

# Rethinking Intercultural Network Communication as a Resource in Public Intercultural Health Communication

*Iben Jensen & Bente Halkier*

Roskilde University, Denmark

## Abstract

There have been few studies on intercultural network communication. This article explores how intercultural network communication can become a key element in a re-thinking of public intercultural health communication. The article gives a critical review on previous attempts to conceptualise intercultural network communication and suggests a qualitative practice theoretical approach as an alternative to the former quantitative analysis. Focusing on practices makes it possible to study what users actually do when they are networking. Based upon a study on Pakistani Danes' use of networks when discussing 'healthy food', the article presents three ideal types, pointing to different ways in which to discuss, managing and interacting in networks, which is relevant in a rethinking of public intercultural health communication.

**Key words:** Intercultural network communication, Practice theory, Intercultural health communication, Performativity

---

## Public Health Communication in Denmark

Despite an increasingly more heterogeneous population, public health communication in Denmark primarily addresses ethnic Danish citizens. Intercultural health communication is limited to certain public leaflets, which are translated into the seven main migration languages (Bosnian, Croatian, Somali, Turkish, Arabic, Farsi, and English). A fairly recent exception was when the Danish Board of Health (NBH) launched an information video on type 2-diabetes in these languages (2008). This production differs from earlier 'translations' as it uses non-white actors and gave examples of context from a non-white patient's everyday life. In this way the information video shows an attempt to reach new target groups, yet, though NBH are aware of issues such as identification and intelligibility, they maintain a deficit model understanding of the user, giving information about rational facts which fails to take users' existing knowledge about type 2-diabetes into account. The expectation of knowledge is even lower for ethnic minorities. (Mygind 2006). In this way the existing public intercultural health communication can be described as a double-deficit approach.

We suggest that network communication is a productive communication strategy in public intercultural health communication, because network communication theory acknowledges the resources of communication users and the importance of interpersonal interaction and relations in communication use (Rogers 1995:281-99; Windahl et al.1998:71-76).

Our aim is to provide a new understanding and use of intercultural network communication based upon a qualitative approach focusing on practices and interaction in networks rather than mapping and documenting existing intercultural networks (Yum 1982; Rogers & Kincaid 1983; Smith1999). Our empirical research in intercultural health communication suggests that current understandings of network communication and networks should conceptually address the practical carrying out of communication in networks. It is in the interpersonal communication processes that the everyday life conditions and social resources of communication users are played out and drawn upon in practice. Thus, the complexities and diversities in network communication become possible to describe and analyse when the concepts incorporate the practices of networking: What do communication users do when they are networking and what do they tell each other about nutrition? How do users negotiate and act in relation to the information

they receive from public information sources? We argue that a practice theoretical perspective on intercultural network communication, focusing on how network communication is done and more specifically how networking is done differently in different situations and relations are valuable in a rethinking of public intercultural health communication.

What follows is first our argumentation for a rethinking of public intercultural health communication from a practice theoretical perspective and second an outline of our empirical case-study of intercultural nutritional communication between Pakistani Danes and public Danish nutritional discourses. This is followed by a critical review of previous use of network communication in intercultural communication. On the basis of our empirical study we suggest three ideal types of different ways to discuss health in different ways of networking. Finally, we conclude about the usefulness of the conceptualisation of intercultural network communication through a practice theoretical perspective for public intercultural health communication.

### **Rethinking Public Intercultural Health Communication**

Our interest in a rethinking of public intercultural health communication arises from several sources. First, public health communication ought to build upon a multicultural approach in which all citizens have the same rights and possibilities to be informed about health (Jensen 2003). A practical example of multicultural politics would be the inclusion of all main ethnic food traditions when teaching about nutrition in school (Hauge 2004). This kind of intercultural public communication would fulfil the vision about teaching all pupils about health within an equal framework.

Second, we know that ethnicity and food are closely related and that food plays a central role in migrant identity constructions. What is right to eat is related to socialisation. This goes for both nutrition and religious regulation. Vallianatos & Raine (2008:356-367) show in their study from Canada how Pakistani families are afraid that their children may be offered "non halal food" at birthday parties. This fear is mentioned as an important factor in creating more homogeneous social networks (ibid.). A Norwegian study suggests that food is the most important element of social gatherings (Mellin-Olsen & Wandel 2005:334) and another study show how social gatherings make it harder to follow diet advice (Von Hofe et al 2002). Public intercultural health communication has a challenge to address both in the relation between food and identity and in the many everyday practices, constructing tradition and innovation in food practices.

Third, a rethinking of the existing public intercultural health communication is necessary because the traditional mass-mediated-based strategies do not bring about any changes. Lupton argues that it is rather naive to believe in social change in health arising from mass media.

The adoption of commercial advertising and marketing strategies to achieve health promotional goals is largely doomed to failure, both because they have wildly ambitious aims (to persuade large numbers of people to abandon pastimes they find pleasurable or to take up activities they have hitherto avoided) and because their conceptualization of audience response is naïve (Lupton 1994:21).

Another problem is that: "Nutritional advice typically focuses on what to eat, but seldom on how to fit those recommendations into busy daily lives." (Jabs and Devine 2006:202). Both problems are obviously also relevant in public intercultural health communication.

Fourth, this way of communicating is based on a deficit model (Eden, 2009) where users of public planned communication are seen as less knowledgeable and less competent and in need of being supplied with professional information, advice and guidance. Deficit model based types of planned communication have for years been criticised for not taking into account either how the targeted activities are embedded in everyday life or the resources of the communication users in question (Dervin 2003; Ionnanu 2005). The users are understood as not cognisant about the illness, the dangers and the possible change of individual behaviour. Ethnic minorities are characterised as having even fewer resources: Loss of social relations, cultural points of reference, mother tongue in communication, social status, national membership, community membership, meaning of life and happiness (Mygind 2006). Public intercultural health communication needs to address this double deficit approach, and attempt to reformulate communication from a resource perspective.

