



Embodied Methods in Critical Health Communication

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At the center of critical questions posed about power and health communication are issues of embodiment—whose bodies are judged to be healthy and whose are not, which identities are affirmed and privileged and which are stigmatized and marginalized, which material practices are pathologized and which are lauded. Critical health communication (CHC) research may be enacted by critical-interpretive researchers who employ critical embodiment theorizing frameworks that guide their questions posed, co-construction of data, and forms of analysis and representation. CHC researchers are uniquely poised to attend to the embodied aspects of health, illness, health care delivery, and public health in order to improve the health of local and global communities.

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METHODS IN CRITICAL HEALTH COMMUNICATION

Critical health communication (CHC) research troubles the taken-for-grantedness of health, illness, and health care by asking questions about power, inequities, and whose perspectives are rendered natural or normative and which are silenced (Zoller and Kline, 2008). At the center of such questions are issues of embodiment—whose bodies are judged to be healthy and whose are not, which identities are affirmed and privileged and which are stigmatized and marginalized, which material practices are pathologized and which are lauded. Moreover, the question of how the knowledge about bodies is constructed is itself a critical question that insists that the mind and body are a single, entangled entity rather than a binary in which the mental self possesses and controls the body as property (Ellingson, 2006).

Traditionally, CHC often centered on analysis of media and promotional campaign texts (Zoller and Kline, 2008), such as analysis of popular discourse surrounding the HPV vaccine (Thompson, 2010) and body mass index initiatives and public school children's report cards (Gerbensky-Kerber, 2011). Yet critical theorizing increasingly serves as a framework for critical-interpretive (qualitative) health communication studies that involve “experience near” (Warren and Karner, 2014) or naturalistic methods, such as interviewing, ethnography, and participatory action research (Lynch and Zoller, 2015) that focus on intersections of health, illness, and culture (Dutta, 2008). Social science practices that reflect interpretive, social constructionist, or arts-based perspectives reject (post)positivist ideals of objectivity, detachment, and prediction in favor of intersubjectivity, rich description, and the integration of the discursive with the material. CHC research is enacted by critical-interpretive researchers who employ critical theorizing frameworks that guide their questions posed, co-construction of data, and forms of analysis and representation. What makes research recognizable as CHC is not only the use of critical theorizing as a framework for analysis and the development of conventional research reports (e.g., feminist, poststructuralist) but also the infusion of critical sensibilities into every messy (Law, 2007), iterative (Charmaz, 2006; Tracy, 2019), creative (Lowenstein, 2015; Vaart et al., 2018), complex Lindlof and Taylor (2017), and

wonderful (Ellingson, 2009; MacLure, 2013) research practice. Embodied sensibilities can shape every researcher move when inscribing fieldnotes, conducting interviews, or collaborating to make participatory data by attending to splendidly sensuous intersubjectivity.

My own CHC work continues to be rooted deeply within interdisciplinary, critical theorizing of embodiment, especially feminist, poststructuralist, and materialist perspectives. I frame critical qualitative research as an always already embodied communicative process (Ellingson, 2017a; Ellingson and Borofka, 2018). In this article, I briefly overview generative ways in which critical embodiment theorizing can enrich every process of CHC research that combines such theorizing with interpretive methods (e.g., interviewing, ethnography, participatory action research). I sketch current embodiment theorizing of the embodied self. Then I offer insights on ways in which attending to embodiment enriches all aspects of critical-interpretive research processes. The essay concludes with further possibilities for embodied CHC research.

CRITICAL EMBODIMENT THEORIZING

Traditional research methods reinscribe a mind-body dichotomy based on Cartesian philosophy that renders the body the possession of the self, as equated with the mind. Poststructuralists and materialist theorists (e.g., Manning, 2013) reject the metaphor of the body as a container of the self and theorize the body “as a material and visceral set of biological components and functions” (Ash and Gallacher, 2015, p. 69). Embodiment positions people

as whole experiential beings in motion, both inscribed and inscribing subjectivities. That is, the experiential body is both a representation of self (a “text”) as well as a mode of creation in progress (a “tool”)... Embodiment is a state that is contingent upon the environment and the context of the body (Perry and Medina, 2011, p. 63).

