From Dominant Perspective to Critical Perspective in Health Communication: Analysis of Television Health Programs in Term of Critical Health Communication

Health communication, which has become a discipline since the mid-twentieth century, has become more crucial especially with the complexity of healthcare applications and health information practices. This has led to an increase in the number of researches and academic studies in the field of health communication and also different approaches emerged regarding this debate. In order to improve the health of the individual and society, the theories used in the field of health communication are generally limited to individual information and behavior change models. Both the health behavior models, and health communication theory/models used are socio-psychological based approaches. Therefore, the methods used are individually focused. As a result, communication is typically understood as health information transfer and perception. After the changing economic-political approach and public broadcasting replaced by private broadcasting in the 1980s, it's observed that the health communication practices on television started to show an approach towards the consumption of health services and products. This view mentioned above was called "dominant health communication" in the 1990s and a new approach of the field emerged. Critical approach discusses that health is a social phenomenon and that all responsibility cannot be given to the individual. In this case, outside the individual factors such as economy, politics, culture, environment, education, gender and even geography are important in the development and outcomes of health. In this study, it will be discussed that the ongoing health communication practices, which we will call "dominant health communication", do not provide a solution to the existing health inequality in the society, on the contrary, they provide the reproduction and dissemination of the ideologies of the sovereign powers and a consent for the consumption of health products and services in the society. Therefore, in this study, health programs on mainstream television channels in Turkey will be analyzed in terms of critical health communication, Critical discourse analysis will be used as the main method of the study.

Keywords: Critical health communication, Critical discourse analysis, Television health programs

Introduction

We could emit that at the beginning health communication approach, which exist in the interpersonal communication universe, is contained more basic information to find solutions to the daily's problems of the individual. Access to all kinds of information has made easier with the changing political economy and media tools. Health information now reaches itself beyond the
individual's request. Thus, health communication practices done with the media has been moved to a different ground.

Towards the end of the twentieth century, new economic approach affecting the whole world had an impact not only in the economy but also in the healthcare services and media. As such, the media has been actively used/being used in the context of the consumption of services and products produced in the field of health. Thus, health communication practices are carried out for individual health problems and demands instead of public health which serve in a more limited area in the meaning of economics.

Although new alternatives are presented to the individual in accessing health information with the latest developments in information and communication technologies (ICTs), television still maintains its influence on a large audience in this field. Television, which is easier to access than other communication tools, is the primary source of certain social segments, especially in the dissemination of health information.

In Turkey, at least one health program is broadcasted on virtually every channel that broadcasts nationally and locally. Although these programs are in different formats (edutainment-infotainment, look after yourself), they can reach a significant audience.

Thus, the individual will be able establish an autonomy on own health in order to make decisions with the health information access via television. This causes the misconception that it is more independent in the decision-making process. While it provides an advantage to the individual in the field of information asymmetry due to the health communication made on television, it also contributes to a consent production process in the context of the consumption of health services and products.

While the individual is more active than ever in the decision-making process with the health communication applications, on the other hand in the recent years, scholars are getting more and more interested in the field of health communication and different approach has emerged in the field.

There are also many researches and studies done in Turkey about “health communication” since the term has emerged. However, it is seen that academic researches are made in the field of public relations, economics and communication technologies, other than communication sciences or sociology of health. The research methods gathering in socio-cognitive attitudes of individual” and ignoring of health is a social phenomenon.

For the reasons aforesaid above, in this paper below assumptions will be analyzed in term of critical health communication.

Health communication and practices performed in television health programs:

1. Are completely individual oriented.
2. Ignore social determinants of health such as economic, cultural, educational, so on.
3. Have no effect in eliminating health inequality in the society.
4. Play an active role in “producing consent” in the consumption of health services/products through the discourse of “healthy living.”

Briefly in this paper it will be discussed, today’s changing meaning of the phenomenon of health in the context of critical health communication. Subsequently, the use of television in the dissemination of health information will be explained especially in the context of the Turkish audience. Finally, the persistent television health programs in the mainstream media in Turkey will be analyzed in the context of critical health communication.

Critical Approach to Health Communication From the Changing Nature of the Concept of Health

Health as a concept, is used in different meanings from society to society and from age to age. We can define health as the process of being able to cry, grow old and adapt to the changes in the environment (Illich, 2011, s. 182) or the optimum capacity of the individual fulfilling his/her daily roles and duties (Nordenfelt, 2014).

