

Communicating HEALTH



PERSONAL,

CULTURAL,

AND

POLITICAL

COMPLEXITIES

Patricia Geist-Martin / Eileen Berlin Ray / Barbara F. Sharf

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PERSONAL, CULTURAL, AND POLITICAL COMPLEXITIES

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DEDICATION

Dedicated lovingly to my baby girl Makenna, whose brightness shines through every darkness.

PGM

Dedicated to my brother, Ken Berlin, with love. From childhood through the present, I couldn't have made it without you.

EBR

Dedicated with love to the memory of my mother, Sylvia Molly Troppauer Sharf, and to my husband and honey boy, Marlynn L. May.

BFS

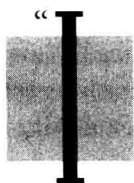
Days of Awe

All that has come into existence and has been given
becomes a path to the beyond,
and to that which is in the process of becoming,
to the world beyond and to the coming day.

All creation wants to be revelation,
all of the past becomes the future.

Leo Baeck

PREFACE



It's always something!" That saying was the catchphrase of Rosanne Rosannadanna, one of the most popular characters portrayed by the versatile comedian Gilda Radner during the early days of *Saturday Night Live* (in the late 1970s, before many of you were probably born). Rosanne Rosannadanna's characteristic "schtick" was to go into a long, convoluted rant about some unpleasant event that had recently befallen her and then, with a philosophical shrug, inevitably comment, "Ya know, it just goes to show ya. It's always something."—shorthand for "No matter what, things like this happen; such is life." So, when Gilda Radner wrote about her actual experience of being diagnosed—after a long series of painful symptoms and misdiagnoses—and then treated for ovarian cancer, the disease that eventually ended her life at a young age, her book was aptly titled *It's Always Something*, an ironically comic take on a tragic situation.

While our circumstances writing this book were not comparable in scope or consequence to Gilda's, her phrase seems a fitting metaphor for our experience. Beginning in September 1996, we conceptualized a text that would incorporate aspects of health communication that had not been adequately explored in previous volumes. These topics included mental illness and health issues related to the developmental life cycle, the relation of theory to practice, and an awareness that cultural, political, and ethical concerns, as well as interpersonal and mass media formats and both clinical and public health emphases, are integral to—and integrated within—all health-related communication. Our book would take a storied approach, replete with interesting narratives from a variety of perspectives and reflected in popular culture. Our original, ambitious two-year plan for completion, however, eventually stretched into six years. The delay was not due to laziness but, rather, to a continuous succession of personal and professional, unplanned interruptions in all our lives, many of which were in some way health-related—serious personal and family chronic illnesses; reactions to medications and treatments; good and not-so-good experiences with health providers and institutions; stress related to work situations, competing deadlines, and a cross-country move; a miscarriage; and the death of a family member. These intervening events were, of course, problematic, but to be

fair, we also experienced joyful interruptions—family celebrations, vacation trips, and travel to interesting conferences. Concurrently with this project, each of us also developed new courses and completed other research articles and book chapters. In effect, it was “always something” that either delayed or extended our writing. And to a much greater degree than we ever anticipated at the beginning of this work, our own evolving stories were incorporated in what we wrote.

For example, while working on her chapters, Barbara was involved in a project about the social construction of breast cancer in popular media (thanks to the U.S. Department of Defense [grant DAMD17-97-1-7240]), which resulted in her increased attention to patient involvement in health decision making and advocacy. She also experienced increasingly painful episodes of rheumatoid arthritis, leading to personal explorations with integrative healing practices. About the time we signed the contract for this book, Eileen’s father was diagnosed with Alzheimer’s disease. In addition to witnessing the impact of his decline on her mother’s health, Eileen has gone several rounds with various members of the medical establishment as an aggressive advocate for her father’s physical and mental health care. She has also seen her son and daughter make the transition from children to adolescents, and she has watched her uncle fight and, so far, beat malignant melanoma that was diagnosed over 12 years ago. These experiences remind her of the importance of being a well-educated and actively involved health citizen. Through the evolution of this text, Patricia experienced the joys of watching her daughter blossom from a three- to a nine-year-old as well as the devastations of miscarriage and the deaths of her father-in-law and her cousin’s only child. Clearly, life passages from beginning to end offer insights regarding health and how we talk through these understandings. In the end, we now realize how extensively our own experiences of health citizenry and patienthood have influenced our scholarship, teaching, and theorizing about health communication.

