Critical Discourse Studies and Health Communication

Gavin Brookes

1. Introduction

The concept of 'health communication' broadly refers to all aspects and modes of communication taking place within medical contexts, or which relate in some way to issues surrounding health and illness. This chapter explores the contributions that Critical Discourse Studies (CDS) has made to the study of health communication in terms of the prominent genres and contexts that have been explored in the field. The chapter then moves on to reflect on the contribution of CDS to research on health communication in a broader sense, before considering areas for expansion – and challenges to be faced – in the future.

2. Studying health communication through the lens of discourse

Health communication is an all-embracing concept which accounts for a vast and diverse range of communicative activities, ranging from so-called 'everyday' contexts to more institutionalised domains (Brookes & Collins, 2023, p. 3). The study of health communication can therefore be considered a broad field of inquiry which 'takes in a variety of disciplines concerned with discourse' (Brookes et al., 2023, p. 553). These include, inter alia, linguistics, anthropology, communication studies, ethics, psychology and sociology.

The contemporary focus on communication in healthcare (both from practitioner and researcher perspectives) can be viewed as a consequence of the 'communicative turn' in medical practice, which recognises the limitations of the biomedical model of health and illness (Sarangi, 2004, p. 3). At the same time, this has occurred against the backdrop of a 'linguistic turn' in humanities and social science disciplines (Silverman, 1987), as part of which 'anthropologists and medical sociologists have demonstrated the paramount role of language in the delivery of healthcare, clinical encounters, and people's experiences of health and illness' (Koteyko, 2017, p. 543). Consequently, rather than emphasising only the 'technical, scientific assumptions of medicine, much contemporary research in health communication now emphasises patients' voices and perspectives, including as these are constituted through discourse' (Brookes et al., 2023, p. 554).

Indeed, discourse can be viewed as a central practice within a wide range of health-related communicative contexts, as Brookes and Hunt (2021a, p. 1) illustrate:

> [R]endering our bodily experiences meaningful to ourselves and discussing them with friends and family members, recounting them to health professionals, organising healthcare systems, performing surgical operations, saving and improving lives, and shaping health behaviours among the public all depend upon acts of situated communication about health and illness. To put this another way, they all involve health discourse.

Those working within the field of health communication are primarily interested in studying the use of language (along with other semiotic modes) in these and other contexts, with the aim of understanding how such communication contributes to the creation, representation and negotiation of health-related beliefs, practices and experiences. Yet in addition to these kinds of micro-level discursive activities, which might be viewed as falling under the umbrella of 'health communication', healthcare landscapes the world over are constantly in flux, and these, more macro- or societal-level changes are themselves 'both reflected in and constituted by the discourses taking place within micro-level healthcare contexts' (Brookes et al., 2023, p. 553). To offer a few examples, Brown et al. (2006) observe how increased emphasis on patient empowerment and patient-centred medicine in the UK has led to the term 'client' gradually supplanting the more paternalistic term, 'patient', in how those receiving treatment are referred to. Relatedly, Brookes and Harvey (2016) and Chałupnik and Brookes (2021) describe how the ongoing privatisation of UK healthcare services is both reflected in and constituted by a rhetoric of 'deliverology' in contemporary health(care) discourse. Jones (2013), meanwhile, notes a significant shift in industrial societies, away from focusing on communicable diseases, and towards focusing on preventable lifestyle-related diseases. This shift in focus is argued to have led to a discourse that positions illness as being a result of individual behaviours rather than resulting from external and environmental risks. This shift extends to health discourse, which in the global West increasingly emphasises maintaining health over curing illness, in the process turning health into a continuous discursive exercise that is closely tied to notions of identity. Conrad (1992) describes this trend as medicalisation; that is, the process whereby non-medical aspects of life are treated as medical issues, with the result being that mundane decisions become imbued with health-related considerations. Importantly, such societal trans-formations are in no small part the product of discourse.

Gwyn (2002) identifies two broad and interrelated senses in which discourse has been utilised within studies of health communication: a micro sense and a macro sense. While the micro sense refers to the particular lexico-grammatical choices that speakers or writers make when creating meaning, the macro sense refers to more generic styles of representation; that is, 'constrained ways of thinking and talking within a given sociocultural orbit' (p. 31). While health-related discourse has been analysed using a wide range of methodological approaches (Brookes & Hunt, 2021b), those studying it from a critical perspective have tended to orient, in theoretical and methodological terms, towards a view of discourse as a form of social practice (Fairclough, 2003), and one that is constitutive of the very notions of health and illness them-selves, as well as the various activities that are associated with these. Indeed, Koteyko (2017, p. 544) points out that 'discourse is linked to the broader constructivist view of social reality postulating that social texts do not merely reflect phenomena and processes pre-existing in the social and natural world, such as health risks and health benefits; rather, they actively construct them'.