While the discomfort, whose boundaries are blurred with the discourse made today, is subjective, the disease is a purely objective and technical term. Health and disease are not a phenomenon that exists in humans, but a social phenomenon (Bury M., 1997, s. 1).

In the pre-modern period, the concept of health would not be as much present as in the daily discourse of ordinary people. However, as Baudrillard points out the understanding of health has become a status-related social imperative than a biological imperative in modern time (Baudrillard, 2016, s. 178). Thus, the conditions, which were not seen as illness in the first place, are considered as ordinary situations of daily life or approached by God, are recently defined as diseases (Szasz, 2007, s. 41). Health, illness and disease can be observed not only as a biological and psychological condition, but also as a social condition. In other words, our experiences about health and illnesses are seen to be influenced by the social, economic and cultural characters that the society exists in (Clark, 2010, s. 1).

While it is not easy to figure out where the border between illness and health started and ended. This situation can be turned into an opportunity today by certain powers such as big-pharma, biotechnology, health industry, etc. Regarding to neo-liberalism economic-politics approach by the discourse of being healthy.

Health communication is a concept that emerged in the 1970s in terms of involving the individual in the decision making process about her/his own health. Health communication has been described in many ways. The common view of the majority of these definitions is the effective role in the development of health, both individual and public health outcomes and has been used effectively with campaigns to increase public awareness of health problems such as AIDS/HIV, SARS, smoking addiction (Ratzan, 2011) Well-
planned health communication practices have positive results both for patient and society. The main goal of health communication is to influence the behavior of the individual and the society about their health perceptions in the direction of decision making on their behalf and accomplishing this by sharing health information.

The theories used in this approach that dominant health communication, are limited to individual knowledge, attitude and behavior modification models. The cultural dimensions of health communication are often ignored, and communication in the field of healthcare applications are mostly structured in a top-down manner in paternalist sense (Lupton, 1994, s. 57). Consequently, communication is typically understood as transferring and perceiving health information (Waisbord & Obregon, 2012, s. 10-13).

In the critical analysis of Dutta-Bergman (2005) for 3 theories that are widely used in health communication campaigns and which form the dominant cognitive approach, he indicates that the language used ignores the contexts in which communicative meanings are structured. In addition, Dutta-Bergman also states that although different health communication approaches have been developed today, the approaches used so far are systematically structured on the basis of the dominant approach.

Bauman (2014) points out that the reproduction of the conditions of social life is now carried out by things other than collective social tools, and that all its overwhelming pressure is imposed on the individual almost directly. In this sense individuals are their own guide and teacher. In today's discourse, the body is indisputably “private property” and its care is left to its owner. When we consider this approach of Bauman, it can easily be said that the theories/models commonly used in dominant health communication support this approach.

Deborah Lupton explains in her article (Lupton, 1994), which is one of the pioneering study about critical health communication perspective focusing on critical health communication, that the content of dominant health communication is traditionally done by a top-down manner that flows from the central authority to the periphery. Critical perspective structures health communication as a political process and draws attention to the power relations that determine the relations between classes in society. It identifies the communication as “the ability to shape social context” and argues that power is at the center of defining problems and solutions (Dutta, 2010).

Health communication practices done recently have moved away from addressing considerably public health issues (UlrichDepp, 2011, s. 16-25) and become more individualized. At the same time, It’s seen that today's health policies and services have transformed from the understanding of conducting a collective struggle against social risk to an understanding of supporting capital accumulation. The ongoing health communication, which is structured on the discourse of “being healthy”, works towards producing consent in the consumption of health services and products. As a result of this it raised the question of whether health is a right or a commodity.
Television and Dissemination of Health Information

Besides many topics, current information in the field of health is also now accessible via media tools. Although the media have many advantages for informing the public, the source and content of the information provided can function in favor of power focuses that hold the aparatus, not in favor of the individual. Especially with the tendency of television from public broadcasting to private broadcasting since the 1980s, the conglomeration of media organizations has brought these discussions at the center of media studies. Mass media has the potential to significantly or negatively alter how health-related information is spread and received by different populations (De Jesus, 2013, s. 525). Although the media marginalizes certain ideas and keeps them out of the agenda (especially the political, economics causes of diseases), it still plays an active role in creating agenda about health and desease in the public (Karpf, 1988, s. 2).

