to qualify as constructive journalism, the individual case stories would need to be connected to a broader societal issue and presented with more nuance than the typically one-sided framing allows. At the same time, the solutions developed by the families would need to represent examples of best practice that could be implemented by others in similar situations.

The examples referred to by Emil Rützou, however, are highly context-dependent and generally work only because of the specific circumstances of the individuals involved, such as having supportive neighbours or being physically capable of navigating stairs in an alternative way.

Emil Rützou concludes our discussion of *Ekstra Bladet*'s health journalism strategy with a candid acknowledgement that, in the commercial media market, readers ultimately determine which stories receive priority:

> "We are very much guided by the question: 'How many Danes suffer from this?' Because if we write about a condition that only affects ten people, we are not reaching anyone. So we are constrained by the need for there to be many people affected. Typically, that means these more commonplace conditions in this context. We give people more of what they already want, rather than perhaps broadening their horizons. It is a real shame. The older people in the profession talk about the days when people bought the newspaper regardless, and you could write whatever you wanted. But now we are driven by what users want."

Kræftens Bekæmpelse

Marie Lawætz is a psychologist and head of the telephone counselling service at Kræftens Bekæmpelse. It is one of the patient organisations that journalists frequently contact for advice, case suggestions, or insights into current developments within the field of cancer care.

Marie Lawætz offers several recommendations on how journalistic coverage of relatives can be given a more constructive dimension:

> "Generally speaking, it would be beneficial to include information about available support services at the end of, for example, articles. This could include a note explaining that relatives, too, can contact a patient organisation for support. I would also encourage journalists to remember to ask the relative: 'How do you look after yourself?' rather than only asking: 'How do you take good care of your ill husband?' If journalists only ask the latter question, they risk reinforcing narratives that position relatives either as victims or merely as resources."

Marie Lawætz emphasises that highlighting relatives, pointing towards solutions, and offering perspective rather than resignation is important not only for the individuals featured in stories and for the hopefulness of readers, viewers, and listeners. It is also in society's interest, as it contributes to fostering resilient and capable citizens:

> "I often say that two people running at a deficit cannot give anything to each other. What may feel like selfish self-care is, in fact, also a form of care for the family. We have made considerable progress, but we can certainly become better at providing a broader understanding of what it means to be a relative in one's own right."

Is *My Broken Brain* Constructive Journalism?

Marc's Story

For people in crisis or vulnerable situations, deciding to allow a journalist into their lives can be difficult. Even more so when that journalist arrives with a camera and documents everything they say and do. Marc Haas is the husband and relative of Sanne Sested Haas, who lives with an acquired brain injury, and both appear in the two seasons of *My Broken Brain*. When Marc was first asked to participate, agreeing to have his life documented required considerable reflection. However, one argument in particular persuaded him:

> "At first, my immediate reaction was a huge 'no' to taking part. I simply did not have the capacity for it. The idea of making a television programme at the same time as having almost just lost my wife felt completely overwhelming. But Sanne was really enthusiastic about it. She needed a way to tell her story without having to explain it in her own words. That way, she would not have to explain it to everyone, because people could simply watch it for themselves. And then I thought, okay, if it could give her some motivation, then of course we should give it a try."

It was therefore Sanne's desire to promote greater understanding of people living with brain injuries that ultimately convinced Marc. However, it turned out that participating in the series also had a significant impact on him personally. I asked all contributors to film themselves whenever they had something on their minds or whenever a situation arose that was important or characteristic of their experience. Marc embraced that invitation. He explains:

> "The first thing I sent you, I think I just sat there talking for five or seven minutes. Back then I had so many thoughts going through my head—without really realising it. So when I watched it afterwards, I just thought, 'What the hell, is that really how I feel?' And then I started talking to you about it. There was something almost meditative about it. It helped me enormously in the beginning. Just putting things into words. And filming yourself while saying them out loud."

Marc Haas in My Broken Brain, Season 1. Source: screenshot from dr.tv

The self-recorded footage supplements the material that I capture, either alone or together with a camera operator. My recordings are always arranged in advance with an agreed time and place, and although the aim is to document the participants' lives as authentically as possible, it is not always possible to be present in the moment itself. However, when the participants pick up their mobile phones and film while situations are unfolding, or when emotions become overwhelming, viewers gain the experience of being invited into the participants' most private spaces. At the same time, it can be liberating for the participants to tell their stories from their own perspective.

