Emerging Perspectives in Health Communication

Meaning, Culture, and Power

Edited by
Heather M. Zoller and
Mohan J. Dutta

LEA's Communication Series

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Emerging Perspectives in Health Communication

This collection highlights the changing landscape of health communication scholarship through its coverage of interpretive, cultural, and critical approaches to health communication research and practice. It introduces theoretical perspectives, methodological questions, and empirical evidence to demonstrate the importance of meaning construction, culture, power, inequality, participation and voice to our understanding of health discourse and everyday experience. Contributors actively engage with health problems in local, national and transnational contexts.

This distinctive volume serves as a catalyst for future study, presenting the latest research by top scholars in health and popular discourse; culturally-based health promotion; medical communication; and health policy. It provides a rich foundation for scholars who seek to use interpretive, critical or cultural frameworks in academic and applied health communication settings. It will be a key resource for health communication scholars, researchers, and students as well as interpretive, cultural, and critical communication scholars and graduate students. It will also appeal to scholars and practitioners in the allied health areas.

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Chapter 1

Theoretical foundations

Interpretive, critical, and cultural approaches to health communication

Mohan J. Dutta and Heather M. Zoller

In some ways, the field of "health communication" may appear to address a relatively straightforward set of goals and concerns. For example, health provider communication may be studied to improve patient compliance with health directives, such as completing prescriptions or reducing cholesterol intake. Public health communication interventions may be designed to bring about some desired health improvement goal in a target audience, and the results measured in terms of their effectiveness in achieving change. Certainly, these health initiatives are ubiquitous: African Americans in the rural South are encouraged to take five or more servings of fruits and vegetables to reduce their cancer risks, people are encouraged not to smoke, workplaces cajole employees to exercise so as to lower absenteeism and reduce insurance rates. In these efforts, communication involves methods of persuasion (such as motivation, fear, encouragement) that can be measured in terms of effectiveness.

Of course, achieving these goals is not straightforward. Health communication research shows us that communication is not a "magic bullet" that can create change. Health messages, whether mass mediated or interpersonal, must engage with the complexities of human needs, motivations, and priorities. Indeed, health communicators are working to create interventions more sensitive to these issues (Edgar et al., 2003).

However, there are still more complexities in the communicative endeavors described above beyond the challenge of effective behavior change. Each of these goals relies on a particular approach to the meaning of health, making assumptions about how health can be achieved and who has the authority to instruct others. The ways in which intervention objectives are determined and evaluative criteria are configured are predicated upon certain assumptions that are taken for granted about what it means to be healthy and what constitutes health (Dutta, in press; Dutta & Basu, 2007; Dutta-Bergman, 2004b). The projects themselves may come into question when contextually embedded in social and political systems. What counts as illness, whose therapies are recommended, and who has the means to pay for prescriptions? Why is fruit and vegetable consumption addressed as the predominant means for preventing cancer? Why does management promote exercise when their

companies have high rates of occupational illness and accidents? Each of these questions involves broadening our conception of communication to address the social construction of health and illness and the underlying dimensions of power that are central to health communication. In this book, we would like to add multiple layers of complexity to our understanding of relationships between health and meaning. By highlighting the emergence of interpretive, critical, and cultural research perspectives, chapters in this book will demonstrate the utility of asking an array of questions about health communication, including: what meanings of health are operating in a particular circumstance, how have those meanings been culturally constructed, whose meanings are circulating, and with what material and symbolic consequences?

In organizing this introductory chapter to the book, we decided to begin by examining what it means to study health communication. What is health communication? What unites the different approaches to the study of health communication? What are some of the common threads that join these different approaches? After setting up the scope of health communication as a field of inquiry, we shift our attention to theory. What constitutes a theory and what are the different approaches to theory building? What criteria shall we as students and scholars of health communication use in evaluating these different theories, and how do these criteria vary based on the approach we take toward the study of health communication? Our introductory discussion of theory will lay out the foundations for discussing the post-positivistic, interpretive, critical, and cultural approaches to health communication. After setting up each of these approaches, we compare and contrast them and provide exemplars of each in the study of health communication. Following the framework proposed by Babrow and Mattson (2003), we lay out the dialectical tensions that are inherent in the different approaches. We conclude our chapter by discussing the contributions of interpretive, critical, and cultural approaches and previewing the chapters to follow.