Announcing a health problem to the public, adopting a desired health behavior to large masses is possible with the campaign to be carried out through mass media (Bulduklu & Koçak, 2010, s. 73). In particular, television is the most effective tolls used in this field. Television is actively used by both government and non-governmental organizations in health-related campaigns such as the importance of physical activity for health, substance abuse, communicable desease, AIDS. In fact, if the subject is not put on the agenda of the television sufficiently, caused the opinion that it does not have the necessary effect on the public (Turow & Coe, 1993, s. 130).

Television is an important source of information about health, and at the same time is the medium where both positive and negative health-related mesages paradoxly exist. Television health perspective is biomedical approach and diseases are treated with drugs or machines. Television produces an understanding that disregards or mitigate the most important determinants of health; social, economic and political factors (Çınarlı, 2019, s. 153).

Anne Karpf addresses health programs broadcasted on television in four main approaches (Karpf, 1988). Although these four approaches do not have definite limits, they are common in today's media culture. These are; the medical approach, the consumer approach, the look after yourself approach and the enviromental approach.

Research Methodology

In the study, the main research method is “critical discourse analysis” and Norman Fairclough’s “dialectical rational approach” method as for linguistic analysis. Critical discourse analysis (CDA) see “language as social practice” and consider the “context of language use” to be crucial (Wodak&Meyer, 2016).

As we know the critical approach of CDA characterizes scholars rather than their methods. CDA scholars and their researches are socio-politically
committed to social equality and justice. They are specifically interested in the
discursive production/reproduction of power abuse and the resistance against
such domination. CDA is more problem-oriented than diciplin oriented (Van
Dijk, 2016).

Critical discourse analysis sees the language used in speaking and writing
as a form of social actions. Defining special discourse as a social practice
implies a dialectical relationship between a particular discursive event and
situations, institutions, and social structure. Critical discourse analysis focuses
on the analysis of recognizing powers implicit/explicit, concealed, blurring
visible sovereign structures with the use of language (Wodak & Meyer, 2016,
s. 6-12).

In the research, health programs broadcasted in the mainstream media
channels in Turkey will be analyzed; HT Sağlık (HT Health)-HaberTürk
Channel- and Sağlık Kontrolü (Health Check)-CnnTürk Channel. Both are the
longest running television programs about health issue in Turkey. The
program’s analysis is limited to six months of 2018 which are April, May,
June, October, November and December and contains 49 episodes. Health
Check Program includes 24 episodes. Each episode takes about 44-47 minutes
and HT Health Program includes 25 episodes. Each episode takes an average
of 22-25 minutes.

The reasons to choose these specific 6 months period are:

The first reason to choose these specific 6 months is the broadcasting
period of the programs and the second reason is seasonal reasons. Which
means;

We all know that these months indicate seasonal transitions. In the
autumn, flu is always on the agenda. But we also know that autumn is a
common occurrence in communicable diseases and digestive infections due to
water pollution and air pollution. For children it’s time for returning to school,
millions of children are involved in crowded environments at the same time.
These are the months when both climate change and related diseases and
human mobility are most intense. In short, my aim is to observe that real-time
health problems especially public health problems and the topics covered in
these programs overlap or not.

Furthermore, preferring television is related with Turkish sociological
infrastructure. Turkish people still mostly trust television as a source of
information (69,2%) and television viewing rate is 86,7% (Television
WatchingTrends Research, Turkey Television and Radio Supreme Council,
2018) This ratio gets higher for older people (probably suffering at least one
chronic disease). In access to health information in Turkey, television is in the
first place. These programs target female audience while women are responsible
for the health of the family in Turkey. Everything is all there; there are health
professionals or celebrated doctors. This is the general view of the Turkish
audience.

In addition to, Turkey health literacy researches show that only one in
three people have an “adequate health literacy” (Turkey Health Literacy
Survey, 2014; Turkey Health Literacy Levels and Related Factors Research, 2018). To sum up for all these reasons listed above, television will be a reasonable field of study.

Analysis of Television Health Programs in Term of Critical Health Communication

In the 49 analyzed episodes, among the 108 participating specialists, only 5 guests were in the field of internal medicine, and there were no public health specialists. Only 16 of the participating expert guests are in the public sector, while the remaining 92 represent the private health sector. Names of institutions represented by almost all of the guests participating in the program are clearly published. Almost all of the participating experts are physicians.

Power Discourse

The power over health is completely in the hands of physicians. In these programs, constantly physicians are hosted to talk about disease and health (Table 1.). Thus “health discourse” is under the control of “biomedical discourse”. Most of the experts participating in the programs are in the field of surgical sciences (Table 2.).

