

Health and Communication Guest Editors' Foreword

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Health communication is concerned with 'the powerful roles performed by human and mediated communication in health care delivery and health promotion' (Kreps et al. 1998). It is an extremely broad research area, examining many different levels and channels of communication in a wide range of social contexts.

Following Thompson, Dorsey, Millet and Parrott (2003) one can didactically speak about three main spheres of influence in the case of communication and health: societal, expert discourse and lay discourse. At the same time, the levels for health communication analysis include intrapersonal, interpersonal,

group, organizational, and societal communication. In addition, health communication inquiry involves examination of a broad range of communication channels, including face-to-face and mediated communication between providers and receivers, among members of health care teams, and among patients (e.g., via support groups).

As pointed out in a number of studies (Freimuth, Stein, Kean, 1989; Johnson, Meischke, 1993; Nelkin, 1995), health-related messages are effective devices of 'social learning', the people being able to learn what it means to be healthy with the help of media (Freimuth, Stein, Kean, 1989;

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Johnson, Meischke, 1993; Nelkin, 1995). Moreover, health public policies can be modified sometimes by the transmission of messages relating to health (Cho, 2006). Incorrect or unrealistic information from medical reports may mislead the people working in public health policy and may contribute to the admission of unfair laws and regulations (Hotz, 2002; Wells, Marshall, Crawley, Dickersin, 2001), the latter being regarded by many scientists as true threats to public health (Voss, 2002). Health-related news from the media functioned largely as a factor that can influence the actions of doctors, patients, lawyers, and politicians and they have become the main target in the discussions between researchers in the medical field, the information related to health and in the field of communication.

Under such circumstances the task of publishing a special issue on communication and health for the *International Review of Social Research* was extremely challenging to us. Given the diversity of approaches used in the field of communication and health, we include micro- and macro-level oriented approaches of health and communication, based on multiple methodologies.

The special issue begins with the article of Rebecca Shaw and Celia Kitzinger ('Managing distress, effecting empowerment: A conversation analytic case study of a call to the Home Birth helpline') which presents an in-depth analysis of the tensions that can exist in communication about health. The authors analyse the case of tension between offering empathetic responses and offering advice in response to a

troubles-telling and shows how this is managed over the course of a single interaction. Shaw and Kitzinger use conversation analysis to explore how the call-taker negotiates the tension between managing the caller's distress about her scheduled hospital labour (the 'presenting problem'), while also encouraging her to arrange a home birth (the 'problem solution'). The study offers a possible illustration of what the concept might look like in action, and as such is useful in counsellor education.

The second paper deals with inter-personal communication between healthcare professions and patients. In 'Naturally occurring interactions and guidance codifications in healthcare communication analysis: the case of praising obese patients', Helena Webb reports on a conversation analytic investigation of how verbal praise-giving in the form of compliments was delivered and responded to in consultations with obese patients. Focusing on a single healthcare guidance recommending the praise of these patients at 'every opportunity', this article reveals how application of seemingly-simple and positive guidance may be more complex than it at first appears. By so doing, this work demonstrates how in addition to using the results of existing analyses of naturally occurring interactions to reflect on prescriptions set out in healthcare guidance, these prescriptions can be drawn on as a topic or starting point for analysis itself. Analysis can then both advance the understanding of healthcare communication and provide insights relevant to the use of these prescriptions in practice.

The article, ‘But you looked smart’: Participant observations of HIV testing and counseling for young adults’ by Malynnda A. Johnson, provides another example of the complexity that lies within inter-personal communication between healthcare professions and patients. In this article, a ‘secret shopping’ approach was used to evaluate services and communication about HIV prevention provided by trained counselors to young adults. Posing as a student who wants HIV testing and interviewing in six clinics close to her university, Johnson identified a series of barriers that prevent young persons from getting an HIV test for free and anonymously as well as barriers that prevent or impede sound counseling. Describing her experience at the clinics as ‘twenty minutes for being ignored, being judged or finally being counseled’, the author argues that as young adults are at low risk for HIV they do not receive adequate information or support to promote healthy behavior choices.