> Louise: "What difference do you think it made compared with simply thinking those thoughts to yourself?"

Marc: “I would have kept much more of it bottled up. I think it is a bit like when you have an argument with your wife. Even if what you say does not always make sense, and even if it does not solve anything, once you have said it out loud, it feels like some sort of release. And that is how I experienced it when I had recorded something. Afterwards, it took up less space in my mind. It helped. It was actually comforting.”

Louise: “How has it been that what was originally your private session—almost a form of confession with yourself in the moment—later became a public situation?”

Marc: “It did not bother me. I do not think I ever really think about it. What mattered to me was that, as a man, I dared to say things as they really were. Because there are so many people who do not dare say anything, who do not dare lay their heart on the table and say: ‘This is honestly how I feel.’ So I wanted to do that because I felt something was missing.

Louise: “It almost sounds as though it served a therapeutic function.”

Marc: “It did. I needed someone to talk to. But I think it was only afterwards that I really realised how much it had helped. The many good conversations that you and I had (Louise and Marc, editor’s note) made a huge difference.”

Through both the self-recorded footage and the other recordings, Marc thus experiences a process of reclaiming agency in his own life. He articulates his experiences and emotions and becomes aware that, by speaking openly about how he feels, he can serve as a role model for others in a similar situation. This gives him a sense of agency.

At the same time, during the filming period, he becomes increasingly aware of the importance of prioritising himself, despite the chaos of everyday life. He recognises that if he does not take care of himself, the entire family will suffer. His own well-being is a prerequisite for having the energy required to keep family life functioning. As a result, he begins strength training several times a week and finds that the time spent alone, together with the ability to set personal goals and achieve them, gives him renewed energy and a sense of regaining control over his own life.

Marc Haas in My Broken Brain, Season 2. Source: screenshot from dr.tv

Louise: “Have we succeeded in bringing out nuances about what it means to be a relative in the programme?”

Marc: “It is obvious that Sanne’s story occupies most of the space. But people can see that I go through a progression as well. Still, it is rare that anyone comes up and asks whether I am doing okay.”

Louise: “Really? Even after the programmes aired? There are not many people who take an interest in whether you are okay?”

Marc: “No, it is almost always: ‘How is Sanne doing?’ But it feels as though, after the programmes, people have developed a completely natural respect for me and for our situation. I do not have to explain anything. Recently, a woman came up to me with a huge smile and said, ‘Thank you so much for making this,’ and you can see in people’s eyes that it has meant something to them. And that recognition has been really comforting.”

Mai-Britt’s Story

Like Sanne and Marc, Mai-Britt Skjelmose and her husband, Kaspar Klærke, who lives with an acquired brain injury, appear in both seasons of *My Broken Brain*. In Season 1, we meet them only a short time after Kaspar has suffered two strokes, and Mai-Britt finds herself in the transition from the initial shock phase to a state of determination and readiness to fight. She is firmly convinced that they can make it through the consequences of the brain injury and emerge on the other side in a positive way. Throughout this period, she is supportive, encouraging, and hopeful.

Mai-Britt Skjelmose and Kaspar Klærke at Hammel Neurocenter, Season 1. Source: screenshot from dr.tv

However, as time passes, reality begins to catch up with her. Kaspar Klærke does not recover to the extent that either of them had hoped, and the daily struggles and rehabilitation efforts begin to take their toll on Mai-Britt.

In Season 2, Kaspar has returned home from the rehabilitation centre, and after six months of struggling to make everyday life work, the couple are forced to admit defeat. Kaspar wishes to remain part of the family, but Mai-Britt wants a divorce. She can no longer cope with the burden of being her husband's full-time carer.

Mai-Britt Skjelmose and Kaspar Klærke, Season 2. Source: screenshot from dr.tv

As the series approaches its conclusion, Mai-Britt makes the decision to divorce Kaspar. Like Marc, she has experienced how the constant postponement of her own needs has gradually eroded her joy in life. However, Kaspar's condition requires significantly more care and support than that of Sanne Sested Haas, and Mai-Britt concludes that the best solution for the well-being of the family is for Kaspar to move into supported accommodation.