Table 1. Proportion of Participants
Table 2. Most attending Branches

<table>
<thead>
<tr>
<th>Branch</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Ophthalmologist</td>
<td>25%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>33%</td>
</tr>
<tr>
<td>Gynecology and Obstetrics</td>
<td>38%</td>
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Given information is generally about “new advanced treatment methods” and “medical technology”. Surgical method is presented as the “single solution” for health problems. Such as “zygomatic implants”, stomach reduction surgery”, “robotic surgery”, surgery solution to obesity”, new generation eye surgeries”, new generation lenses” and “new developments in IVF treatment.”

The power established on health information is under the control of physicians with this discourse. As a result of this sovereignty of physicians, it is ignored that health is a social phenomenon in terms of “body, spiritual and social” aspects

Re/production of Power in the Context of Language Use

Defines facial expressions, body language which are visual elements of Fairclough’s speech language, in discourse analysis (Fairclough, 2015, s. 125).

All guests participating in these programs are extremely stylish and they wear suits. They are not wearing white coats and have no stethoscope. The guest sitting on the sofa leaning back gives a confident, dominant impression. As if saying “yes I am here but it is not that much easy to reach to me”. The ongoing conversation between the announcer and the guest gives the impression as if there was no audience. The participants do not look directly at the camera, they look at each other. Sometimes guests sit opposite each other with the presenter or stand up against each other. But there is always a certain distance between them (Figure:1,2).
In the programs, while explaining the method of treatment the guest uses a model and goes into a lot of details and terminology, as if she/he lecturing medical students in amphitheater (Figure 3). Occupational jargon is very widely used. Such details about the disease and treatment create confusion, rather than informing the audience.

The announcer is constantly referring to the expert guests as "professor" (Hocam) not by her or his name. This is an important use of language in Turkey recognizing of authority.
While explaining the disease and its causes, social determinants of health are mostly ignored. Especially, while explaining the common health problems such as obesity and COPD (Chronic Obstructive Pulmonary Disease) all responsibility is given to the individual. It has also been repeated that the only cause of COPD is "smoking". The given perception is that if an individual gives up smoking, there will be no COPD. Environmental pollution caused by the over production of the industry or coal power plants are not mentioned.

"We know the reason is smoking"
"…smoking in most people, air pollution in some" (Karakoca, 2018)

Even though the specialist physician who emphasized that COPD disease increases in winter has linked the cause to individual cases, not to environmental pollution. Smokers are always the responsible, not insufficient health services, for patients who could not be hospitalized and lost their lives. Because there was no vacant bed, because of COPD's patients.'

"…in the first place in hospital occupation" (Karakoca, 2018)
"COPD comes from preventable diseases if smoking is stopped.” (Karakoca, 2018)

Environmental pollution and stress factors due to overproduction are ignored or mitigated. About obesity disease treatment only surgical methods are discussed in all of 49 episodes analyzed.

"Obesity surgeries became popular” (representor)
"These surgeries prevent cancer and prolong life by ten years.”
"… You will do this surgery to get rid of death.” (Türkçapar, 2018)

All guests participating in the programs about obesity disease are in the surgical branch. A perception is created as if obesity disease can heal only by surgical methods. There is no real cause of obesity disease. Specialist guests participating throughout the programs never mentioned that: Fast-foods are cheaper and easier to access than natural foods, economic and social barriers to healthy and balanced nutrition and food additives. All experts participating in the program are the best in their field. If a problem occurs in the treatment, the physician is not responsible for this.

"The patient… must believe” (because he/she didn’t believe enough to the treatment)
“… a little bit of unluck”
“…this is fortune” (Gürbüz, 2018)
Talking about knee and joint prosthesis operations, the physician puts all the responsibility on the patient after the operation occurring problems. No matter the participant represents public or private health sector. Communication is made with an approach that does not see the socio-cultural and economic factors of the society or is completely excluded. It is frequently repeated that most of the health problems are caused by our personal mistakes. Put the other into bad position and creates profile of "not listening the physician" for the individual in the audience

“It is not eating healthily…” “…does not do sports…” (Demirsoy, 2018)
“Turkish society is not a society that loves exercise” (Şeber, 2018)

Production of Consent in the Context of Language Use

All the expert guests participating in the programs are given the impression that they are the best in their own field. The program representors introduce the guest in such announcements.