## The case-study of intercultural communication about nutrition[1]

The empirical case drawn upon in this article is a qualitative in-depth study of the food habits among ethnic Pakistani Danes. The main research questions were: 1) How are "healthier food" discourses and practices handled among Pakistani Danes? and 2) how are social networks related to these practices? The empirical case is chosen because there exists a comparatively high risk among citizens with Pakistani background for type 2-diabetes and coronary heart disease, which are characteristic for this social group also in other national contexts (Bush et al 1998; Mellin-Olsen & Wandel 2005; Ristovski-Slijepcevic et al 2008). Being in this high risk group means that Pakistani Danes are one of the ethnic groups, which are currently becoming particularly targeted by public health communication initiatives. Given the critique of public health communication in relation to intercultural communication, the empirical case serves as an explorative study of the potentials for intercultural network communication in public health communication initiatives. Can network relations and practices work to support "healthier" food habits?

### Method

The Pakistani Danish participants in the study consist of 19 individuals, related to 6 families. The interviews were carried out in Copenhagen and suburbs in 2008-2009. The overall sampling strategy is one of maximum variation regarding the following criteria: Age, education, gender, whether participants were born in Denmark or Pakistan, whether a person in the family has been diagnosed with type 2-diabetes, and whether participants worked in the health sector.

One part of the data is produced by individual in-depth ethnographic interviewing (Spradley 1979) and active interviewing (Holstein & Gubrium 2003). Another part of data is produced by auto-photography (Heisley & Levy 1991; Hurdley 2007), where the participating main cooking practitioners and other members of their family households take photos of everything they eat and drink in the course of a whole ordinary weekday and of some food from the weekend. Family interviews obviously take on the character of group interviewing (Frey & Fontana 1993), and in all of these interviews which were held in the home of the family, participant observation (Hammersley & Atkinson 1995) was also used.

The work up of the data-material of the enactments of the individual and the family interviews is done by using ordinary qualitative coding and categorising (Coffey & Atkinson 1996), and visual data analysis techniques (Hurdley 2007). This is combined with operationalisations of a number of the concepts from practice theory (Warde 2005).

### Intercultural Network Communication

Although the concept of network has been discussed in anthropology by e.g. Edward Evans-Prichard and especially in sociology by Émile Durkheim and Georg Simmel there are surprisingly few studies on intercultural network communication. A systematic literature search gives under 10 studies related to intercultural network studies (Kim 1986; Langer 2004; Smith 1999; Rogers & Kincaid 1981; Yum 1983, 1984, 1989; Weiman 1989) The first study was produced by Rogers & Kincaid (1981) and June Ock Yum back in the eighties (1983[2], 1984,1989) and the latest is written by Roy Langer in 2004. According to Yum, network analysis was an alternative to the structural-functional model of society and a critique of a static view on society, in which there was no explanation for how people actually interacted with each other (Yum 1984: 96). However, network analysis was also inspired by the critique of communication as linear processes, one-way-communication, and as over-focusing on isolated individuals. In network analysis the understanding of communication was in other words changed from passive reception of messages to active users in communication processes. It was therefore new (and important) in this field and in this period to document and map the interactions between the actors in everyday life. Network analysis is, according to Yum, a quantitative research method, based upon an actor- orientated and dialogical communication perspective.

Yum is highly influenced by Everett Rogers and Lawrence Kincaid's book *Communication Networks: Towards a new paradigm for research*, which is based upon a Korean Case and argues for a new research paradigm (1981). Rogers and Kincaid define a communication network as "consisting of interconnected individuals who are linked by patterned flows of information" (Rogers & Kincaid 1981: 75). Their main objective was to leave the idea of messages, channels, senders and receivers and focus upon the system of flow in communication networks.

A communication network analysis is a method of research for identifying the communication structure in a system, in which relational data about communication flows are analyzed by using some type of interpersonal relationships as the units of the analysis (Rogers & Kincaid 1981: 75).

In practice, a network analysis is normally done by one of the following research procedures: 1) Identifying cliques (subsystems whose elements interact more frequently), 2) Identifying specialized communication roles like liaisons (individuals who link more cliques into a system without being members), bridges (individuals who link cliques and are members), and isolates (individuals who are not linked to any networks).

Rogers and Kincaid build upon classic sociometry, especially on Jacob Moreno, known as the father of sociometries, who argues that concrete rather than abstract questions yield more meaningful sociometric data. Moreno was inspired by George Simmel, who worked with a concept called 'Social geometry' in the same period. (Rogers & Kincaid 1981).

However, models based on Moreno were only capable of network with up to 80 persons. Rogers and Kincaid argues that one of the reasons why their network analysis has to be seen as a new research method is the fact that they have new possibilities and less limits due to computer data.

Yum presents her first results from an intercultural network analysis about social networks of five ethnic groups in Hawaii in 1983. The basic assumption in the study is that immigrants' adjustment depends on 1) the capacity to acquire and to process information, and consequently 2) the establishment of social networks in the new environment. The study shows important differences in network patterns in the different ethnic groups (Yum 1983: 589). In relation to rethinking public intercultural health communication Yum's study is relevant, as her aim was to understand the relation between public information, network and acculturation. However, her interest was to document the existing social networks and, although we share many basic assumptions with her approach to social networks, our question is not: "Who is linked to who?" but could rather be formulated as: "What is done in networks?" focusing on practices in networks rather than the individuals.

Young Y. Kim contributed in 1986 to the discussion on intercultural network communication with a personal approach to network based upon Simmel: "Individuals are located at the intersection of numerous relational networks that create a web of group affiliations" (Simmel 1955, in Kim 1986). A personal network starts, according to Kim, by one person and can be mapped by studying who the person is related to and what the subject for their relation is. Everybody is part (member) of many networks; some can be related to ethnicity, some to gender or some to common interest. Kim describes her approach as an ego-network, and her interest of knowledge is to map the relations between social network and competences. Her assumptions are: "the nature of a personal network reflects as well as influences the ego's overall outgroup communication competence" (Kim 1986: 92). Based on these assumptions Kim develops taxonomies which attempt to identify connections between positions, network heteronomy and individuals communication competences in larger networks.

Although we share some basic assumptions with Kim about individual and network, our interest of knowledge and method differ radically. Especially her use of taxonomies is in contrast to our knowledge interest in searching for complexities and social interaction in network.