Mai-Britt Skjelmose, Season 2. Source: screenshot from dr.tv

The divorce becomes Mai-Britt's expression of agency. It is the point at which she is able to take active steps to change the circumstances in which she feels trapped. Thus, although it was not the ending the couple had hoped for when the stroke first occurred, it is the solution that allows Mai-Britt to regain control over her own life. As she puts it:

> "The children and I were actually talking the other day about how they felt about the fact that we had divorced. They said that, of course, they were sad about it, but they were also happy because it meant that we could live."

I asked Mai-Britt how she experienced being documented in the midst of the greatest crisis of her life. She explains that the interviews and self-recorded footage gave her an opportunity to reflect without having to receive advice or guidance:

> "It has been a space where I was actually allowed to tell my story without being corrected. To talk openly about our frustrations, our grief, or whatever else it might be, without anyone trying to change it, solve it, or fix it. Without worrying about whether it would be judged one way or another. After all, it would be very easy to edit things in a way that made me appear to be a really unpleasant person. But I genuinely do not think you did that. I think you have been very good and very respectful in the way you looked after us."

One aspect of the series that has been less constructive for Mai-Britt is that, for many viewers, her life story has effectively been frozen in time. This is partly because there are many developments that there simply is not room to include in the programme and partly because a great deal has happened in Mai-Britt's life since filming concluded.

Louise: “Have you found that the programme made things easier afterwards, in the sense that people understood your situation and that you could skip having to explain what you had been through?”

Mai-Britt: “No, I actually think it may have done the opposite. It has kept me fixed in the role of being Kaspar’s wife, whose husband suffered two strokes. As though that was the only thing happening in my life. So when people spoke to me, it was only a television programme to them, but it was my life and my grief.”

The issue that participants may have moved on with their lives and left the difficult period behind them, while viewers continue to perceive them as frozen at the point where the programme left them, is highly significant. This is particularly important because television programmes may be rebroadcast many years after their original release. For that reason, DR has an ethical guideline stipulating that programmes featuring vulnerable contributors remain available on dr.tv for only two years after their premiere. If DR wishes to rebroadcast the programmes beyond that period, renewed consent must be obtained from the contributors. In this way, DR seeks to ensure that participants are not indefinitely confronted with a period of their lives that may stigmatise them or, in the worst case, retraumatise them.

Throughout the project, I have sought to portray both those directly affected and their relatives in a loyal, contextualised, and nuanced manner. I therefore asked Mai-Britt whether this was also her experience when watching the programmes.

Louise: “Do you think your story ended in a hopeful place? If someone in a similar situation were sitting at home watching the programme, would they come away thinking that perhaps there are small things that can still work out?”

Mai-Britt: “Yes. Absolutely. And, in fact, I think that applies throughout the programme. It is not only sad. It is simply life as it is. Lots of nuances and lots of emotions all mixed together in one big jumble. Kaspar is still living with a brain injury. But if I try to take off those particular glasses, I can see that all of us are telling stories about how life has moved on in one way or another. We have not just stopped and sat staring out of the window feeling sorry for ourselves. I genuinely think that everyone who took part has been very good at showing both what is difficult for them and what is working. And that is exactly what a documentary should be able to do.”

A Sort of Audience Engagement

The third pillar of constructive journalism concerns audience engagement. It is about asking audiences what matters to them and then using those concerns as the narrative point of

departure. *My Broken Brain* was not directly based on audience engagement during the production phase. However, in connection with the release of both Seasons 1 and 2, several teaser clips were published on Facebook. The response was overwhelming. Within a very short period of time, thousands of Facebook users had liked, shared, and commented on the content to an extraordinary extent. This was clearly a topic and a form of storytelling that resonated with viewers, either because they could relate it to their own experiences or because they were moved by the families' honest accounts. A selection of comments included:

Dorthe: "Thank you so much for a FANTASTIC programme ❤️ You are all incredibly brave, with such a remarkable will to live and such wonderful families supporting you. Wishing all of you nothing but the very best ❤️ And thank you to those helping with the rehabilitation and training. You are worth your weight in gold ❤️"

Heidi: "A very powerful programme. I have been through it myself and know how hard it is to fight your way towards a new life that will never be the same as the one I had before my brain haemorrhage ❤️"

Olöf: "Such an honest and authentic story in My Broken Brain. It is so well made, truly gripping and moving ❤️ I have the deepest respect for the people fighting this battle and for their families ❤️"

Jette: "Brain injury is something that can affect any of us, one way or another. It could be ourselves or someone close to us. This is a programme full of hope and positivity because it shows that it is possible to have a good life despite the challenges a brain injury brings."