Finally, we wish to comment briefly on the process of collaboration that resulted in this work. Our initial decision to be coauthors was based on mutual respect and admiration for the research that each of us had already published and on the common intellectual goals that we discussed for this text. We also were aware of unique qualities that each of us brought to the project—differences in theoretical perspectives, research methodologies, and subject-matter expertise. We had lived and worked in different regions of the country, and we had distinctly different professional responsibilities and student constituencies. Because we didn’t know each other on a personal basis extremely well, we began by meeting in a common place to advance both our task (the initial outline of the chapters and their content) and our relationships. This foundational meeting was very important—we highly recommend it to others—but it did not ensure smooth sailing. In fact, further development of the book as a whole and of each chapter individually was accompanied

by subsequent get-togethers (at professional meetings and visits to one another's homes), periodic conference calls, and innumerable e-mails. Each chapter had a primary author but was critiqued and modified by the other two. Deirdre Anderson, our project editor from Wadsworth, became an influential fourth voice, whose opinion contributed to decision making and significantly shaped the final product. Throughout this process, many of our differences came to the surface—and initially, not always in harmonious ways. Periodically, there were clear conflicts and even hurt feelings, the working through of which may well be necessary steps in such an undertaking. What we think is important to underscore, however, is the joint ownership and unbroken mutual respect with which we conclude our work.

We end this preface with our appreciation of several people and institutional resources that have supported us and contributed throughout to this project. We appreciate the students in our respective health communication classes at Cleveland State, San Diego State, and Texas A&M universities who provided feedback on earlier versions of this text. We appreciate the thorough work of Jen Anderson, author of the accompanying instructors' manual. And we are thankful for the patience and encouragement offered by Deirdre Anderson, our editor, for the practical wisdom and negotiating skills of Rachel Youngman of Hockett Editorial Service, who shepherded the book through production; and for the useful feedback, based on their pedagogical experiences and content expertise, that we received from the following reviewers:

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Finally, each of us also would like to offer some personal thanks.

Barbara: I would like to thank my colleagues in Medical Humanities and Medical Education at the University of Illinois at Chicago, the Narrative and Medicine Study Group at Chicago, my research collaborators at the Houston Center for Quality Care and Utilization Studies, and my esteemed writing partner, Dr. John Kahler from Cook County Hospital, all of whom shaped my understanding of how communication works in clinical practice. In addition, I would like to thank my colleagues in Health Communication at Texas A&M University, who helped me to reimagine myself in the literature and pedagogy of academic communication. Appreciation goes also to Marsha Vanderford, my friend and colleague who brought Canada's harm reduction program to my attention, and to April Caires, assigned as my research assistant in Spring 2001 and who acquired many of the permissions required for special materials used in this book. I am thrilled that the gorgeous and inspirational painting created by my loving sister, Andrea Gomez, graces our cover. Finally, I am very grateful to my caring, loving, and understanding husband, Marlynn May, who introduced me to a whole new aspect of intercultural health issues in the *colonias* of the South Texas borderlands and who endured many delayed dinners and late-night writing jags while this book was in progress.

Eileen: I want to thank the students in my Health Communication 362 class, Fall semester 2001, for their constructive feedback on drafts of the book chapters and for their openness to thinking about health communication in different ways. My colleagues at Cleveland State, Jill Rudd, Renee Botta, Jen Kopfman, and Loreen Olson, always offered encouraging words, relevant articles, and frequent lunches at our favorite Chinese restaurant, and they remain the "fun folks." My friends outside of academia have been listening to me talk about this book for a very long time. Among them, Lisa Deinhardt, friend and neighbor, and Laurie Zittrain Eisenberg, my cousin, deserve special recognition for accompanying me through the various stages of this project and for helping me to keep a balanced perspective. Finally, my most heartfelt thanks go to my husband, George Ray, for his calmness, humor, insights, support, and love. And to our children, Bryan and Lesley, for making me laugh so much and so hard.

Patricia: I offer sincere gratitude to my colleagues and friends at San Diego State and other universities who were always ready to reflect on good ideas and good questions. I especially want to thank all the diligent research assistants who read—and reread—each chapter, tracked down hard-to-find references, and remained passionate about what they read as the book evolved: Marion Cabuto, Juan Cephas, Amy Fryer, Elissa Fischer, Chuck Goehring, Carolyn Hartigan, Lindsay Flemming, Melissa Karaiscos-Cornwell, and Sarah Bourke. I would like to thank my good friends Linda Perry and Beth Martin for their contributions to my sanity by always being willing to go to a movie or for a run. Most importantly, I

am so very thankful for my husband, J.C., and my daughter, Makenna, who distracted me whenever they could and who knew not to ask “Are you done with the book yet?” The very day the final version of the book was e-mailed to the publisher, Makenna taped a new sticky note to my computer stating “New job! Spend time with Makenna!”

Finally, we all extend a very special thank you to the people whose stories grace the pages of this book and reveal the complexities of health communication. We hope that you will find what follows to be meaningful and relevant in your own lives as practitioners, patients, and health citizens. And for all of us, both readers and authors alike, we begin the text with a universal wish and invocation: *salud, l'chaim*, “to our health.”

PGM, San Diego

EBR, Cleveland

BFS, College Station



Eileen (left), Barbara, and Patricia. *Photo by Ruth Zittrain.*

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