Critical studies of health discourse are thus concerned with examining the ways in which the discourses that surround – and, indeed, which constitute – topics such as

health, illness and disease promote particular ideologies, while maintaining the identities of health institutions (Jones, 2013). Importantly, an expanding collection of interdisciplinary studies in health promotion has revealed that societal discussions about health and illness transcend simple information transmission, emphasising instead the social processes that define, negotiate and comprehend the causes and solutions of ill health (Koteyko, 2017). Thus, critically analysing health discourse in various contexts can reveal the impacts of these societal shifts and help us to understand changes in the health landscape and individual behaviours, including how individuals might interpolate and reinforce, but also challenge, such macro-level changes. As we will see, such research has addressed a wide array of texts, contexts and social actors, deploying in this process a range of approaches to CDS.

3. Critical studies of health-related discourse

Critical studies of health-related discourse have, as noted, explored a wide range of contexts and, with that, social actors. The ensuing section aims to give a flavour of this coverage, by considering some of the most commonly studied contexts in this area.

The discourse of patient–practitioner interactions

The earliest discourse-based research on health communication focused primarily on the dis-cursive dynamics of interactions taking place between patients and practitioners (Brookes et al., 2023). Such interactions have also been interrogated by researchers taking an explicitly critical perspective, with studies fitting this description tending to approach power within healthcare settings as a structural phenomenon, where the predefined roles and responsibilities of doctors and patients significantly influence their interactional roles and styles. Wodak (1997), for example, asserts that power in such settings is inherent and pre-established. Such structural constraints shape the consultation, dictating what is permissible for each participant to say, thus imposing specific interactional obligations and limitations. For example, Harvey and Koteyko (2012) point out how it is uncommon for patients to question their general practitioners (GPs) intensively about medical issues, and how it is equally rare for doctors to divulge personal health details in response.

Situational factors such as these, which include the relative statuses of the speakers, importantly shape the distribution and exercise of power, emphasising how more powerful participants, like doctors, control and restrict the contributions of relatively less powerful ones, such as patients. A notable example of an analysis demonstrating this kind of operationalisation of power in this context is provided by Fairclough (1992), who critically examined clinical data first introduced by Mishler (1984). This analysis focused on an interaction between a male doctor and a female patient, and revealed the discursive means by which the doctor dominated the encounter. These strategies included controlling turn-taking, initiating topic shifts and frequently interrupting the patient, all of which were argued by Fairclough (1992) to reinforce the doctor's authority and ensure adherence to a predetermined medical agenda that was focused on clinical and technical issues. While this focus may seem logical in a clinical context, Fairclough contends that this approach nevertheless risks neglecting the patient's

personal and social circumstances, favouring a brisk and efficient consultation process over a more empathetic and patient-centred one.

More recently, research on patient–practitioner interactions has explored the role of technology as a factor in shaping – and potentially disrupting – the more paternalistic and practitioner-centred workings of power observed by the likes of Fairclough (1992) and Wodak (1997; see also Wodak [1996] for analysis of such power dynamics within therapeutic dis-course). For example, Zhang (2024) examined the evolving dynamics of power relationships between doctors and patients within online medical consultation (OMC) platforms in China. The analysis of 100 text-based OMC interactions, selected based on interactivity and recency from across three prominent e-healthcare platforms, revealed how two aspects of power exerted by patients – namely, reward and coercive power – were facilitated by the platforms' review systems. Specifically, patients were theorised to wield significant power, manifesting in their ability to affect doctors' professional standings through public feedback mechanisms. Zhang (2024) argued that this power dynamic disrupted the traditional authoritative role of physicians by fostering a more consumer-driven kind of interaction, wherein doctors were required to navigate the demands of both healthcare provision and consumer satisfaction simultaneously.

The effects of neoliberal, consumer-driven frameworks of healthcare provision on discourse can also have potentially disempowering consequences for patients, though. For example, based on a critical analysis of the discourse characterising interactions taking place within Swedish tele-nursing services, Hakimnia et al. (2014) reported that the interactions often reflected societal norms around gender, as well as being influenced by callers' language proficiency. Specifically, the analysis of 20 calls identified predominant patterns of gatekeeping and biomedical approaches, alongside depictions conforming to traditional gender roles (e.g., the 'reluctant' male caller and the 'ideal' female caller), and highlighted the barriers faced by non-fluent speakers. The study concluded that tele-nursing, while potentially a tool for challenging healthcare inequalities, in fact often reinforced existing disparities due to these evident ideological influences.

