Multifaceted Contents and Techniques for Designing Health Communication Courses

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Abstract: Health communication courses explore health phenomena from various angles. Whether focusing on interpersonal and organizational relationships or addressing community and national campaigns, instructors may choose from various contents to design these courses. This essay highlights critical questions, contents, and activities useful for instructors seeking information for designing health communication courses. Moreover, the authors reflect on sensitive issues unique to these courses that instructors should take into consideration when teaching.

Health communication courses explore ranging meanings and implications for the well-being of individuals, interpersonal relationships, organizations, and global systems. This field probes questions such as What social symbols, interactions, and enactments constitute "health"?; How are responsibilities negotiated and conceived when narrating experience, seeking information, offering support, recommending treatment, promoting mass messages, and/or creating mediated representations?; and What cultural differences and disparities exist between and among different populations with regard to health education, access to resources, and belief systems? These queries call the attention of instructors and students to grapple with emerging needs for interpreting, communicating about, and responding to health phenomena.

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Foundations

Spanning across multiple contexts, vast foundations underlie the health communication field. From intimate interactions between patients and doctors to institutional structures/practices to widely casted health campaigns, instructors and students enter this field from various angles. Craig's (2009) seven traditions, including critical, cybernetic, phenomenological, rhetorical, semiotic, socio-cultural, and socio-psychological perspectives, provide palpable starting points for probing this vast field.

Those occupying a critical stance problematize relational and institutional power and injustice. A leader in this realm, Lupton (1994) promoted theoretical and methodological practices for interrogating the power dynamics inherent to health-related issues. Meanwhile, the cybernetic tradition attends to organizational and systemic dynamics, such as those occurring in online social support groups (Wright, 2016) and healthcare organizations (Barrett, 2018). Those teaching from a phenomenological perspective seek understanding of how persons live and articulate their health experiences. Notions of embodiment (Ellingson, 2006) and narrative sense-making (Harter, Japp, & Beck, 2005) provide robust material for exploring this tradition. From a rhetorical tradition, inquirers examine the intentionality and persuasiveness of messages and their corresponding impact on respective audiences. Zoller (2004), for example, explored the rhetoric shaping health policies in large corporations and demonstrates how such rhetoric may exploit certain employees. Similarly, semiotics involves exploring signs and symbols of health that yield unified meanings. For instance, King (2008) investigated how a pink ribbon became a prevalent social icon representing, and oversimplifying, the multiple complexities of breast cancer.

Other perspectives, such as those drawing from a socio-cultural focus, recognize culture as constituted through shared meanings, rituals, and collective enactments, thus suggesting that health is socially constructed (Charmaz & Belgrave, 2013). Dutta (2008), in particular, emphasized taking a culture-centered approach by urging instructors and students to recognize how health contexts vary in the dynamic identities, experiences, values, and beliefs constituting them. The socio-psychological tradition explores the cognitive dimensions that figure into individuals' understandings of and corresponding actions in response to health meanings. Theorists (such as Babrow, 2001) draw from this tradition to demonstrate how individuals wrestle with uncertainty, particularly when they are confronted by competing values for how they should act in response to their health complications.

Content Areas

When designing a health communication course, instructors either may select a particular tradition to frame their learning goals or adopt a hybrid of perspectives to expose students to a variety of viewpoints. These foundations can help learners make sense of various content areas within the health communication discipline. Health communication researchers explore interpersonal interactions (e.g., patient-provider communication styles and roles, everyday health talk with family and friends, socialization processes, diversity), health care approaches (e.g., Western and non-Western care tactics, health organization types, digital health), cultural and social issues (e.g., cultural influences, public health perspectives, media representations), and health outreach (e.g., campaign design, implementation, and evaluation). An introductory health communication course should survey these areas, but for a more in-depth understanding, a seminar course in any of these topics is valuable.

Interpersonally, individuals need to know how to interact with not only health care providers but also with peers and family members to negotiate shared meaning and possibly offer social support, for

example. Health professionals must understand diverse health perspectives to know how to communicate diagnoses, prognoses, and treatment options so that patients and providers can collaboratively engage in shared decision-making. With technological advancements and multicultural influences, students must be made aware of complementary health care approaches and systems to be able to knowledgeably communicate needs and desires as patients are their own best advocates. And in an increasingly patient-empowered society, students need competency to discern accuracy of public health messages and media representations of health.

Applied Assignments

Several applied assignments can be implemented to illustrate the practicality of the health communication course. Beyond the traditional application or response papers, case analyses, or campus campaigns, many specific assignments have been published elsewhere (e.g., *Communication Teacher*) to teach students transferable skills for their everyday lives. For example, to help students recognize diversity issues and public health messaging, students should engage in analyzing mediated messages. One useful way to do this is to have students assess health literacy levels of common health messages (see Staggers & Brann, 2011, for an applied assignment that can be completed in one class session). This assessment can enlighten students on how their educated status privileges them in understanding everyday communication about common health topics.

To further explore public narratives of health, a unique semester-long project that investigates "illusions of wellness" (Russell, personal syllabus) provides students with multiple opportunities to critically evaluate the health messages surrounding them interpersonally, in the media, and in health care organizations. Instructors can use all parts of this assignment throughout the semester or choose specific activities to highlight certain areas of the course. To begin the critical evaluation of messages of wellness (and ultimately illness), students are expected to conduct a phenomenological investigation by interviewing multiple people about their perspectives of wellness. By comparing and contrasting their perspectives with each other and also with what is rhetorically presented in the media, students gain a richer understanding of diverse perspectives while also learning about narrative approaches to health constructions. Once students have analyzed interview responses and media representations to determine what constitutes health, wellness, and illness, they are asked to create a photo journal of portrayals of health within health care organizations to critique how organizations corporately construct meanings of health. This critique helps students recognize the narrative construction of power, social responsibility, and relationships. A culminating paper can apply critical and/or socio-psychological theories to make sense of the findings from all of these investigations and present an explanation of their meanings.

Issues to Consider

Although students often embrace opportunities to learn about health phenomena, they sometimes hesitate when discussing issues conventionally deemed as private matters. Moreover, health communication courses may engage taboo topics that require instructors to build a sense of community among students needed to have open, vulnerable discussions. These topics also require instructors to be mindful of the ranging differences among students, taking into account their cultural and socio-economic backgrounds as well as their unique personal circumstances. Although instructors cannot possibly know everything about their students, at least they should be aware of the roles that power and privilege play in their students' preconceived understandings of health as those students who have

had access to resources throughout their lives may be completely unaware of the disparities or losses their peers may have experienced. Thus, maintaining a sensitive eye toward students' differences and fostering opportunities for them to express their perspectives openly are vital practices for cultivating a substantive health communication course.

Conclusion

There are several directions that can be explored when designing a health communication course. For example, the ever-expanding digital age has tremendous implications for what health is and will be beyond what can be conceived now. Instructors must be aware of, and caution students to recognize, the dynamic, ever-changing effect technology has on how health phenomena are conceived, discussed, represented, and treated. Furthermore, consumer interests and capitalist values driving Western ideologies have a significant bearing on the institutional infrastructures governing health practices. Questions regarding resistance, activism, (in)justice, and social change are pertinent for students to begin inquiring about their roles in future landscapes of the health communication field.

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