Gabriel Weiman (1989) has been working with networks and communication for many years, but he has only written one article in which this work is related to intercultural network communication. Weiman builds his understanding of networks on Rogers and Kincaid, but his approach is more effect oriented. However he makes an important point about the importance of marginalised people in networks, as they very often play a central role in diffusion and innovations because they bring new knowledge to the many networks they are related to (Weiman 1989).

In 1999 Ripley Smith made an attempt to define a theory for intercultural network communication. Smith is quite ambitious in his conceptualising as he wants to cross two historical gaps in the field of intercultural communication. These gaps are between objectivist and relativist and between micro and macro studies (Smith 1999). Although Smith's attempt to bring meta-theoretical discussions to the field of intercultural communication is praiseworthy, as it for many years it has been dominated by structure-

functionalistic approaches (Jensen 2003; Dahl 2006), his positioning of relativists and objectivists is too radical to make sense as a rethinking. Smith never takes a relationistic position, but takes a functionalistic approach on social networks mapped by size, density, cliques, clustering, centrality, multiplexity, strength etc. In this way the attempt to bridge the paradigm only results in an applicable guideline for network in relation to acculturation (Smith 1999).

Roy Langer (2004) contributes with a very relevant comment to public intercultural health communication because he reminds us, that target orientated network strategies might turn out to be as one-way communicative as the oldest functionalistic models. According to Langer we have to take the dialogical aspect seriously in order to avoid acculturation and assimilation and instead head for cultural meeting places e.g. in the public library, which is the case in his article.

Summing up, intercultural network communication is dominated by Rogers and Kincaid's quantitative research method on network analysis, only challenged by Smith's attempt to bridge both meta-theoretical perspectives and methods. However, in order to rethink intercultural network communication in 2010 the academic context is quite different. Today a shared knowledge exists about network as important communication in everyday life (Rogers 1983), but we need more knowledge about the communication processes in the network and the interaction. In the following section we will argue that intercultural network communication today can benefit from a practice theoretical perspective on network communication as such a perspective opens the way for a focus upon interaction in the networks in everyday life.

### A practice theoretical perspective

Practice theory is not a coherent cultural theory, rather a particular reading of an assembly of theoretical elements in e.g. early Pierre Bourdieu (1990), early Anthony Giddens (1984), late Michel Foucault (1978), Harold Garfinkel (1967), Judith Butler (1990) and Bruno Latour (1993). A practice theoretical reading foregrounds the common assumptions among these theoreticians about the performativity of social practices, so how social action is carried out and carried through is central in practice theory. Recent conceptual systematisation (Reckwitz 2002; Schatzki 2001; Warde 2005) turns the elements into a distinct analytical approach to social life. Practice theory can be distinguished from several other kinds of cultural theories in relation to the understanding of the social (Reckwitz 2002:247-49). Practice theory is firstly different from what is labelled *cultural mentalism*, where the social is placed in mental repertoires of actors' consciousness and in mental activities such as common understandings and assumptions. Phenomenology can be seen as an example of cultural mentalism in the sense that phenomenological studies are primarily interested in analysing how social life is expressed through intentional interpretations of meaning in actors' experiences (e.g. de Certeau 1984; Luckmann 1989; Schütz

1975). Secondly, practice theory is different from *cultural textualism* which places the social outside of actors in larger chains of signs, symbols, language and discourses. Various types of social constructivist approaches can be seen as examples of cultural textualism in the sense that they primarily pay attention to how sociality is expressed discursively (e.g. Geertz 1972; Hall 1997; Luhmann 1995; Jørgensen & Phillips 2002). In contrast to these cultural theories, practice theory places the social in the performance of practices. The concept of practice is defined as:

A practice...is a routinised type of behaviour which consists of several elements, interconnected to one other: forms of bodily activities, forms of mental activities, things and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge. A practice – a way of cooking, of consuming, of working, of investigating, of taking care of oneself or of other etc. – forms so to speak a 'block' whose existence necessarily depends on the existence and specific interconnectedness of these elements, and which cannot be reduced to any one of these single elements (Reckwitz 2002:249-50).

Such a definition allows for a multi-relational understanding of practices as performed by and produced in social life. Practices are in this definition seen as webs of a number of equally important and interconnected dynamics, which is also the case in another classical definition of practices within practice

theory: "A practice is a set of doings and sayings organised by a pool of understandings, a set of rules, and a teleoaffective structure." (Schatzki 2001:53).

Alan Warde (2005:133-35) suggests an analytical translation of the concepts of practice from Reckwitz and Schatzki into more empirically applicable concepts which can be used to conceptualise networking and intercultural network communication in a manner opening it to complexities and varieties. Warde clarifies the concept of practice as constituting a nexus of practical activity and its representations (doings and sayings) which become coordinated by understandings, procedures, and engagements.

Understandings are the practical interpretations of what and how to do, knowledge and know-how in a broad sense. Procedures are instructions, principles and rules of how to do. Engagements are emotional and normative orientations related to what and how to do. Each of the three elements that coordinate practices comprises both tacit as well as discursive processes, and they cover both bodily as well as mental processes.

### **Our practice theoretical position**

Our position is to use practice theory as a distinct analytical approach for empirical analysis to which other field-relevant theoretical concepts, analytical knowledge about the field and field-relevant methods can be related. Hence, the purpose is *not* to contribute to a development of a coherent theory, but rather to discuss the analytical empirical usefulness of this distinct analytical approach. Thus, we prefer to talk about a practice theoretical perspective where performativity of social life is in focus, and whereby practices can be seen as multi-relational configurations in everyday life.

The analytical consequences are a focus on *the trained body/mind*, *shifting practices* and on *appropriate performance*.

#### *The trained body/mind*

A practice theoretical perspective differs from other cultural theories in the way the body is seen as equal in relation to the mind and as trained or exercised through practical mundane procedures:

At the core of practice theory lays a different way of seeing the body. Practices are routinized bodily activities; as interconnected complexes of behavioral acts they are movements of the body. A social practice is the product of training the body in a certain way: When we learn a practice, we learn to be bodies in a certain way (Reckwitz 2002: 251).