Discourses of and around practitioners

As well as analysing the language that practitioners produce in communication with patients in clinical environments, critical studies in this area have also explored the discourses that practitioners produce about patients. Galasiński and Ziółkowska (2021), for example, interrogated the discursive representation of detained patients in psychiatric nurses' clinical notes in Poland. They found that the patients were depicted in a manner that decontextualised their behaviours, with these instead being labelled in decidedly generic and stable terms. Such representations, these authors argue, risk ignoring the situational, social and institutional contexts that are likely to influence patients' behaviours. The nursing notes also frequently constructed a relationship of obedience between the nurses and the patients, with patients' behaviours being framed as instances either of compliance or non-compliance with nursing instructions, rather than as actions influenced by the patients' health conditions or personal

circumstances. This, Galasiński and Ziółkowska (2021) argue, creates a framework wherein patients are assessed primarily according to their perceived manageability within the institution, rather than being viewed holistically as individuals who have needs and require support.

Another context in which stigmatising attitudes towards (mental) health has been explored is in medical education. For example, Sukhera et al. (2022) carried out a Foucauldian Critical Discourse Analysis (CDA) on social media and digital news media, followed by semi-structured interviews with medical students, residents and faculty, all in order to identify prevailing discourses around stigma. This analysis revealed two primary but conflicting discourses: an emancipatory discourse of disclosure that normalises help-seeking; and a performance-oriented discourse that reinforces medical heroism and perfectionism. The study shows that while public disclosures of mental distress could empower individuals and reduce stigma, they are often liable to be perceived as disruptive within a culture that values perfection and heroism. This prevalence of such a view, the authors argue, serves to maintain existing (hegemonic) power structures within the medical education system.

In addition to examining the discourse produced by practitioners, critical studies of health communication have also considered how health professionals are themselves talked about and represented within society. Sun and Chałupnik (2022), for instance, utilised a combination of corpus linguistics and CDA to investigate how female medical workers in China were portrayed during the COVID-19 pandemic. By examining language use across articles posted on the social media site, Weibo, the authors identified recurring themes and representations related to gendered stereotypes. These portrayals, while sometimes framing women as heroic, also reinforced traditional gender norms by highlighting their roles in the domestic sphere, as well as placing pronounced importance on their physical appearance.

Public health discourses

A considerable body of work within critical studies of health discourse has explored what might broadly be termed ‘public health communication’; that is, texts produced by public health bodies and healthcare providers for consumption by the public. This includes health policies and policy documents. Such studies have been particularly concerned with how such texts reinforce neoliberal ideologies around health, wherein individuals are discursively responsibilised for managing their own health (and, in some cases, that of their families). For example, Mulderrig (2018) employed a methodological approach integrating Foucauldian concepts of governmentality and biopolitics with multimodal CDA to examine the UK’s ‘Change4Life’ campaign, which aims to encourage healthier lifestyles through so-called ‘nudge’ tactics inspired by behavioural psychology. Mulderrig analysed the semiotic means by which the campaign materials sought to subtly encourage public compliance with health policy goals without overt coercion. She identified three main strategies used to this end: portraying certain lifestyles as delinquent; employing a discourse of risk and threat through emotional manipulation; and promoting ‘smarter’ consumerism. Mulderrig demonstrates how these strategies are embedded in a neoliberal political framework, wherein they serve to privatise and

moralise responsibility for health, shifting this moral responsibility away from the state and placing it on the individual. Notably, the campaign uses engaging visuals and partnerships with businesses to appeal to children and parents, effectively mobilising consumer behaviours towards healthier choices under the guise of 'free choice' (see also Brookes, 2021). Critical studies of health policy documents demonstrate how the recurring discursive responsibilisation of individuals therein reinforces existing social inequalities by blaming individuals for their health issues without addressing the broader structural factors that can cause ill health. Such responsibilising discourses are not limited to health policy documents

but have also been identified in public health campaign texts. As noted, such responsibilisation can be extended to responsibility for ensuring the health and wellbeing of others, too, especially family members. To offer a couple of examples, Brookes and Harvey (2015) carried out a multimodal CDA on a diabetes-themed public health campaign, wherein they identified the use of a discourse of fear as a means of motivating reader-viewers to purchase products that would help them to manage their and their families' risk of developing the disease. Meanwhile, also using a multimodal approach to CDA, Brookes et al. (2021) interrogated the representation of dementia and people with it in dementia charity campaign posters. This analysis revealed three main themes: first, dementia was predominantly represented as synonymous with memory loss and depicted as a disaster. Second, human identity was defined narrowly around cognition, implying that a dementia diagnosis may equate to a loss of self. Then, lastly, the campaign portrayed individuals with dementia as socially isolated, with the implicit suggestion that their care is the responsibility of their relatives, rather than being a collective societal obligation. Overall, these studies (and others besides) suggest that while public health campaigns often aim to motivate individual behaviour change through emotional and consumerist appeals, they typically do so in a manner which upholds neoliberal ideologies around health. These ideologies prioritise market solutions and individual responsibility, while backgrounding or occluding altogether collective and societal (including governmental) responsibility for population health.

