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Special Issue: Medicine, Humanity and Media

Medicine together with humanities and media: An MHM model to move forward for health communication studies



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When Wilbur Schramm attempted to connect the established departments of journalism and speech into a new discipline called “communication studies”, his invitation was criticized as being without a core set of theories and methodologies and the field of “communication studies” was viewed as too undefined, all-inclusive, and even chaotic to justify its standing as a discipline at all [1]. Today, most of these doubts and critics disappeared when we witness the 80-year fruitful development of the “communication studies”. Schramm titled his seminal book *Men & Women, Messages and Media* to summarize and highlight the necessity of including multiple disciplines to participate the “communication studies” [2]. Schramm justified the reasons to connect “men & women”, “messages”, and “media” by welcoming multidisciplinary scholars’ contribution in this book:

“When we study *communication*, therefore, we study *people* – relating to one another and to their *groups, organizations, and societies*; *influencing* one another; being *influenced*; *informing* and being *informed*; *teaching* and being *taught*; *entertaining* and being *entertained*. To understand human communication we

must understand how people related to one another.” (p.2, emphases added by authors) [2].

Inspired by Schramm’s inclusive vision, courageous creativity, and entrepreneur success, Peking University initiated an international conference series to develop the discipline of health communication from medicine, humanity, and media perspectives. The conference sets up a platform for intellectuals from sectors as diverse as possible, a presentation stage for practitioners with training and practices as different as possible, a dialogue forum for both mass communication and interpersonal communication scholars, and a reflection center for local and global thinkers to examine how health communication could become a hub for thoughts and practices benefiting our society.

Schramm regarded “men & women”, “messages” and “media” inseparable [2,3]. Therefore, in his “men-message-media” model, he stressed equally important contribution from psychology, sociology, technology, and journalism where his “new” discipline of “communication studies” was built upon. Inspired by this model, the conference series suggested “medicine”, “humanity”, and “media” inseparable. Therefore, the conference series was named “Medicine, Humanity and Media (MHM)” with themes vary year by year.

Schramm viewed “men” as a combination of global as well as local individuals, “messages” with intentions swinging between persuading and informing, and “media” passive versus active (Table 1). Such a vision brought vigorous growth in communication studies and generated many strong branches in this discipline. It is the tension on each dimension drives the development of the communication studies. It is the openness and inclusiveness keep the discipline always young and energetic. In the MHM conference series, we received papers emphasizing similar dynamic tensions on each dimension of “medicine”, “humanity”, and “media” (Table 2). We believe that indicates a healthy productivity in the development of health communication studies.

In the MHM model, “medicine” represents a continuum spectrum with “exploration” and “intervention” on both ends. If we are not familiar with the disease, the concerns of the people with sickness, the cause of the health issues, we explore. To another end, when we know the causal factors, the needs for lifestyle change, or the cure, we intervene. Similar as Schramm’s model, though we update the term of “men & women” to “humanity” for a better representation of today’s understanding of and respect to diversity of our people, we view people as a key dimension in health communication studies. On one hand, humanity shares plenty of commonalities that makes it possible to treat everyone

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with standardized care and cure. On the other hand, we cannot assume and exaggerate commonality by overlooking the special circumstances and needs. Therefore, a combination of global and local perspective is characteristic in health communication studies. Finally, media become more interactive than Schramm's era. Noticeably, it takes time for medicine and health information to adapt the new media, or to explore the dissemination feasibility through them. Both passive and interactive media present pros and cons, advantages and disadvantages, challenges and opportunities to today's health communication scholars and practitioners. In summary, the MHM model continues the tradition of Schramm's model with adjustment to health communication studies' needs and today's media and global health development.

This volume selects research papers from MHM 2019 conference took place in the School of Journalism and Communication at Peking University. We have excellent review on the health communication studies' development in the U.S in the past 40 years [4,5] in this volume. We have detail accounts on health campaign with lessons learned and best practice shared [6] in this volume.

Gary Kreps [4] built an "all-inclusive" framework for health communication scholars and practitioners with training and backgrounds from communication sciences, social sciences, physical sciences, and professional practices. He argued that no matter what focuses or interests of these research and practice have, health communication studies can be subdivided into five interrelated areas, namely, communication in the delivery of care, communication and health promotion, health risk communication, e-health communication, and communication in managing health care systems. His emphasis on health equity, information dissemination, and continuum care for life echoes the health communication model presented in MHM. Health equity is about humanities; information dissemination on media; and care for life the medicine combination of exploration and intervention. Kreps also stresses the necessity to differentiate but connect at the same time of local, regional, national, and global health perspectives and issues.