The discipline

In the introduction to the *Handbook of Health Communication*, Teresa Thompson (2003) points out that the field of health communication has grown dramatically in the last twenty-five years. As she notes, the field started with the creation of the Health Communication Division of the International Communication Association in 1975, and subsequently became a division under the same name at the National Communication Association in 1985. The flagship journal of the field, *Health Communication*, was started in 1989, devoted specifically to the coverage of research focused on the study of communication in health care. In her review of the field, Thompson notes that the field has grown substantively from its early years not only in terms of the amount of research being conducted, but also in the growth of its scope. Whereas the early years of health communication scholarship focused on the

interpersonal aspects of health communication, current research in health communication encompasses (a) organizational issues in health communication, (b) community-based aspects of health communication, and (c) popular media issues and campaigns in the context of public health and medicine. We also are beginning to see greater attention to cultural and policy levels of analysis.

Furthermore, we are seeing a growth in the variety of perspectives applied in health communication research. Whereas most of the early research approached the field from a post-positivistic lens, an increasing body of research has started addressing interpretive, critical, and cultural issues in health communication scholarship (Zoller & Kline, 2008). The popularity of these alternative approaches to the study of health communication is witnessed in the growing number of articles in field journals such as *Health Communication*, *Journal of Applied Communication Research*, and *Journal of Health Communication* that approach the study of health communication from these perspectives. One of the goals of this book is to highlight and showcase this increasingly important body of scholarship. As we do so, we hope to provide a launching pad for the student and the scholar in health communication who is interested in exploring these perspectives, as well as to demonstrate their utility to health scholars in disciplines such as sociology, psychology, and anthropology. This book features the works of scholars who embrace the interpretive, critical, and cultural frameworks as ways of understanding, explaining, and engaging with health communication processes and phenomena.

Whereas some of these approaches presented in the book emphasize in-depth understanding of health constructions, others explicitly focus on raising questions of social change. Most of the contributors employ qualitative methods, reflecting current trends in interpretive, cultural, and critical work in the field. Indeed, this predominance of qualitative methods may suggest the need for developing more quantitative approaches to health communication that ask critical questions and seek to engage in transformative politics.

What does it mean to study health communication?

Health communication refers to the array of communication processes and messages that are constituted around health issues. Scholarship in the field may be categorized into two broad categories based on its emphasis: the process-based perspective and the message-based perspective. The process-based approach to health communication explores the ways in which health meanings are constituted, interpreted, and circulated, investigating processes of symbolic interaction and structuration as they relate to health. The message-based perspective is concerned with the creation of effective messages about health, and it attempts to address strategies for creating effective communication that would accomplish the goals of the involved stakeholders. Of course, all of this begs the question of what constitutes health, but we

would argue that this foundational question is one that must be situated in light of particular contexts.

Elements of health communication scholarship

Despite the wide variety of paradigmatic approaches to the study of health communication that we will discuss, there are certain underlying principles that run through the various areas and levels of health communication scholarship. One of the salient features of this communication research is its commitment to praxis. Praxis encompasses the ways in which health communication scholarship comes to be enacted in the world. In this sense, health communication researchers examine the practice of health communication, and are concerned with the applications through which the study of health messages, meanings, and processes can inform the practice of health communication (Thompson, 2003). Studies in the field explore the possibilities of developing meaningful applications that are humane, effective, and responsive to the health needs of individuals, groups, and communities. Although scholars might disagree on what comes to constitute humane, effective, and meaningful communication, the field nevertheless is committed to the possibilities of developing meaningful applications.