‘Prenatal Googling: Online information seeking by Israeli women during pregnancy’ talk about the use of Internet as medium used by pregnant women for seeking pregnancy-related information. Israel has the highest rate of prenatal testing in the world. This research discovery that the most prominent type of information sought by Israeli pregnant women online was focused on prenatal tests: women find Internet important to engage in self-interpretation with respect to their test results by self-interpretation. According to Lev, the use of Internet by pregnant are not only related to personal informational needs, but also represent a broader social phenomenon

of a highly medicalized pregnancy that seem to intensify uncertainty and therefore, to increase the need to rely on the internet during pregnancy.

The next paper, ‘Building business relationships through the Web: How medical technology companies enroll stakeholders in innovation development and uptake’, discusses the use of Internet and websites for business by medical devices companies. Public and private institutions use (or try to do it) Internet as a new space to develop relationship with consumers: this new relationship, the growing online direct-to-consumer advertising and sale of health-related products has raised social and ethical topics. In the qualitative analysis of website, the authors show how four Canadian medical technology companies sought to enroll different types of stakeholders into their innovation development and commercialization strategies. According to the authors, the websites not only promoted health technologies, but also assigned different identities and roles to stakeholders, sometimes in conflict. The websites try to separate the worlds of business and healthcare but they added confusion to already complex relationships between healthcare providers and patients’ expectations.

In the sixth article, ‘Health Champions and their circles of influence as a communication mechanism for health promotion’, Louise Warwick-Booth, Ruth Cross, James Woodall, Rhiannon Day and Jane South discuss the importance of social networking as a useful approach for health promotion. Their study focuses on the ‘Health Champions’, a British community program aiming to improve health

and well-being through volunteering and active citizenship of lay people. Using findings from a mixed method evaluation of one Health Champion program in North East England, the article highlights the way in which such volunteers use circles of influence to communicate health knowledge and to try to achieve behavior change, starting with themselves in the center of their circle and then moving outwards to influence others such as family, friends and colleagues through their social networks. The paper argues that health champions act as healthy role models within their own circles of influence to successfully communicate health knowledge to those around them.

The article of Meghan Bridgid Moran, Sheila T. Murphy, Lauren Frank, Lourdes Baezconde-Garbanati is about health communication campaigns and the centrality of social norms as important predictor of health behavior. In particular, the paper 'The Ability of Narrative Communication to Address Health-related Social Norms', talks about the context of health communication campaigns and the relevance of the relation between social norms and behavioral intention of specific target population or groups. Starting from two 11-minutes health communication films about Pap testing to detect cervical cancer, the papers compare, using a randomized trial testing, the effectiveness of narrative and non-narrative campaigns to change a perceived norm via increased identification and increase behavioral intention via perceived norm. The authors claim that narrative communication is more appropriate for impacting social norms and intention compare to non-narrative. Narrative

communication is more effective at producing positive changes in perceived intention thanks to its ability to increase viewer identification with characters. The importance of the articles is that, although this research focuses on cervical cancer, paper's results may have implications for a variety of health conditions and health communication campaign.

Cécilia Claeys and Elise Mieulet's article ('The spread of Asian tiger mosquitoes and related health risks along the French Riviera: An analysis of reactions and concerns amongst the local population) presents the results of a qualitative and quantitative sociological survey conducted in the French Riviera. The findings confirm classic research into social inequality which shows that people with less education are disfavoured in terms of knowledge and awareness about risk and health. At the same time, the results also underscore the opposite process, which points out the fact that the type of habitat and the related social activities of people of higher socio-economic status tend to increase their exposure to risks compared to people of lower socio-economic. Such economic and political factors tend to. In this context, trust may be the key issue for solving the existing dilemma of choice between the need to inform the population and the fear of overacting and causing panic.

As guest editors, we hope that the articles published here will give readers a multifaceted perspective of communication and health research field. As articles published in the special issue of *International Review of Social Research* prove health communication research is interdisciplinary as it

combines and applies important theories, concepts, and methods from diverse areas of communication science (such as the study of language and behavior, interpersonal communication, group/organizational communication, persuasion, media studies, intercultural communication, and new communication technologies), as well as from the diverse academic fields of public health, health education, health psychology, medical sociology, medical anthropology, health economics, epidemiology, and

medical informatics. At the same time, health communication also frequently integrates the literature and theories of the health professional fields, including medicine, nursing, social work, and clinical psychology.

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