Media discourses

A prominent site of focus for critical studies of health discourse is the media, with most studies in this area focusing on news media specifically, which is taken to represent a primary source of health information for populations the world over. A recurring topic addressed by such studies concerns the potential for media texts to amplify the stigma that is associated with particular health issues. For example, Balfour (2023), who combined CDA with corpus linguistics to examine the representation of people with schizophrenia in UK newspapers, outlined how such people were stigmatised through their recurrent depiction as dangerous and as figures of horror, among other things. Similarly, focusing on the representation of mental illness in magazines published in South Africa, Wilkinson (2019) identifies the ways in which such coverage serves to 'Other' people experiencing mental ill-ness by discursively distancing them from the 'norm' of people who do not experience such distress. Also relevant to the topic of mental health, recent studies have addressed the stigma that surrounds dementia in news media discourse. A pair of studies, one using a multimodal approach to CDA

(Brookes et al., 2018) and the other using a corpus-based approach to critical metaphor analysis (Brookes, 2023), have demonstrated how news media representations of dementia may stigmatise those diagnosed with the syndrome by presenting them as 'socially dead', while loading (further) fear onto dementia itself by tending to depict it as a violent 'killer'.

In addition to stigmatising depictions, research has also revealed how the kinds of neoliberal discourses described earlier – and observed in particular in public health communication texts – can permeate other genres, including in the media. Subjecting a reality makeover television show to a multimodal CDA, Eriksson (2022) set out to identify the ways in which this text promoted extreme fitness ideals – termed 'fitnessism' – through both its format and its content. Focusing on semiotic choices regarding the show's production and how these choices convey meaning – specifically in terms of spoken language, audio, visuals and graphics – the analysis revealed the ways in which the show not only emphasises physical fitness over other health, but also how it equates a well-groomed and physically fit body with certain moral and social values, such as discipline and self-control. This is manifested through the show's overarching narrative, which portrays extreme bodily transformations, from 'couch potato' to 'super body', as desirable and achievable through strict fitness and diet regimes. Similar neo-liberal discourses around bodily maintenance have also been identified in corpus-based critical studies of news media representations of obesity carried out by Brookes and Baker (2021a, 2021b). These studies also demonstrate how such neoliberal discourses intersect with notions of risk and fear appeals (Brookes & Baker, 2021b), as well as weight stigma and gender- and social class-based oppression (Brookes & Baker, 2021a).

Representations of health and illness within media texts are thus often underpinned by an instructive agenda. A small but important body of work has addressed this aspect of such texts quite explicitly, including by questioning how 'successful' their instructive discourses are likely to be. For example, Knapton and Rundblad (2017) were concerned with how public compliance during crises is likely to be influenced by the clarity and construction of media-reported advice. Using the UK's 2007 drinking water crisis as a case study, they took a cognitive approach to examining the linguistic constructions present within media reports around the crisis, and considered the likely impacts of these on public understandings of, and responses to, the crisis advice. The authors argued that certain linguistic choices in the cover-age – particularly the use of passive voice, modality, and complex clause structures – were likely to significantly affect public comprehension and compliance with health and safety advisories during that crisis. This, it is argued, was likely to have diminished public urgency and response efficacy.

Concerning advertising, the majority of critical discourse research in this area has focused on online or digital advertising of health products. For example, using a multimodal approach to critical genre analysis, Koteyko (2009) identified the promotional strategies employed on the websites of probiotic yogurt producers. These strategies included the construction of credibility around probiotics, which were depicted as scientifically supported enhancements for health through a mixture of

scientific jargon and consumer-friendly language, designed to foster trust and educate consumers. Linked to neoliberal discourses, the websites also positioned health management as a matter of individual responsibility, promoting probiotics as part of a daily healthcare routine. The websites also utilised visual elements (such as images of healthy people) and persuasive language to link probiotic consumption with lifestyle aspirations geared towards notions of vitality and wellness.