Cultural meanings vary widely and exert dramatic power over how we come to interpret bodies and their signifiers. CHC scholars attend to bodies in order “to find the particularities in how minded bodies and worlds fit together” as mutually constitutive (Pitts-Taylor, 2015, p. 23).

Embodied CHC research integrates body, mind, and spirit, resisting Cartesian dualism, and positing that “we do not *have* bodies, we *are* our bodies” (Trinh, 1999, p. 258, emphasis in original). As Butler (1997) suggests:

The body is not merely matter but a continual and incessant *materializing* of possibilities. One is not simply a body, but, in some very key sense, one does one’s body... [T]he body is always an embodying of possibilities both conditioned and circumscribed by historical convention (p. 404; emphasis in original).

CHC explores the doing and materializing of our body-selves in everyday life within cultural, discursive, and material contexts. Body-selves are constituted both through relationships with others—interpersonally, organizationally, in communities—and

within larger social and political structures (Hudak et al., 2007). Moreover, body-selves not only are influenced by culture and interaction but “can also be seen to actively negotiate, adopt, or resist normalizing discourses. This is a process in flux... Lived bodies are... agential and productive, with a life of their own” (Harris, 2015, p. 9). Likewise, neuroscience confirms that brains are not fixed but exist in a continual state of flux known as *plasticity*; brains entangle with the surrounding world, adapting and changing through our embodied experiences (Schmitz and Höppner, 2014).

A notable component of such embodied entanglement is materiality. The body is central to our capacity to exercise agency in the world, and we often use tools or objects when we act, including when we conduct research (Shilling, 2012); the “materiality of the field includes such things as human bodies, buildings, desks, books, spaces, policies, theories, practices, and other animate and inanimate objects. These materials are granted agential nature and undeniable affectivity, or an undeniable force in shaping inquiry” (Childers, 2014, p. 602). Actor-Network Theory (ANT) focuses not just on human bodies interacting with other human bodies, but also mutually constitutive encounters with animals, natural and made objects, and discourses (Latour, 2005). CHC research attends therefore to how the “management and experience of the body is *assembled* through its position in a complex *network* of material, technical, natural and ideational phenomena” (Shilling, 2012, p. 76; emphasis in original). Embodied CHC research centers materiality within networks of biomedical technologies (e.g., surgical scalpels, dialysis machines), healthcare delivery practices, public health systems, and persistent and pervasive socioeconomic inequities.

EMBODIED PRACTICES IN CHC RESEARCH

In this section, I review embodiment theorizing as expressed in theoretical frameworks, data collection, analysis, and representation. The seemingly linear presentation of these phases of the research process belies the iterative, overlapping, and messy reality of most qualitative research.

Embodied Frameworks

Theory provides starting points for inquiry and grounds research questions in critical perspectives. Feminist, new materialist, posthumanist, poststructuralist, critical race, queer, and other forms of critical theorizing provide rich impetus for posing critical questions about health and illness (Charmaz, 2017). At the same time, critical theories are being developed within health communication that illuminate the deeply embodied experience of health and illness. For example, Managing Meanings of Embodied Experiences theory (MMEE) (Field-Springer and Striley, 2018) bridges phenomenological (Merleau-Ponty, 1962), pragmatic (Dewey, 1954), and feminist (Young, 2005) theorizing of embodiment with an embodied conceptualization of health communication (Zook, 1994) to produce an innovative framework for understanding communication about health as rooted in embodied experiences. The theory is structured as

a three-layer model of being, doing, and directed becoming through embodied experiences. As such, MMEE theory formed a fitting framework for an analysis of long-term cancer survivors' (LTS) everyday embodiment as people who live in/as bodies that remain not merely *influenced by* but to a great degree *constituted through* cancer treatments and late effects of those treatments (Ellingson and Borofka, 2018). Field-Springer and Striley established the critical role of communicating with others as the primary mechanism for understanding our material realities and imagining alternative possibilities for embodied selves. My study illuminated LTS' embodied experiences and sense making post-cancer as they communicated with others about health, illness, coping, and particular embodied experiences. Russell (2018) explored the "unspoken qualities of embodied communication" while conducting fieldwork on addiction and recovery, which she connected to MMEE theory.

