

Overcoming the authority problem: A subculture-centered approach for health communications

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A subculture-centered approach

Traditionally, health communicators have assumed an interventionist stance, seeing their job as “distributing” or “transferring” knowledge to at-risk populations. This is made evident in the wealth of studies on communications designed to improve health (Fleischer et. al 2012; Holt et. al 2012; Palmgreen & Donohew 2003; Pierce, Macaskill & Hill 1990; Sheer & Cline 1995; Worden et. al 1996)¹. This is changing though and many health communication theorists call for more culture-centered approaches, which encourage research partnerships with marginalized groups (Arunachalam 2002; Baker et al. 2002; deSouza 2009; Dutta 2007; Dutta & Dutta 2012). This paper explores how educators and care coordinators at a community HIV prevention clinic have begun using a *subculture-centered* communication strategy to improve the health of marginalized individuals. Our initial aim with this study was to explore how poor healthcare patients maintain communication with health-providers even when technological connections are intermittent because of disconnection. We found evidence that social media may provide a platform for fostering a subcultural network of social support which in which individuals are intrinsically motivated to participate. These networks provide an arena for educators to serve and inform people in culturally specific ways. This contrasts with traditional approaches that draw individuals into rational, bureaucratic, and (a)social contexts.

Overcoming the *authority problem* in health communications

Subcultural theorists suggest that people assemble into subgroups in reaction to the individualizing forces of modernity. Studies of punks (Hebdige 1979), hard criminals (Polsky 1967) and drug abusers (Davis & Munoz 1968) find that subculture members identify themselves symbolically through sartorial, linguistic, and behavioral choices². Subcultures are tied together by an “organic solidarity” that helps individuals avoid feeling alienated in a stratified society (Durkheim 1964; Gelder 2005; Maffesoli 1996; Park et al. 1925; Tonnies 1955). Often a shared value system connects members and guides everyday decision-making on an individual level (Cohen 1955). As such, subcultures represent a cordoned off cluster within a rational social system where ritual and passion unite and govern behavior.

From the subculture-centered perspective it is not the “deviant” that the educator seeks to change. That is, the client is not the problem, but rather the institutional authority structure is the problem. The healthcare communicator, using the subcultural approach, overcomes this *authority problem* by reimagining his or her charge. Instead of setting out to “fix” deviant behavior, the educator’s job is first to understand the subculture and *then* provide needed health information in culturally sensitive ways. This approach aims to empower subcultures to *provide* and *receive* social support and accurate health information—making the most of existing two-way communication infrastructures and social networks. The educator becomes a pseudo-insider in order to circulate important health messages

¹ These are just a few examples of the diverse body of research done in this vein.

² This is just a small selection from a wide array of subcultural types studied. Subcultures differ greatly in the amount of stigma and integrity of morals that often act to connect people together.

while abiding by the group's existing symbolic repertoires and value systems. He or she becomes a curator of health information, encouraging existing intrinsic motivation within the subculture to improve healthy behavioral change in ways that are consistent with existing subcultural norms.

Reducing the spread of HIV in young men who have sex with men (MSM)

Methods

Our study involved interviewing low-income individuals and their providers about their use of cell/smart phones in navigating the healthcare system (e.g. contacting providers, calling in prescriptions, finding health information, developing networks of social support etc.). We conducted twenty-five in person interviews with clients and six interviews with staff at a local community clinic that serves patients with HIV and AIDS. This clinic was chosen because seventy-five percent of the client base lives at or under the poverty level and clients require prolonged contact with caregivers. The data presented here comes from in-depth interviews with two healthcare providers tasked to reduce the spread of HIV in the local 18-29 year old population of MSM. In these interviews we asked what staff do to educate clients and potential clients who often become unreachable due to cell/smart phone disconnection. We also explored alternative modes of provider-patient communication, including text, email, and social media.

Findings

Interviews with staff at the clinic revealed that they circumvent the *authority problem* using a subculture-centered approach to circulate salacious, personalized health messages through a variety of subcultural social media platforms. Below we focus on two specific examples of this: one describes the use of Instagram and the other describes the use of Grindr for communicating HIV health information. We refer to these media platforms as subcultural in this context because, according to clinic staff, these constitute the existing communications infrastructure of the local, young MSM sub-community.

According to one staff member, these non-institutionally affiliated social media messages are more successful in garnering the attention of subculture members than social media used by the hospital system. For example, when a staff member posted a notice about free STD testing on the hospital system's Facebook page thirty-seven people saw it. When he posted the same message on a local MSM Instagram site, one hundred people "liked" it in an hour. Describing communications via subcultural media, the staff member said,

We are posting things that aren't seen as spam. [Members of the group] think [the information on the hospital's Facebook page] is propaganda. Ultimately, there's a lot of propaganda we push out. Coming from the hospital system, it's a very sanitized message, it's a very clinical message, and that's not what we need. We need a very human message.

When asked about differences in use of the hospital's Facebook page and the more informal subcultural social media, a staff member emphasized the importance of segmenting the population:

We have to know who is contracting the disease in our service area. Sixty percent of HIV cases in the U.S. are men who have sex with men. The messages have to be culturally competent. If not, it won't attract their attention. [Messages] have to be representative of the community.

The members of the subculture and the clinic staff take photos at their offline gatherings and use them in their subcultural social media messaging. According to the staff, this ensures that messages are representative of the community they seek to reach with educational information. It also appeals to people on a personal, intimate level.