The commitment to the examination of communication messages and processes in health settings also suggests that health communication scholars "get dirty" and immerse themselves in the field. Therefore, most health communication scholarship takes place in the context of physician–patient interactions, workplace health interventions, media outlets, community coalition building to create health infrastructures, and other applied situations. Sub-disciplinary journals such as *Health Communication* and the *Journal of Health Communication* attest to the engagement of health communication scholarship in "real world" settings, exemplifying research that typically takes place outside the realm of the typical convenience sample of classroom subjects that are overrepresented in much communication scholarship.

Yet another common feature of health communication scholarship is its interdisciplinary nature. The complex nature of health communication problems calls for the need to engage with theories and methods spanning across (a) various sub-disciplines of communication, and (b) various other disciplines beyond communication. For instance, scholars studying communication patterns in the physician–patient relationship not only need to engage interpersonal communication scholarship, but also need to interact with bodies of knowledge from medicine, nursing, medical anthropology, and medical sociology that engage with the question of the physician–patient relationship. Similarly, scholars examining the role of health policies in creating certain communication outcomes ought to engage with economists, sociologists, and others in order to develop a sophisticated understanding of health communication phenomena.

Finally, the field of health communication is dynamic, thus calling for continuous movement in the theories and methodologies that are applied in studying the health communication messages and processes. The continuously shifting terrain of health care today calls for constant updating of the ways in which we come to understand and study health communication phenomena. For example, present-day health communication scholars ought to understand the existence of health communication at the intersections of technology and globalization, two key trends in the current social configuration of the world that continue to profoundly influence our understanding of health and the ways in which it has come to be constituted in the world. Health communication theorizing is in a state of continual flux, necessitating that we revisit old theories, offer new ones, and continually revise the knowledge that has come to constitute the field.

Theoretical perspectives in health communication: dominant and emerging perspectives

Broadly speaking, the study of health communication may be grouped into one of the four following approaches: post-positivistic, interpretive, critical, or cultural studies. The dominant approach in health communication is the post-positivistic, with an emphasis on improving a variety of health outcomes as outlined by the biomedical model (Dutta, in press). The field, however, has witnessed an increasing trend toward the incorporation of interpretive approaches that emphasize health meanings and narratives, critical approaches that raise questions of power and control, and cultural studies that situate critical questions in cultural contexts (Zoller & Kline, 2008). It is worth pointing out at the onset that although this categorization scheme is offered as a way of labeling and understanding the different approaches to heath communication, it surely is not our goal to limit the scope of current health communication scholarship within these distinctly defined categories.

The post-positivistic approach is concerned with explaining, controlling, and predicting various levels of health outcomes by investigating the roles of communicative, social, and psychological variables. This line of research has typically been concerned with the identification of constructs, operationalization, measurement, and prediction of health-related communication constructs. For instance, the post-positivistic line of research on communication competence in health settings operationalizes what it means to be a competent communicator, measures communication competence, examines the effects of competence on heath outcomes and suggests communication skills for improving the communication competence in the population (Makoul et al., 1995). Similarly, the post-positivistic research on health campaigns focuses on identifying variables such as perceived benefits and barriers to action in order to develop effective health interventions. Ultimately, the goal of this line of scholarship is to create effective health communication solutions to

tackle problems addressed typically at the individual level (Murray-Johnson & Witte, 2003).

Much of the extant health communication research may be categorized under the post-positivistic paradigm, and has primarily focused on the roles of effective messaging strategies in health communication settings (social support systems, provider–patient interactions, health campaigns, health organizations, and media systems). This research focuses on identifying communication variables that influence health outcomes.

Interpretive, critical, and cultural studies approaches to health communication tend to be thought of as "alternative" because of the dominance of post-positivistic approaches (Zoller & Kline, 2008). In using the term "alternative," we realize that what is alternative can become dominant as discursive spaces of scholarship shift terrains and as the power structures within and across institutional systems change. The publication of this book and the increasing popularity of interpretive, critical, and cultural studies in health communication attest to the shifting mood in the field (Beck et al., 2004).