Other CHC scholarship uses narrative and performative frameworks to illuminate embodied power dynamics surrounding health and illness as they intersect with disability and ableism (Scott, 2012, 2015; Spencer, 2019) (in) fertility (Johnson and Quinlan, 2016); pregnancy (Peterson, 2016), heteronormativity (Arrington, 2012; Silverman et al., 2012; Hudak and Bates, 2018), aging (Roscoe, 2018); and dying (Tullis, 2013; Sharf, 2019). A particularly compelling autoethnographic CHC study explores a researcher's (lack of) credibility when she seeks treatment for chronic pain and encounters health care providers and community members who greet her pain-wracked body with doubt, skepticism, and even ridicule (Birk, 2013). Narrative and performative CHC explorations offer nuanced depictions of the radical specificity of lived experiences of health and illness, while casting a critical eye toward their cultural, organizational, and interpersonal contexts (Sotirin, 2010).

Embodied Data

Eschewing post-positivist legacies of data, CHC researchers can productively conceptualize data as we actively co-construct with participants through *data engagement*, a critical approach that embraces intersubjectivity, materiality, and embodiment (Ellingson and Sotirin, 2019a,b). Making embodied data requires being present in the (traditionally material and now also virtual) space(s) under study. Being "there" and writing about what researchers see, hear, feel, smell, taste, and otherwise sense provides researchers with the makings of embodied data. Rather than tidy data sets, embodied data comprise loose assemblages (Denshire and Lee, 2013) that are produced through the intra-action (mutual constitution) of the researcher, participants (and other people in the setting), actants (non-human, agential objects), and cultural discourses within particular places and times (Barad, 2007). Embodied data are textured, scented, visceral; embodied data are not merely collected but "wondered, eaten, walked, loved, listen to, written, enacted, versed, produced, pictured, charted, drawn, and lived" (Koro-Ljungberg and MacLure, 2013, p. 221). The constitutive processes through which embodied data come into being brings participants' and researchers' body-selves into focus to engage the reflexively with "the sensorimotor magnetism of the universe in question" (Wacquant, 2009, p. 123) and produce "stories in the flesh"

(Warr, 2004, p. 586). From a CHC perspective, being there in the ethnographic field is a fuzzy process, fluid, with emphasis on process, participation, and ongoing "becomings" of embodied and emplaced body-selves, including that of the researcher (Ellingson, 2017a). Fieldnotes, interview transcripts, and other data should convey "thick description" of the people and culture studied, including sensuous details of embodied (verbal and non-verbal) communication (Geertz, 1973) and intra-actions (i.e., mutually constitutive influences) among people, objects, and discourses (Barad, 2007) in an ongoing "bodily and material 'conversation' with the field [setting]" (Hopwood, 2013, pp. 228–229; see also Pink, 2009).

CHC explores the sensorium, or participants' intersecting/overlapping sensory capacities that focus not only on what participants see and hear but also on touch, taste, smell, texture, temperature, and movement (Paterson, 2009). In both formal and informal (ethnographic or spontaneous) interviews, participants' stories illuminate memories of how their bodies felt in particular moments and where in their bodies they experienced emotion. For example, one ethnographer of an in-patient hospice noticed from a hallway sounds and smells "such as beeping machines, patients sobbing, and meals being wheeled into patients' rooms, and the smells of antiseptic, drugs, and food, which permeated the ward" that gave her sensory clues as to what patients experienced inside their rooms (Wray et al., 2007, p. 1396). Another CHC ethnographer participated in "fun runs" (recreational, community races) and richly described embodied performances of thin/fit privilege, of breathing hard and having a reddened face when struggling to keep pace with other runners, of the pleasure of eating "bad" food that they had "earned" with their run (e.g., pizza and beer), and performances in which runners "embody ease by displaying a lack of concern" (through both speech and non-verbal communication such as facial expressions and gestures) about maintaining their ability to run fast and remain thin naturally (Luna, 2019, p. 261).