In relation to public intercultural health communication, a focus on body/mind as trained in different ethnic groups in mundane procedures is important because it opens up for bodily/mental experiences related to discussions on health. If an obese ethnic minority patient asks for medical treatment, the body/mind of the patient will be taken into consideration by the doctor.

#### *Shifting practices*

A consequence of seeing practices as bodily/mentally performed is that all social actions are seen through an agency concept.

As there are diverse social practices, and as every agent carries out a multitude of different social practices, the individual is the unique crossing point of practices, of bodily-mental routines (Reckwitz 2002:256).

The individual is seen as a performer of multiple shifting practices. Practices which are all part of another organising in other fields. In relation to public intercultural health communication, the practices of discussing and preparing healthy food are crossed (intersected) by family practices, school practices and work practices. Consequently the practices and micro processes, e.g. changing food habits, are central, and not the individual reasons.

#### *Appropriate performance*

In practice theory the social is constructed and reconstructed in practice. This gives the performative a central impact, because it is through our activities our performances are negotiated as appropriate or inappropriate. Another core in practice theoretical thinking is that social categories are processual and enacted. This means that categories like gender, ethnicity, age – and minor categories such as ‘mother’, ‘wife’, ‘hungry children’ are constructed through different social and cultural practices within the dominant discourses in society (Collins 1998; Bordo 1993; West & Fenstermaker 1995). A social category like "mother" is not what you *are*, but what you *become* through your *doings*. This means in relation to public intercultural communication, that all doings will be negotiated in the social field, that both can be both a resource and maintenance of family traditions.

Our practice theoretical perspective builds primarily on the work of Schatzki, Reckwitz and Warde, but none of them emphasize interaction practices in everyday life. Therefore, we have found it productive to add a perspective from the research in intersectionality (West & Zimmermann 1987; West & Fenstermaker 1995) and from positioning theory (Harré & Langenhove 1999).

### *Intersectionality grasps mutual constructions of mundane categories*

Intersectionality is a perspective on social categories which "...rather than examining gender, race, class and nation as distinctive social hierarchies, examines how they mutually construct one another" (Collins 1998:1). Intersectionality contributes to our practice theoretical perspective because it is able to emphasise how different social categories are done differently. Thus an attempt to ‘*do good mother*’ might clash with the attempt to ‘*do healthy food practitioner*’ if for example the child wants snacks or traditional food prepared with plenty of oil.

### *Positioning practices*

A part of the performing of practices is to position other people and thereby oneself. The concept of positioning (Harré & Langenhove 1999) is originally developed from discursive (linguistic) practices, but as our perspective is practice theoretical we will underline two supplementary "translations" of positionings, which are to include the body and the material in positioning processes (Jensen 2006b). Positioning expresses a particular kind of situational fixation of interaction, where the fixation negotiates identification and normativity at the same time. In the following, we suggest three main types of positioning processes as analytical concepts that are useful for catching the varieties of relations of identification among food practitioners.

1) Individual positioning includes an *inferior positioning*, a *superior* and an *equal* positioning in relation to the conversational partner. A superior individual positioning is e.g. when a teenage daughter explains how she tries to change her parents unhealthy habits such as eating "*parathas for breakfast*". In the same example the parents will take an inferior position if they tell other that they have stopped eating Parathas because their daughter demand it. The parents will take an equal position if they discuss their habits about parathas[3] on an equal basis.

Individual positionings are especially useful in relation to power relations and hierarchy in discussions and negotiations of what is appropriate performance according to change of food practices.

2) In-group positioning, includes friends, families and other intimate networks. In-group positioning work like a "black box" into which communication actors include intimate relations of any kind but always defined by themselves and always in relation to specific topics and situations. An example is when a group of closely related people agree that they make good food in their families, compared to others; "all of our family make a lot of good food ...". To analyse in-group positioning is a possibility to get access to the variety of negotiations in food practices of the families.

3) Categorical positioning includes all social categories, such as gender, ethnicity, age, and national character, and is closely related to the perspective of intersectionality. In relation to food practice, categorical positioning is e.g. when a female medical secretary describes persons from Pakistan as "*people from the villages who have totally different bones ... very strong women and so on. They have always used butter in their food.*" The categorical positionings can be used as tools for pointing to norms in different social groups.

## Analysis – three ideal types of practices

We suggest, on the basis of our practice theoretical analysis, that at least three different ideal-typical ways of practices of health communication can be identified: *Pro-active health communication*, *Negotiating appropriateness* and *Other priorities*. [4] This analytical typology is based upon an analysis of our empirical study of how health communication is performed in networks. The results of the analysis is presented in three steps. The first step is focused upon 'Doings and sayings'; Which 'doings and sayings' are involved in performing health communication? Which *understandings*, *procedures* and *engagements* help in organising health communication? The second step is focused upon how socially *appropriate* health communication is performed and the third step relates three types of *positioning* processes as analytical concepts to the ideal types.

### *Pro-active health communication* (superior positioning)

In the first ideal type, *pro-active health communication*, healthiness of food is a taken-for-granted normative assumption. Everyday life contains a large amount of 'doings and sayings' related to health communication in networks. The *understandings* of health communication, in these practices, are seen in line with all the main elements of public Danish dietary advice: More vegetables and fruit, more fish, more whole grain products, less sugar and less animal fat (Andersson & Bryngelsson 2007:36-38). Examples of *procedures* are that new knowledge about healthy food is actively searched for in magazines, books, in television shows and the internet. Communication is being initiated with members of the "in-group", typically family members such as mothers, daughters, sisters and sisters-in-laws who for example will contact each other on the mobile if something new pops up. *Engagements* is a distinct issue for this ideal type. Communication about healthy food is, besides the intimate network, also initiated with members of larger social networks. Some discuss healthy food with colleagues, the nurse Sada strikes for example up conversations with all Pakistani Danes with type 2-diabetes that she meets. In this ideal type it is also common to initiate discussions with their medical practitioners about their own experiences with herbal medicine and traditional Pakistani healing properties of food.