All-inclusiveness, as MHM model suggests, does not imply lack of focus. Teresa Thompson [5] suggested that any health communication studies with valuable contribution to the field as well as to academia should be anchored on communication. In other words, health communication studies should not be medical theses with additional communication components. Health communication studies, as MHM model proposes, examines how communication works on health-related issues. Like Schramm suggested, "It will be easier to see how mass communication works if we first look at the communication process in general" [3], p.3] Same approach should be taken by health communication studies. Diabetes, for example, is no longer a simple biomedical or physical problem in the light of health communication studies. It could be a relationship challenge that the patient of diabetes experiences so that a lifestyle alternation is hard to achieve. It could be misleading messages spread through media negatively impact on the trust between the patient and physician. In this case, medicine and media should look at how humanities play a role in this process in order to

provide enough care without increasing the tension between care givers and receivers. Medicine, humanities and media, thus, should be studied together and communication theories can contribute meaningfully in this combination.

Using the MHM model, we witnessed a well-balanced distribution of papers included in the conference as well as in this special volume (Table 3). These are just some examples from the volume we present here.

When we were finishing the edition of this volume, COVID-19 became a global pandemic. Each nation, community, and person reacted differently to this virus as well as related medical treatment and media relationships. It indicates the application of MHM model can easily include aspects of health communication studies while providing clear research emphases for scholars and practitioners. For example, on one hand, the lengthy history and rapid development in China are more complicated than many countries including the U.S. It is obvious that the development of health communication studies just started in China when we saw a 40-year history of U.S.-oriented health communication research and practice. On the other hand, we saw dramatic different ways of communication on this pandemic between China and the U.S. This is a live example to demonstrate why and how medicine, humanity, and media should be studied together.

The MHM model, which draws from the inspirational themes from Schramm's model, is related to every person at every stage of life and in every place of this world, comes as a paradigm shift unfolds in the milieu of academic research. In the current and emerging context, excellence in research can only be attained if certain best practices are put forward by the researchers themselves and the receivers of the benefits the research provides. Outstanding research must not only serve a purpose, but it must also respond to new realities – whether intellectual, social, cultural, technological, environmental and economic – with the participation of communities in China and around the world.

In this context of partnership between MHM conference and the *International Journal of Nursing Sciences*, we advocate closer collaboration with healthcare professionals. We keep reminding ourselves that great researchers must grow to exhibit certain human qualities such as active listening, creativity, self-awareness, courage and inclusiveness, as we have seen in the evolution of "communication studies" led by Schramm and the caring heart from each healthcare professionals. It is people's lived experiences that give meaning and depth to the research. Great research also recognizes and values different knowledge sources such as oral traditions, hands-on knowledge and experiential learning approaches because it understands that in order to solve real-world problems, it is important to resort to other ways of thinking and doing.

Our first volume of MHM papers seeks to bring us together, and we strongly hope, will take shape in each of your paths, as ambitious agents of change. We invite you to attend and contribute to MHM conference and related events we will be organizing, and to learn about the exceptional research being produced by our extraordinary community. We offer heartfelt thanks to everyone

Table 1
Schramm's "men-message-media" model to build up "communication studies".

Men & Women	As a global citizen	As a local individual
Messages	Persuading	Informing
Media	Passive	Active

Table 2
MHM model to build up "health communication studies".

Medicine	Exploration	Intervention
Humanity	Global	Local
Media	Passive	Interactive

Table 3
Emphases distribution of some papers in this volume represented in MHM model.

Study	Medicine		Humanity		Media	
	Exploration	Intervention	Global	Local	Passive	Interactive
Pollock [7]	x		x		X	
Tian et al. [8]		x		x		x
Wu et al. [9]		x	x		x	
Huangfu [10]	x			x	x	
Zhou et al. [11]	x			x		x
Liu et al. [12]	x			x	x	
Wang et al. [13]	x		x			x
Chen et al. [14]		x		x	x	
Jiao and Chang [15]	x			x	x	
Sun et al. [16]		x		x		x
Zhang and Xu [17]	x		x			x

who, throughout this participatory process, offered insights and ideas for the future vision of the MHM. Let's move forward together!

Author statement

The authors have approved the manuscript and declare there is no any conflict of interest.

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