Rikke: "This programme is so life-affirming."

Although the comments, likes, and shares do not constitute audience engagement in the classical sense, they demonstrate that the programmes succeeded in initiating a broader public conversation. And that was precisely what we hoped they would do. A supportive and compassionate community emerged, both around the contributors themselves and among the Facebook users. Ordinarily, posts of this nature can require moderation, but the comment threads were characterised almost entirely by positivity. Only on two occasions did negative comments appear, and in both cases they were quickly challenged by other users and overwhelmed by further expressions of support for the contributors.

I am particularly struck by Rikke's comment that the programme is *life-affirming*. If a programme that spends much of its running time dealing with illness, crisis, and tragedy can still leave viewers with that impression, then the communication has succeeded on a deeper level.

Leaving Them in a Stronger Place

Whenever I work journalistically with people—whether they are in a vulnerable situation or in a positive phase of life—I do so according to the principle that they should be able to recognise themselves in the finished programme. I am acutely aware of the immense responsibility involved in communicating another person's story. It is not something I take lightly, and I feel humbled every single time I am shown that trust. More often than not, I imagine K.E. Løgstrup sitting on my shoulder, whispering his ethical demand in my ear, constantly reminding me that I hold a part of another person's life in my care.

Alongside portraying contributors faithfully, I also seek to help them recognise the agency they possess despite the often difficult circumstances in which they find themselves. My ambition is to leave contributors in a stronger place than the one in which I first met them.

When I recently produced a podcast series about brain injury, I ended each episode by asking the contributors two questions:

1. What advice would you give to someone in the same situation as yourself?
2. What is the best thing that has come out of the brain injury?

Many were surprised by the questions. The second question in particular prompted reflection. Yet after taking the time to think and respond, each and every one of them visibly brightened, because they had suddenly identified hidden values within something that had initially seemed hopeless.

One participant answered that she had discovered she was stronger than she had ever believed. Another said that she had learned to appreciate the small things in everyday life more deeply. A third reflected that the experience had reminded her to live life to the fullest before it is too late.

Conclusion

Recommendations for More Constructive Coverage of Stories About Relatives

Based on the interviews, research material, and analyses presented in this report, I conclude that much of the current media coverage of relatives' experiences is not sufficiently constructive. Three main tendencies appear consistently across media outlets:

- Relatives rarely appear as the primary protagonists; they are most often presented as a secondary narrative within the story of the person who is ill. In these narratives, they typically assume one of two roles: either the frustrated victim of a tragedy or a practical resource within an overstretched healthcare system.

- Coverage frequently focuses on the dramatic and on the individual. Journalism tends to zoom in on a single person (most often the patient), as this is where the most immediate conflict and drama are perceived to reside.
- Media coverage often focuses disproportionately on the initial, difficult phase of grief because it contains the greatest degree of conflict. As a result, the fact that 90 per cent of bereaved individuals eventually find new ways of living with their loss and creating a meaningful future is largely overlooked.

Fortunately, there are several practical approaches that can make journalism about relatives more constructive and nuanced. Based on the findings of this report, I have summarised these into the following five recommendations for journalists working with stories about relatives:

1. *Change the Interview Technique*

Journalists should ask relatives: "How do you take care of yourself?" rather than focusing solely on how they care for the person who is ill. By asking about the relative's own situation, journalists acknowledge the relative's integrity as an individual in their own right.

2. *Include the Long-Term Perspective*

Rather than focusing exclusively on the initial period, when loss feels overwhelming, journalists should also cover the years that follow, during which people learn to integrate grief into their lives.

3. *Use Action-Oriented Questions*

Conclude interviews with forward-looking questions such as: "What advice would you give to others in the same situation?" and "What is the best thing that has come out of your experience despite everything?" Such questions encourage democratic dialogue and help contributors recognise strengths they may not previously have seen in themselves.

4. *Exercise Critical Source Selection*

Journalists should be attentive to the agendas of patient organisations and advocacy groups, which may have an interest in presenting stories in a one-sided manner in order to secure political funding. Rather than relying solely on such organisations, journalists should incorporate findings from independent research.

5. *Signpost Sources of Support*

Publications can usefully conclude by directing relatives towards sources of support, such as patient organisations and relevant advisory services.

This report is written by Louise Sloth for Constructive Institute with support from TrygFonden