In relation to *appropriateness* this ideal type is referring to healthiness, but for some people the practices are also related to acting appropriately in relation to religion. Sada is taking a religious point and "doing religiously appropriate food" and explains how she has to make sure that her children do not eat inappropriately in their larger network: "And then I have had a cousin, when we were travelling together, she also brought some wine gums, and I said to her, you shouldn't give this to your children, cause it contains gelatine[5]. She said, 'yeah, yeah, fine with you', that's what she said and she began to dish it out to her children, right, and my children knew of course, that they shouldn't eat that." (Sada, female nurse).

This example illustrates how body/mind is trained as part of appropriate behaviour, learning to discipline one self as part of carrying out appropriate food practices - such as not eating wine gums. The example also illustrates how appropriateness is done by *positioning*. Sada takes a superior position in relation to her cousin in the example above. In this ideal type it is normal to take an individual superior position both in relation to the in-group and to a larger network. We also find quite many categorial positionings used in this ideal type. Often are groups with 'unhealthy food practices' described as "traditional people from Pakistan" or just "people from villages".

Summing up, *the proactive health communication practices* are characterised by practices as: 1) knowing all official health advice, 2) communicating about healthy food anywhere and at any time, 3) communicating both with their in-group and in public larger networks. 4) communicating through their practice as they are actively cooking healthy meals or special desserts for diabetes guests. 5) related to positionings, the practices in this ideal type is distinguished from others by use of *superior positionings*. The practices involve the right (or duty) to inform or govern in local or larger networks.

### *Negotiating appropriateness* (equal positioning)

The second ideal type practice is labelled *negotiating appropriateness*. The communication on health is primarily done in the social in-group and it is negotiated mainly on an equal basis. *Understandings* of healthy food communication are in line with public Danish dietary advice, just as in the first ideal-type, and there is also *engagement* expressed in cooking and eating more healthy dishes and meals. The

*procedures* in these practices are related to different forms of negotiating healthiness in relation to diabetes or to ambivalence between healthiness and taste.

"Everything that tastes good is bad...you could say...but I just think you have to learn to limit it so that it doesn't become a daily routine. Because if you eat it once in a while, nothing actually happens. But that thing about making it into a daily routine to eat bread with butter and cakes and chocolate and such for snacks." (Aysha, female medical secretary).

Aysha negotiates with herself that healthiness is about not letting snacks be part of a daily routine. Hereby she is positioning herself as a rational, selfdisciplined person, which is also a typical part of the negotiation practice in this ideal type. In the next example Maria negotiate healthy food by positioning her sister as too healthy:

*Maria: "My sister, do you know what she does? She only uses two teaspoons [of oil], and then when the onions have coloured, she takes the oil out and throws it away. And then she finishes the dish, that's why her food tastes too bad.[...]"*

*Sada: "That's not good. That definitely doesn't taste nice."*

*Maria: "No, it doesn't taste good, but then she feels she has done a good deed, right...NOW we're eating healthy!"*

Summing up, the practices of *negotiating appropriateness* is characterized by 1) knowing all public dietary advice, 2) primarily negotiating healthy food in in-groups[6], 3) negotiations are mainly done as equal positions, 4) appropriateness is negotiated by the use of categorial positions as 'traditional' or being 'too healthy'.

#### *Other priorities (inferior positioning)*

This last ideal-type of health communication is called *other priorities* because the performances do not show any *engagement* in healthier food. Rather, the engagements in food practices circulate around the pleasures of food, around understandings of appropriate Pakistani food, and around prioritising the practising of food as care and maintenance of family relations. In these practices, elements of public Danish dietary advice such as the food pyramid is reproduced, but these *understandings* are not necessarily put into practical *procedures* in everyday life as they are overshadowed in order to be able to cater to every family members' individual needs as a way of shoving family love and reproducing the bonds within the family (Holm 2004; Moiso et al 2004). The health aspect of cooking and eating hardly gets communicated about in the social network, although food definitely constitutes a popular issue for conversation in general. When practices of health communication differ in relation to *appropriateness* it is productive to be aware of how the *positions* shift as well.

Zabel's teenage daughter is positioning her mother's care-giving understanding of cooking as inappropriate: "You know, all of us are a bit spoiled, right. You know, a lot of times when my brother comes home from work, or maybe just suddenly at 11 o'clock in the evening, then he just feels like eating French fries or something like that, right. So sometimes he makes it himself, but he also says, mum, I need to have something now at eleven o'clock, and then she has to make it." For Zabel it is more important to make the food that the son loves (when he wants it!), than to make a healthier dish. The interesting part in this case is, that Zabel is offered an inferior position by her son, who demands French fries and by her daughter, who tells this story and also is suggesting that her parents eat less fatty parathas for breakfast. It is noteworthy how the next generation's superior positionings of their mother are related to traditional ways of doing gender. The son demands food and the daughter shows that she cares about her parents' health. In a gender perspective Zabel's priorities might be related to her interest to raise her children in a traditional gender pattern related to food.

In this ideal type the practice "other priorities" is characterised by 1) the communication practices reflects a rich knowledge about healthy food[7], 2) the procedures of doing healthy food are shadowed by the priority of caring practices, which is related to 'doing a good mother'. 3) 'Doing good mother' seems to include an acceptance of an inferior position with regard to the entire family.[8]

## Challenging intercultural network communication

Summing up, to analyse from a practice theoretical perspective makes it possible to look into a widely complex set of practices done differently in the network. Taking a practice theoretical perspective challenges a number of the central concepts in Kincaid and Rogers' approach, such as cliques, and communication roles. These concepts are challenged by a practice theoretical view on communication in networks as it highlights the complexities and multiple potential trajectories of network processes, and thus recommends working with more sensitizing (open) concepts (Blumer 1954:7) of network relations and network communication processes.

However, Langer's (2004) more dialogical approach to intercultural network communication is supported by our empirical findings in the doings of communication in networks.