“An important, expert, experienced physician in his/her own field…”
“We chose the best and most specialized physician”

By presenting expert guest in this way; the perception that every treatment and method he will say is indisputably correct and fixed with his experience shows that he/she was accepted by the media authority from the very beginning of the program. In the discourse, the perception that the information given in the field of health is thus the most recent and naturally the best.

“I came to your hospital, I saw, there is a very strong team” (presenter, Health Check)

Moreover, while this discourse is being created, the presenter, as the actor who is the actor of the discourse, firstly proves the situation on her own. Participating guests also use the "I language" which supports the content of the program as a scientific authority and gives the impression that he/she is a dominant power over the treatment methods. Establishing authority over knowledge in the context of the discourse of "I" language such as.

“I'm the first doctor to realize this, in the World”,
“I did the intra-bronchial cleaning”
“I was the first to apply obesity surgery”

While talking about the treatment methods, the participating specialist widely uses the “language of fear”. The physician creates a discourse by exaggerating, dramatizing, and using metaphors.

“…cause to deadly disease, if…”
“…not a cosmetic problem” (Barlas, 2018)
The specialist giving information about varicose vein diseases, producing consent by warning audience; is more serious than cosmetic.

While participants describe the disease, they commonly use metaphors in examples in the production of meaning. Expressing that the body is objectified with the process of capitalism Foucault also says that one of the process of bio-power is the mechanization of the body (Foucault, 2006, s. 63; Toplum Bilim Dergisi, 2011)

“…generally given an exemple... one changes car's oil filter, gas filter or everything of one's car so often... but when the hormones of one is diminished, I should put them back, should adjust the doses again... i should get my youth levels... unfortunately there is no effort in this way” (Aytekin, 2018)

With this discourse, the physician explains that old age is not a process of life, but a pathological condition, and creates the perception that it can reverse the life cycle with hormone replacement.

New disease concepts are produced in the program such as undiagnosed diseases. The term of undiagnosed deseases is actually the condition in which the physician has no enough time for the patient because of work burden. Moreover it is the output of poor health policies.

In a system where a physician examines an average of 100-150 patients per day (Çamsarı, 2013). He will not be able to devote enough attention and time to the patient. As a result, this will cause either delay or misdiagnosis in the diagnosis. From the application inequality of the neoliberal system you have gained as much as the patient you care for, diseases that cannot be “diagnosed” will arise and will create a new market area.

Increasing the visibility of health professionals in the media; It is the visible democratization of the discourse that involves the reduction of the clear indicators of the power asymmetry between physician and patients who are individuals of unequal institutional power. Dissemination of health information through television health programs is an example. For example: The fact that physicians participating in these programs seem comfortable and openly responding to every question, causes the illusion of “there is no access problem” in the audience side. This tendency can be interpreted as not the destruction of the power asymmetry but its transformation into unseen forms (Fairclough, 2015, s. 131) Thus, consent is produced in the society without being forced through discursive democratization. In other words, the problems that do not result in the realization of the physician-patient relationship are entirely because the patient cannot define the correct question or problem communicatively.

Conclusion

According to Althusser (Althusser, 2002, s. 65), ideology calls or names individuals as subjects. Health communication discourse made by offering personalized options with the concepts of “personalized medicine,”
“personalized treatment method” is also an ideological approach addressing the subject individually. The message and action given in health communication with media are ideological. Although it creates a perception as if there is a "subject" in the discourse, it is an effort for the marketing of the products/services in the subtext.

In the programs that mostly described the diagnosis and treatment methods, the factors which are the main source of the diseases are not taken into the agenda. The causes of the diseases are explained more superficially, depending on individual behavior and attitudes. As a result, the main factors outside the individual's access will never come to the consideration. In the communication, the main responsible of this whole process is excluded from the discourse. Health communication through television is structured within the framework of bio-power, evidence-based medicine discourse.

The constant presence of physicians in the programs creates the impression in the audience that only the physicians have a say in the field of health. Looking at the holistic, representatives of other areas of expertise, decision makers and policy makers that have a direct or indirect impact on health should also be included in these programs. Health, which has economic, cultural, environmental and political aspects, is naturally within the responsibility of the individual since it is not spoken in this context.

Covid-19 pandemic showed that, unlike the discourse of neo-liberal policies, health is a purely social phenomenon, not an individual one. Public health has led to questioning not only individuals but also governments as the reason for their existence. Actions taken in the context of health communication will be restructured in the context of accessing basic health information, not creating a market in the context of public relations.

Inspired by the concept of Ulrich Beck (2011), health problems are a phenomenon with boomerang effects, especially in the public health.

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