Embodied Data Analysis

Researchers' whole bodies process data, not just our brains. Yet we may forget that data analysis is physical as well as mental: "analytical work is in an important sense a material praxis" (Konopásek, 2008, n.p.). Qualitative researchers in the early stages of data analysis achieve "intimate familiarity" with their textual materials by rereading and reflecting (Warren and Karner, 2014). CHC researchers engage in embodied processes of intimate familiarity through our bodies—we read data, listen to recordings, view photographs, maps, or other images, make notes with our hands, and so on. MacLure (2013) suggested that scribbling and underlining on printed data constitutes an embodied process, a connection to the materiality of data and of the entire analysis process which is accomplished with hands, eyes, ears, shoulders, and back, the lap that holds the laptop computer, and so on. Those who have used or continue to use printed paper copies, colored pens and pencils, scissors, paper clips, and so on for data coding and manipulation, create new objects (i.e., groupings of quotes and notes) within a "textual laboratory—which has the power to shrink time and space distances between observable phenomena so that everything

important is present and under control” (Konopásek, 2008, p. 22). The physical rearrangement of documents used in analysis—different types of data, analytic memos, and reflections, notes on research processes, even to-do lists, help researchers think through their analyses. Explained one researcher:

I moved data around, generated queries around “codes,” and re-arranged the piles to re-engage my memories of my field experiences. These material practices, pen to paper, hand moving to underline and write, “doing,” were a necessary part of my analytic practice.... The promiscuous materiality of analysis... provided a way to (re)engage the bodily and affective conditions of research (Childers, 2014, p. 821).

Rather than merely housekeeping chores or computer clicks, data analysis is grounded deeply in the material world. Researchers’ choices make about organizing and handling our data materials *matter*, and they should be carefully considered in terms of fit with researchers’ personality and preferences, their participants’ capacities and needs, and the types of data with which researchers are engaged. Even those CHC researchers who use entirely digital means for analyzing data engage in material manipulation of excerpts of data. Using screens, track pads, and an electronic “mouse,” “we can *create, see, and manipulate* various [data] objects. These objects can be of different sizes and shapes; they can be hidden, moved, split, colorized, grouped and regrouped, forgotten and rediscovered on unexpected occasions” (Konopásek, 2008, n.p.; emphasis in original). The grouping, networking, coding, and commenting on quotes enables researchers to sense and construct embodied connections among ideas, deeply impacting our ongoing (re)construction of meaning(s).

Attention to embodiment may be facilitated further by practicing methodological playfulness and unruliness, drawing from a multitude of approaches and transgressing the strict parameters of methods. Of course, such transgression must be carefully considered, but embodied possibilities abound when CHC researchers think outside the box. Indeed, the common analytical practice of coding, “when practiced unfaithfully, without rigid purpose or fixed terminus... allows something other, singular, quick and effable to irrupt into the space of analysis. Call it wonder” (MacLure, 2013, p. 164). Wonder is embodied, “simultaneously Out There in the world and inside the body... distributed across the boundary between person and world” (MacLure, 2013, p. 181). Likewise, Childers (2014) embraced the sexualized term *promiscuity* to infuse analysis with pleasure, eroticism, and edginess. Her analytic practices

became promiscuous. Grounded theory, situational analysis, pleated texts, rhizomatics, policy analysis, and discourse analysis were suggestions and flexible tools rather than recipes. I was doubly promiscuous, engaging in conventions that might be the very source of analytic containment, yet breaking that containment by (mis)appropriating them. The promiscuous materiality of analysis came alive through this affective engagement that provided a way to (re)engage the bodily and affective conditions of research (Childers, 2014, p. 821).

Like Childers and MacLure, CHC researchers can embrace embodied play as integral with analysis. Crystallization provides

one model of how disparate modes of sense making and varying genres or mediums of analysis can co-exist in playful, generative tension within a research project to complexify results (Ellingson, 2009).