Outside the field of intercultural communication, network communication has been discussed by Everett Rogers in his well known book *Diffusion of innovation* (1995). We agree with Rogers on many basic assumptions on communication, such as his emphasis on the sharing and exchange of knowledge through interpersonal communication flows to processes of change of ideas and behaviours (Rogers 1995: 281-99; Windahl et al 1998: 71-76); and his focus on the relations between groups (networks) and individuals. However, we disagree with the absoluteness of his concepts, the lack of variety seen in interaction processes, and the neglect of broader contextual conditions. Another contributor to network research is Robert Putnam, who firstly argues that social capital is done and negotiated in networks and secondly suggests a basic distinction between two different types of network relations, namely bonding and bridging relations (Putnam 2000). There are bonding relations between network members who have tight-knit mutual informal contacts, and bridging relations between network members who have more distant, formal and diverse contact. Although Putnam's understanding of network relations fleshes out one important variety in social network relations, it still narrows the scope for diversity in performing such network practices considerably. Bruno Latour is mentioned as one of the researchers whose work is part of practice theory (Reckwitz 2002). Consequently many perspectives between actor network theory and practice theory are shared. However one of the reasons why we prefer practice theory from actor-network-theory is that it is difficult to work empirically with networking practices in actor-network-theory because network is the basic approach.

Bourdieu is also read as one of the main contributors to practice theory, which means that his concept of social capital is included in practice theory. However, we prefer practice theory because one of its main attempts is to construct a perspective which mediates both actors and structures (Reckwitz 2002).

Finally, the approach to networks called relational sociology should be mentioned (Mützel 2009:873-76) as an approach that attempts to capture contingencies in processes and diversities in relations and settings. Most of the studies in this tradition build upon qualitative methods, and networks are explicitly understood as processes of communicative interactions. This comes close to our knowledge interest, but relational sociology seems more occupied with the social formations at meso-level resulting from networking, whereas we are more interested in filling a conceptual gap at micro-level about interpersonal communication processes in networking.

## Public intercultural health communication based upon network

A rethinking of a public intercultural health communication based upon network can, according to our practice theoretical analyses, fruitfully be built upon the principles of resources, which is part of network thinking. Our empirical study and constructions of three ideal types demonstrates clearly that there is no documentation that supports perceptions of ethnic minorities as double deficit users. All users in our study knew about the key elements in the Danish health discourse. Their knowledge comes from pro-active communicators, from the media, from discussions in in-groups or from their school age children. Public intercultural health communication has to be dialogical according to the micro processes in communication in the networks. This is seen in our study, where pro-active communication practices are very active in their network and contribute to changes in food habits. However, although the practices are important as knowledge sharing, diffusion of knowledge in close or larger networks, the practices are also counter productive, because they very often takes departure in a superior positioning. Therefore, it is important that intercultural health network communication is targeted to broad negotiating practices – and that the information includes suggestions for changes in food habits, which are easy to fit in. It is also

important to take the ambivalence between taste and healthiness seriously and to offer users of information an equal position.

In relation to the last ideal type of practices, the practices with other priorities, there is less reason to inform about health rationality in general, but more reason to focus upon information on how healthiness is related to caring. It has to be possible to continue doing good mother or wife, while the food is changing to a more healthy kind (e.g. ways to find other less unhealthy favourites for the kids). As the practitioners in this practice are extremely skilful and time used for cooking is rather a must than a limit more time consuming ways of doing healthy food might be realistic in this practice.

We suggested in the introduction of the article that a rethinking of intercultural health communication was done from a multicultural perspective e.g. by teaching in main ethnic food traditions in school. Considering the third ideal type, this practice could not only be a way to include ethnicity, identity and food in public school, but could also give the food practitioners with other priorities a legitimized way to care for their children, as it could be the children, who could ask for, or demand, less oil and sugar and fewer parathas for breakfast.

## Conclusion

The aim of this article has been to make an attempt to rethink intercultural network communication with specific interest in a public intercultural health communication.

A review of the previous work on intercultural network communication showed a field dominated by Kincaid and Rogers' quantitative based network analysis and only few other attempts to conceptualize the concept. We have argued that network communication with a qualitative approach, a practice theoretical approach, is productive in relation to public intercultural health communication because both network and practice theory is based upon an approach to actors as knowing and resourceful. Based upon a case study about Pakistani food tradition – and more specifically on how communication between Pakistani Danes on healthy food is done in network– we have developed three ideal types of practices from our practice theoretical perspective. 'A pro-active communication practice' in which a superior position is taken, 'A negotiating appropriatedness practice' in which an equal position is taken and 'other priorities' in which an inferior position is taken (and given).

Contrary to the existing research in intercultural network communication, our empirical studies show that a practice theoretical approach provides complex knowledge about micro-processes in communication and in practices as illustrated by our empirical ideal typology. In relation to procedures for a public intercultural health communication, the empirical analysis shows first that ideal types contain advanced knowledge about the public Danish health advice. This means that the existing double deficit information strategy ought to be abandoned immediately. Second a practice theoretical approach, with its specific focus on micro-processes, and specific knowledge about how public information is used, provides not just knowledge about how it is received but also whether any change in practices are made.

Practice theory is, however, characterised by some of the same weaknesses that we criticise actor network theory for; analysing everything as networks. In practice theory everything is seen as practices – and it is up to the researcher to outline the chosen practices. But if we as researchers are aware of this challenge, that condition can also be the strength of this approach, making it possible to follow a specific interest of knowledge by following specific relevant practices. This is why we find a practice theoretical perspective a productive contribution to both intercultural network communication and to the public intercultural health communication.

## Notes

<sup>1</sup> The study is called "Network communication and change of food practices – a case-study of food habits and social network among Pakistani Danes in risk of Diabetes II". The project is financed by the National Danish Social Scientific Council FSE, 2008-10.

<sup>2</sup> Yum worked with Kincaid in their Korean project, which means that the work of Yum and Rogers & Kincaid partly is quite similar.

<sup>3</sup> Parathas is a flat bread or thick pancake made by puff-paste, roasted in butter on a pan and buttered once again before eating it.

<sup>4</sup> The doings and sayings of each individual participant can be in accordance with different ways of doing health communication.

<sup>5</sup> Gelatine is produced with fat from pork.

<sup>6</sup> Although the engagement in health communication is less intensive than the first ideal type negotiations are often taken in in-groups.

<sup>7</sup> However, some food practitioners in our sample refer to their parents as not knowing anything about healthy food or illness, thinking for example that only sugar cause Type 2-diabetes and not taking fat into consideration in their daily cooking.