The interpretive approach to health communication emphasizes the construction of meanings related to health and medicine. Drawing from the theoretical traditions of hermeneutics, phenomenology, ethnomethodology, and symbolic interactionism among others (Lindlof & Taylor, 2002), interpretive theorists seek to understand how meaning is constituted and contested through interaction. Scholars applying the interpretive approach to health communication typically engage in documenting detailed descriptions of health meanings and the processes through which they are constructed and enacted, using a variety of techniques such as in-depth interviews, focus groups, participant observations, textual and rhetorical analysis, and ethnographies (Sharf & Vandeford, 2003; Geist & Dreyer, 1993; Ellingson, 2005). Most of these approaches are qualitative in nature, and emphasize contextually located accounts rather than generalizable explanations that predict health behaviors and outcomes. This qualitative approach allows for understanding the embodied performance of health and illness, as well as issues of textual style and artistry that are difficult to capture quantitatively. Increasingly, health communication scholars are adopting narrative perspectives, focusing on the role of stories in narrating health and illness experiences. The growth of this perspective is evident in the publishing of the edited book, *Narratives, Health, and Healing: Communication Theory, Research, and Practice* (Harter et al., 2005), which investigates the "murky, cluttered, and complicated interrelationships" addressed by narrative (p. 8).

Critical approaches emphasize understanding the role of health communication in constructing and reinforcing dominant power relationships, and in simultaneously marginalizing certain sectors of society. How do communication practices in health settings serve the status quo? How are the interests of the underprivileged sectors of social systems represented in the discursive space of health communication theories and applications? Critical

theorists in communication may be influenced by the same hermeneutic, phenomenological, and rhetorical perspectives as interpretive scholars, but also draw critical concepts from a number of sources. These sources include the neo-Marxist perspectives of the Frankfurt School, Antonio Gramsci, and Stuart Hall (Mumby, 1988), as well as what may be considered postmodern research derived from scholars such as Foucault and Derrida (Lupton, 1994; Waitzkin, 1991). Other branches include postcolonial theory (Spivak, 1999), feminist studies (Dow & Condit, 2005) and queer theory (Yep et al., 2003). Because of their explicit interest in issues of social justice, critical scholars studying health communication campaigns, for example, suggest that such campaigns contribute to the marginalization of the lower socioeconomic segments of society by shifting the responsibility of health on the individual, and obscuring issues of structural change that would address health inequities and disparities (Dutta-Bergman, 2005; Lupton, 1995; McKnight, 1988; Zoller, 2003a). Furthermore, the critical approach draws our attention to ideologies, "the interlocking set of ideas and doctrines that form the distinctive perspective of a social group" (Waitzkin, 1991, p. 12), which justify and reinforce capitalist relations as well as racial and gender inequalities related to health and health outcomes (Ellingson & Buzzanell, 1999; Gillespie, 2001; Waitzkin, 1991). Some critical scholars explore the intersections of health care and market forces with the goal of understanding the ways in which market logic undermines possibilities of structural health programs that would benefit marginalized communities (Conrad & McIntush, 2003; Gillespie, 2001; Waitzkin, 1983). Scholars investigating the constitution of health in the realm of national and global policies may interrogate health-care policies, and draw the interconnections between such policies and the material conditions of marginalization in the underserved sectors of the globe (Melkote et al., 2000). Critical perspectives are interested in hegemony as a relationship of consent between dominant and subordinate groups. However, hegemony is understood as a dialectical relationship of control and resistance (Gramsci, 1971; Mumby, 1997), so that critical perspectives also give attention to agency among marginalized groups by investigating the potential for nonconformity, resistance, and transformation (Lupton, 1995; Sharf, 1997; Zoller, 2005a).

The cultural studies approach emphasizes the culturally situated nature of health communication interactions and processes, and locates culture in the realm of structure and power (Dutta-Bergman, 2004a). In exploring the culturally constituted nature of health and in connecting the discussions of culture with issues of structure and power, the cultural studies approach provides a bridge between the interpretive and critical approaches. On one hand, it demonstrates commitment to the interpretive paradigm by emphasizing the local contexts within which health meanings are constituted; on the other hand, it shares commonalities with the critical tradition by emphasizing questions of power and the ways in which such questions of power shape the socially constructed nature of discourse (Airhihenbuwa et al., 2000). Cultural