Moreover, CHC researchers’ knowledge is interwoven throughout our bodies with gut feelings, emotions, and other bodily sensations that arise as we engage in serious play with data—tears, muscle tension, headaches, smiling, trembling—and offer clues to embodied meanings embedded in our own and our participants’ bodies. During data analysis, researchers’ bodies become immersed in textual data and make connections, which “involv[es] the goal of pulling together the strands of its meaning... A felt sense of the strands is present in our bodies. When we direct our attention to the felt sense, it gives rise to memories, associations and images” (Rennie and Fergus, 2006, p. 494). Bodén (2015) described the visceral sensation of inevitable connection with particular bits of data: “Something dragged me back to the situation, it sparkled and glowed... charmed me, and discomfited me” (p. 193). Other data integrate with researchers’ bodies, as though data were

ingested into my blood stream and body’s fibers.... Some curious fragments seep through my pores, in molecular ways becoming part of my flesh, (de)composing with my body, necessarily living with and in me, entering a new kind of fleshly decay and analysis that goes beyond coding (Holmes, 2014, p. 783).

CHC researchers can employ our guts consciously (and seek our participants’ gut reactions), as we sort through data, discern patterns, construct coherent categories, develop theoretical perspectives on data “hot spots” (MacLure, 2013, p. 172) and otherwise (re)assemble data into new forms. We can draw on gut and intuitive senses of what fits our data and emerging understandings.

CHC researchers are increasingly owning their embodied analysis practices and their implications. For example, Warin and Gunson (2013) explore the complexities of data collection and analysis in obesity research, employing a poststructuralist framework to explore their use of language and their own embodiment as it relates to their reflexivity and interpretation of data. Likewise, Lupton (2019) provides a compelling overview of how feminist new materialism forms a generative framework for creating and analyzing qualitative data on experiences of embodiment and digital health. Lupton reflects on her education, past research experiences, embodied identities such as female, “Anglo-Celtic,” able-bodied, and economically privileged as she makes sense of others’ experiences of digitized and corporeal health (and illness).

Embodied Representation

CHC research typically reflects normative research report writing conventions, emulating traditional deductive logics even when making critical claims about power, health, and illness. I offer two modes of embodiment for CHC; first, conventional reports can be enhanced through embodied representation; second, CHC scholars can harness the power of multiple genres to illuminate embodiment.

CHC research reports may engage with the radical specificity of participants' lives (Sotirin, 2010). While Sotirin's focus is on autoethnography, I articulate radical specificity and embodiment as integral to representation in any genre of CHC research. Resisting the framing of difference as variations of a single monolithic phenomenon, difference can be honored through an articulation of the "radical specificity of living a life, not in the sense that we all live our own lives but in the sense that life is lived in the flows, multiplicities, and provisionality of each moment, event, emotion" (Sotirin, 2010, n.p.). In this way, the goal of scholarship shifts from evoking recognition, empathy, and commonality of experience to embracing "the opportunity to think beyond the dominant, the familiar, and the common" (n.p.) to look at moments of a lived life. Sotirin urges readers to accept that there is no essential core experience which researchers and participants all express in somewhat differently embodied ways. Instead, "radical specificity opens unfamiliar connections and relations that move both beyond and against the familiar storylines, emotional verities, and the all-too-recognizable critiques of cultural-political constraints" (n.p.). In other words, radical specificity is reflected in stories that do not conform to cultural clichés—e.g., the harried working mother or the tireless warrior mother advocating for resources for her child with learning disabilities. In this way, radical specificity as a practice "creatively dismantl[es] the affective relations defining the institution and experience of motherhood [for example] and allow[s] the singularity of those relations to show us something different" (n.p.). That "something different" can be radically specific ways of living bodies in moments, rather than generalizable truths or commonalities. For example, Lord (2004), a white lesbian in her 50s, created an assemblage of her experience with breast cancer. The messy text consisted of emails, rants, lists of biomedical facts, and photographs—none of which fit neatly together—forming an example of queering cancer (Bryson and Stacey, 2013) through "an autobiographical account of life with cancer that explicitly and elegantly refuses the canonical requirements of biography" (Bryson and Stacey, 2013, p. 204). In this way, Lord does not provide readers ready access to empathy on the basis of their commonality of experience; rather she offers snarky comments, refers to herself in the third person as "Her Baldness," and otherwise remains irreverent.