<sup>8</sup> This is an example of how practises are interwoven and why Public Health Communication has to address users as a diverse group with different priorities in their everyday life.

### References

- Andersson, A. and Bryngelsson, S. (2007). Towards a Healthy Diet: From Nutrition Recommendations to Dietary Advice. *Scandinavian Journal of Food and Nutrition*, 51, 31-40.
- Appadurai, A. (1996). *Modernity at Large – Cultural Dimensions of Globalization*. London and Minneapolis: University of Minnesota Press.
- Atkinson, P. and Coffey, A. (2003). Revisiting the Relationship between Interviewing and Participant Observation. In J. F. Gubrium and J. A. Holstein (eds.). *Postmodern Interviewing*. London: Sage, 109-22.
- Blumer, H. (1954). What is Wrong with Social Theory? *American Sociological Review*, 19 (1), 3-10.
- Bordo, S. (1993). *Unbearable weight: Feminism, Western Culture, and the Body*. Berkeley, Los Angeles, London: University of California Press.
- Bush, H. Williams, R. Bradby, H. Anderson, A. and Lean, M. (1998). Family Hospitality and Ethnic Tradition among South Asian, Italian and General Population Women in the West of Scotland. *Sociology of Health and Illness*, 20, 351-80.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.
- Coffey, A. and Atkinson, P. (1996). *Making Sense of Qualitative Data*. London: Sage.
- Cohen, R. (1997). *Global Diasporas – An introduction*. London: UCL Press.
- Collins, P. H. (1998). It's All in the Family: Intersections of Gender, Race, and Nation. *Hypatia, Journal of Feminist Philosophy*, 13, 62-82.
- Coveney, J. (2000). *Food, Morals and Meaning. The Pleasure and Anxiety of Eating*. London: Routledge.
- Dahl, Ø. (2006). Bridges of Understanding – Perspectives on Intercultural Communication. In Ø. Dahl, I. Jensen & P. Nynäs (eds.). *Bridges of Understanding*. Oslo: Academic Press, 7-22.
- de Certeau, M. (1984). *The Practice of Everyday Life*. Berkeley: University of California Press.
- Dervin, B. and Foreman, L. (2003). *Sense-Making Methodology reader: Selected writings of Brenda Dervin*. Hampton Press, Inc.
- Eden, S. (2009). Food labels as boundary objects: How consumers make sense of organic and functional foods. *Public Understanding of Science*, 18, 1-16.
- Ekström, M. (1991). Class and Gender in the Kitchen. In E. L. Fürst et al. (ed.). *Palatable Worlds. Socio-cultural Food Studies*. Oslo: Solum Forlag, 145-158.

- Fagerli, R. Å., Lien M. E. and Wandel, M. (2005). Experience of Dietary Advice among Pakistani-born Persons with Type 2 Diabetes in Oslo. *Appetite*, 45, 295-304.
- Foucault, M. (1978). *The History of Sexuality*. Vol.1. Penguin Harmondsworth.
- Frey, J. H. and Fontana, A. (1993). The Group Interview in Social Research. In D. L. Morgan (eds.). *Successful Focus Groups*. London: Sage, 20-34.
- Garfinkel, H. (1967). *Studies in Ethnomethodology*. New Jersey: Prentice Hall Inc.
- Geertz, C. (1973). *The interpretation of cultures*. New York: Basic Books.
- Halkier, B. (forthcoming). *Consumption Challenged*. Aldershot: Ashgate.
- Hall, S. (1997). *Representation: Cultural Representations and Signifying Practices*. London: Sage.
- Hammersley, M. and Atkinson, P. (1995). *Ethnography. Principles in Practice*. London: Routledge.
- Harré, R. and Langenhove, L. (1999). *Positioning theory*. Oxford: Blackwell.
- Heisley, D. and Levy, S. J. (1991). Autodriving: Photoelicitation Technique. *Journal of Consumer Research*, 18 (3), 257-272.
- Hauge, A. (2004). *Den felleskulturelle skole*. Oslo: Universitetsforlaget.
- von Hofe, B., Thomas, M. & Colagiuri, R. (2002). A Systematic Review of Issues Impacting on Health Care for Culturally Diverse Groups Using Diabetes as a Model, Australian Centre for Diabetes Strategies & Multicultural Health Unit, Sydney, 1-48. Available at: [www.diabetes.net.au/PDF/SystematicReviewReport.pdf](http://www.diabetes.net.au/PDF/SystematicReviewReport.pdf)
- Holm, L. (2004). Måltidet som Socialt fællesskab [The Meal as Community]. In L. Holm (ed.). *Mad, mennesker og Måltider – Samfundsvidenskabelige perspektiver* [Food, People and Meals – Social Scientific Perspectives]. København: Munksgaard, 21-34.
- Holstein, J. A. and Gubrium, J. F. (2003). Active Interviewing. In J. F. Gubrium and J. A. Holstein (eds.). *Postmodern Interviewing*. London: Sage, 67-80.
- Hurdley, R. (2007). Focal Points: Framing Material Culture and Visual Data. *Qualitative Research*, 7 (3), 355-374.
- Ioannou, S. (2005). Health logic and health-related behaviours. *Critical Public Health*. Vol. 15 (3), 263 - 273
- Jabs, J. and Devine, C. M. (2006). Time Scarcity and Food Choices: An Overview. *Appetite*, 47, 196-204.
- Jensen, I. (2006a). Kan offentlig kommunikation være flerkulturel? [When is Public Communication multicultural?]. In K. Pedersen et al. (red.). *Offentlig kommunikation i spagat*. [Public Communication in a stride split]. København: Handelshøjskolens forlag, 71-84.
- Jensen, I. (2006b). The Aspect of Power in Intercultural Communication Practice. In Dahl, Ø. Jensen, I and P. Nynäs (eds.). *Bridges of Understanding - Perspectives on Intercultural Communication, A Reader*. Oslo: Academic Press, 85-100.
- Jensen, I. (2003). The Practice of Intercultural Communication – Reflections for professionals in cultural meetings. *Journal of Intercultural Communication*, 6, 1-17.
- Jørgensen, M. & Phillips, L. (2002). *Discourse Analysis as theory and method*. Frederiksberg: Roskilde University Press, 81-94.
- Kim, Y. (1986). Understanding the social context of intergroup communication: A personal network approach. In W. Gudykunst (ed.). *Intergroup communication*. Social Psychology of language 5. Baltimore: Edward Arnold, 86-95.
- Langer, R. (2004). Fra kulturformidling til kulturmødesteder: Social interaction med kommunikationsnetværk. *Biblioteksarbejde nr. 70*, 13-27.
- Latour, B. (1993). *We have Never been Modern*. Cambridge: Harvard University Press.
- Luckmann, T. (1989). On Meaning in Everyday Life and Sociology. *Current Sociology*, 37 (1) 17-29.
- Lupton, D. (1994). *Food, Body and the Self*. London: Sage.
- Luhmann, N. (1995). *Social Systems*. Stanford: Stanford University Press.
- Mellin-Olsen, T. and Wandel, M. (2005). Changes in Food Habits among Pakistani Immigrant Women in Oslo, Norway. *Ethnicity and Health*, 10, 311-39.
- Moiso, R., Arnould, E. J. and Price, L. L. (2004). Between Mothers and Markets. Constructing Family Identity through Homemade Food. *Journal of Consumer Culture*, 4 (3),