A rather unusual use of social media to circulate prevention information was developed by an intern at the clinic. He used an anonymous avatar on the geosocial networking application, Grindr, to spread information about free testing. Grindr helps connect gay, bisexual, and bi-curious men within close proximity to one another, often with the goal of engaging in sexual activity. The intern used Grindr because he knew that users were in the clinic's target population. Because it is often used to facilitate spontaneous sexual encounters, the clinic staff did not make the hospital system aware of this tactic. The fact that an intern took charge of this, the staff felt, relieved the clinic and hospital of legal liability. The staff felt strongly, however that this was a useful approach, citing an increase in people coming in for testing after the use of Grindr began.

Conclusion

The subculture-centered approach described in this paper illustrates an alternative patient-provider mode of communication via social media. The clinic overcame the classic public health *authority problem* by resisting overly sanitized messages that risk alienating members of target subcultures. Instead, using indigenous media, they craft and curate culturally relevant messages. According to staff, these tactics have been effective at tapping into the intrinsic motivations of subculture members to connect and improve the sexual health of their community. Gathering more data from healthcare recipients will help us better understand how clients feel about attempts to overcome the authority problem using subculture-centered social media communication.

References

- Arunachalam, S. (2002). Reaching the unreached: how can we use information and communication technologies to empower the rural poor in the developing world through enhanced access to relevant information? *Journal of Information Science*, 28(6): 513-522.
- Baker, E. A., Kreuter, M., Homan, S. M., Starklogf-Morgan, S., Schonhoff, R. & Francioni, A. (2002). Using community-based participatory processes to bring health education technology to communities. *Health Promotion Practice* 3(1): 83-94.
- Cohen, A. K. (1955). *The Symbolic Construction of Community*, London: Routledge and Kegan Paul.
- Davis, F. & Munoz, L. (1968). Heads and Freaks: Patterns and Meanings of Drug Use Among Hippies. *Journal of Health and Social Behavior*, 9(2): 156-164.
- de Souza, R. (2009). Creating "Communicative Spaces": A Case of NGO Community Organizing for HIV/AIDS Prevention. *Health Communication*, 24(8): 692-702.
- Durkheim, E. [1933](1984). *The division of labour in society*. London: Macmillan.
- Dutta, M. J. (2007). Communicating about culture and health: Theorizing culture-centered and cultural sensitivity approaches. *Communication Theory*, 17(3): 304-328.
- Dutta, M. J. & Basub, A. (2008). Meanings of Health: Interrogating Structure and Culture. *Health Communication*, 23(6): 560-572.
- Dutta, M. J. & Dutta, U. (2012). Voices of the Poor From the Margins of Bengal: Structural Inequities and Health. *Qualitative Health Communication*, 23(1): 14-25.
- Fleisher, L., Kandadai, V., Keenan, E., Miller, S. M., Devarajan, K., Ruth, K. J., Rodoletz, M., Bieber, E. J. & Weinberg, D. (2012). Build It, and Will They Come? Unexpected Findings From a Study on a Web-Based Intervention to Improve Colorectal Cancer Screening. *Journal of Health Communication: International Perspectives*, 17(1): 41-53.

- Gelder, K. (2005). *The subcultures reader*. London: Routledge.
- Hebdige, D. (1979). *Subculture: The meaning of style*, London: Methuen.
- Holt, C. L., Scarinci, I. C., Debnam, K., McDavid, C., Litaker, M., McNeal, S. F., Southward, V., Lee, C., Eloubeidi, M., Crowther, M., Bolland, J. & Martin, M. Y. (2012). Spiritually Based Intervention to Increase Colorectal Cancer Awareness Among African Americans: Intermediate Outcomes From a Randomized Trial. *Journal of Health Communication: International Perspectives*, 17(9): 1028-1049.
- Maffesoli, M. (1996). *The time of the tribes: The decline of individualism in mass society*. Don Smith, London: Sage.
- Palmgreen, P. & Donohew, L. (2003). Effective mass media strategies for drug abuse prevention campaigns. In Z. Sloboda & W. J. Bukoski (Eds.), *Handbook of drug abuse prevention: Theory, science and practice*. New York: Kluwer/Plenum, 27-43.
- Park, R. E., Burgess, E. W. & McKenzie, R. D. (1925). *The City*, Chicago and London: University of Chicago Press.
- Pierce, J. P., Macaskill, P. & Hill, D. (1990). Long-term effectiveness of mass media led antismoking campaigns in Australia. *American Journal of Public Health*, 80(5): 565-569.
- Polsky, N. (1967). *Hustlers, Beats and Others*, Harmondsworth: Penguin Books.
- Sheer, V. C. & Cline, R. J. W. (1995). Individual Differences in Sensation Seeking and Sexual Behavior: Implications for Communication Intervention for HIV/AIDS Prevention Among College Students. *Health Communication*, 7(3): 205-223.
- Tonnies, F. (1955). *Globalization and culture*. Chicago: University of Chicago Press.
- Worden, J. K., Flynn, B. S., Solomon, L. J., Secker-Walker, R. H., Badger, G. J. & Carpenter, J. H. (1996). Using Mass Media to Prevent Cigarette Smoking Among Adolescent Girls. *Health Education Behavior*, 23(4): 453-468.