Radical specificity applies to narratives and the opportunity to reach not for the canonical moment of commonality but for the odd, irreverent, embarrassing, or confusing moment instead. Yet radical specificity also may help to enrich the construction of themes or categories across a data set. That is, instead of gathering interview quotes and fieldwork excerpts that form variations within a coherent theme, researchers could instead (or also) think of the ways in which the radical specificity of lived moments manifest not a singular experience or identity but together illuminate the intersectional complexity of lived experiences of body-selves. As an example, I want to revisit a study my collaborator and I conducted that addressed women with breast cancer's satisfaction with their physicians' ways of communicating (Ellingson and Buzzanell, 1999). In retrospect, we missed the opportunity to highlight the radical specificity of some moments in our data, such as the embodied experience of surgery for one participant who was pregnant when

diagnosed with breast cancer. We acknowledged the particularity of participants' lives through a table in the methods section that provided bits of information about each participant's age, diagnosis, and circumstances, yet we still positioned concepts such as respect or caring as common experiences of a singular phenomenon for which we provided illustrative examples. Radical specificity reminds researchers that life is lived at the intersection of common stories with the specific moments in the ebbs and flows of a particular life.

Another meaningful way to engage with embodiment theorizing in CHC research representations is to use a crystallization framework to frame multiple forms of analysis and multiple genres/media of representation within a research project (Richardson, 2000; Ellingson, 2009). For example, one project explored the everyday embodiment of health and illness of long-term cancer survivors (LTS) whose initial cancer treatments cured their disease yet resulted in "late effects," or chronic illnesses and conditions caused by chemotherapy, radiation, surgery, medications, and other biomedical treatments. This CHC project crystallized through systematic qualitative analysis informed by feminist theory (critical-interpretive research report); a mixed methods survey (brief, post-positivist report); a critical essay about cancer survivorship advocacy; an art installation; a website that provided photos and quotes from participants, information on late effects, and links to online resources for long-term survivorship; and a reflection on photovoice methods as a mode of sense making with LTS. Together, these representations illuminate, obscure, and complexify researcher and participant bodies in a variety of genres (Billingslea and Ellingson, 2015; Borofka et al., 2015; Wagner et al., 2016; Ellingson, 2017b; Ellingson and Borofka, 2018). Another great example of crystallization in CHC is the work of Harris (2009, 2012, 2015) who investigated drug use and living with Hepatitis C. She created a video that complemented scholarly articles, shared her personal history of drug abuse and recovery, and engaged in praxis with strategies for harm reduction in communities of (recovering) addicts. Crystallization offers one path to representing bodies as refracted through a prism of multimethod/multigenre analysis and representation, illuminating both material and symbolic needs of a variety of stakeholders implicated in CHC research projects.

CONCLUSION

Over a decade ago, I was among the scholars who decried the lack of embodiment (particularly of researchers) in health communication research (Ellingson, 2006). This essay documents meaningful progress in incorporating critical embodiment theorizing as part of the larger rise to prominence of CHC research. Embodied CHC illuminates knowledge production processes, complexifies analyses, and enriches both conventional and narrative/artistic representations of research. Going forward, CHC scholars can mobilize embodiment theorizing in new and creative directions. Critical embodiment sensibilities complement participatory action research, community based participatory research, and arts-based research methods particularly well because of their emphasis on material conditions and health disparities (e.g.,

Greiner, 2012; Marsh et al., 2017; Kennelly, 2018). Another generative site for embodiment theorizing in CHC is the digital domain, including studies of health information on the internet, online social support groups, telemedicine, and big data analyses of how consumer bodies are commodified and marketed to pharmaceutical companies (e.g., Selke, 2016; Gregory, 2018; Robitaille, 2018). Each of these topics would benefit from attention to the ways in which particular bodies are highlighted or obscured; gender, race, age, sexuality, and other key identities are constructed in relation to health; and the interfacing of

bodies with the computers, smartphones, or other technologies that enable digital access. CHC scholars are uniquely poised to attend to the embodied aspects of health, illness, health care delivery, and public health programs in order to improve access, education, and health for local and global communities.

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Conflict of Interest: The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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