- 361-384.
- Mygind, A. et al. (2006). *Etniske minoriteters opfattelse af sygdomsrisci – betydningen af etnicitet og migration*. [Ethnic minorities understanding of health risks – the influence of ethnicity and migration], København: Sundhedsstyrelsen. [National Health Board].
  - Mützel, S. (2009) Networks as Culturally Constituted Processes. *Current Sociology*, 57 (6), 871-887.
  - National Board of Health (2006) [Sundhedsstyrelsen]. DVD, *Et bedre liv med Diabetes*. [A better life with Diabetes - In Danish, Turkish, Urdu and English].
  - Putnam, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon Schuster.
  - Reckwitz, A. (2002). Toward a Theory of Social Practices. A Development in Culturalist Theorizing. *European Journal of Social Theory*, 5 (2), 243-263.
  - Ristovski-Sliepevic, S., Chapman, G. E. and Beagan, B. L. (2008). Engaging with Healthy Eating Discourse(s): Ways of Knowing about Food and Health in Three Ethnocultural Groups in Canada. *Appetite*, 50, 167-78.
  - Rogers, E. & Kincaid, D. L. (1981). *Communication Networks: Toward a new paradigm for research*. New York: Free Press.
  - Rogers, E. (1995). *Diffusion of innovations* (3<sup>rd</sup> ed.). New York: Free Press.
  - Schatzki, T. (1996). *Social Practices. A Wittgensteinian Approach to Human Activity and the Social*. Cambridge: Cambridge University Press.
  - Schatzki, T. (2002). *The Site of the Social. A Philosophical Account of the Constitution of Social Life and Change*. Pennsylvania: State University Press.
  - Schütz, A. (1975). *Hverdagslivets Sociologi* [The sociology of everyday life]. København: Hans Reitzel Press.
  - Shove, E. and Pantzar, M. (2005). Consumers, Producers and Practices. Understanding the Invention and Re-invention of Nordic Walking. *Journal of Consumer Culture*, 5, 43-64.
  - Smith, R. (1999). Intercultural network theory: a cross-paradigmatic approach to acculturation. *International Journal of Intercultural Relations*, 23 (4), 629-658.
  - Spradley, J. P. (1979). *The Ethnographic Interview*. New York: Holt, Rinehart and Winston.
  - Swidler, A. (2001). What Anchors Cultural Practices? In T. Schatzki, K. Knorr-Cetina and E. v. Savigny (eds.). *The Practice Turn in Contemporary Theory*. London: Sage, 74-92.
  - Yum, O. J. (1983). Social Network Patterns of Five Ethnic Groups in Hawaii. *Intercultural and International Communication yearbook* 6, 574-591.
  - Yum, O. J. (1984). Network Analysis. In W. Gudykunst & Kim Y. (eds.). *Methods or intercultural communication research*. Beverly Hills. CA: Sage, 95-116.
  - Yum, O. J. (1989). The Communication Network Paradigm and Intercultural Communication. In B. Dervin et al. (eds.). *Rethinking Communication*. Vol. 2. Paradigm Exemplars. Newbury Park: Sage, 486-498.
  - Vallianatos, H. & Raine, K. (2008). Consuming Food and Constructing Identities among Arabic and South Asian Immigrant women. *Food, Culture & Society*, 11, 355-73.
  - Warde, A. (1997). *Consumption, Food and Taste*. London: Sage.
  - Warde, A. (2005). Consumption and Theories of Practice. *Journal of Consumer Culture*, 5 (2), 131-153.
  - West, C. and Fenstermaker, S. (1995). Doing Difference. *Gender and Society*, 8, 8-37.
  - Weimann, G. (1989). Social Networks and Communication. In M. Asante and W. Gudykunst (eds.). *Handbook of international and intercultural communication*. California. England, India: Sage, 186-203.
  - Windahl, S., Signitzer, B. and Olson, J. T. (1998). *Using Communication Theory. An Introduction to Planned Communication*. London: Sage.

---

## About the Authors

Iben Jensen teaches intercultural communication and practice theory at the Department of Communication. Her main interest is theoretical and empirical research on intercultural communication and relations.

Bente Halkier teaches qualitative method at Department of Communication. Her main research interest is food and consumption in everyday life in modern society.

**Authors' Addresses**

Associate professor, Ph.D Iben Jensen

Roskilde University,

Department of Communication,

Institute of Communication, Business and Information Technologies,

Universitetsvej 1, P.box 260, DK-4000 Roskilde

Email: jensen@ruc.dk

Associate professor, Ph.D. Bente Halkier

Roskilde University,

Department of Communication,

Institute of Communication, Business and Information Technologies,

Universitetsvej 1, P.box 260, DK-4000 Roskilde

Email: bha@ruc.dk

---

Journal of Intercultural Communication, ISSN 1404-1634, issue 25, March 2011.

URL: <http://www.immi.se/intercultural/>.