Other studies have demonstrated how neoliberal, consumerist discourses combine with medicalising discourses in the advertising of health products. Harvey (2013), for example, used a multimodal approach to CDA to scrutinise the ways in which commercial hair loss websites promote pharmaceutical treatments for male pattern baldness. His analysis identified four recurring strategies through which the websites framed hair loss as a medical condition, drawing on scientific discourse and self-evaluation tools to persuade men to consider and adopt Propecia as a treatment option. The strategies included portraying bald men as undesirable or socially outcast, enhancing the appeal of men with hair as attractive and confident, situating hair loss within a scientific discourse to legitimise it as a treatable condition, and encouraging men to self-diagnose their hair loss using various tools and questionnaires provided on the websites. These strategies functioned, collectively, to medicalise male pattern baldness, transforming it from a natural ageing process into a treatable medical condition, all in service of driving the consumption of Propecia. Harvey argued that such websites thus contribute to the broader sociocultural process of medicalisation, whereby non-diseases are transformed into medical conditions – in this case, for commercial gain.

Harvey's (2013) study thus demonstrates how discourses around ageing can be implicated, in conjunction with medicalisation, for the purposes of promoting (pharmaceutical) health products. Putland et al.'s (2023) multimodal critical analysis of the representation of men's bodies on the website of the male pharmaceutical company, Numan, revealed similar processes of medicalisation and pharmaceuticalisation. Such discourses were also found to engage heavily with neoliberal ideologies, as well as both traditional and contemporary notions of masculinity, in order to promote products designed to remedy medicalised processes in men's bodies, including hair loss but also processes such as erectile dysfunction and premature ejaculation. Taken together, studies such as these demonstrate the capacity of advertising discourses to not only influence societal perceptions of normal bodily processes, but also to influence individuals' self-perceptions and health-related decision-making.

Other studies have traced the presence of such commercialising discourses in texts where these might not necessarily be expected. For example, Chałupnik and Brookes's (2021) corpus-based critical analysis of the websites of UK, state-based public healthcare (i.e., NHS) providers revealed how such websites lean heavily towards market-driven practices, for instance framing the providers as competitive, efficient, and consumer-oriented organisations. Such (self-)representations serve to position the NHS and healthcare provision itself within a marketised framework, emphasising values such as choice, competition, and performance, which align with neoliberal ideologies

rather than any purely healthcare-focused agenda. Such market-oriented discourses are argued to contribute to the reshaping of public perceptions of the NHS, potentially leading to a system wherein healthcare is viewed more as a commodity than a public service, in turn potentially influencing how healthcare services are valued, with economic efficiency being prioritised over patient care and public health outcomes (see also Brookes & Harvey, 2016).

Discourses of illness experience disclosures

Finally, critical studies of health discourse have examined the discourses through which individuals' disclose their experiences of illness, revealing how individuals discursively construct such illnesses and their experiences of these, as well as how they navigate the contexts in which these experiences take place. For example, Galasiński (2008) offers a comprehensive examination of how men verbalise and conceptualise their experiences of depression. His analysis reveals that men's discourses of depression are often conflicted and constrained by masculine ideals. Against this backdrop, Galasiński identifies various linguistic strategies that men use to maintain a sense of masculine identity while also expressing their mental health struggles. These include, among other things, minimising the severity of their condition, focusing on the physical symptoms of depression rather than the emotional ones, and framing their experiences in a way that preserves their agency and autonomy. In a later study of men's suicide notes, Galasiński (2017) demonstrated how these notes often contain expressions of failure, loss and inadequacy, reflecting societal pressures and expectations associated with masculine identities. Importantly, the study also highlights that, contrary to common stereotypes, men do express a wide range of emotions in their suicide notes, including feelings of love, sorrow and regret. Galasiński's work contributes a deeper understanding of the intersection between gender, discourse and mental health, then, offering critical insights into how gender influences the expression and treatment of depression; specifically, how societal constructions of masculinity can contribute to mental health struggles and, ultimately, to the decision that some men take to commit suicide.

Other critical studies of illness experience disclosures have focused more closely on how such discourses are likely to be shaped by the communicative contexts or platforms in which they take place, as well as by the norms of the communities that make up such contexts. Hunt (2013), for example, used a corpus-based approach to CDA in his analysis of how anorexia and depression are discussed and conceptualised by both sufferers and healthcare professionals, in online support groups and focus groups, respectively. In the online support groups, anorexia and depression were often externalised and personified, which Hunt (2013) argues may help sufferers to manage stigma and articulate their experiences (see also: Hunt & Brookes 2020). Conversely, the healthcare professionals tended to resist purely medicalised interpretations of these conditions, indicating a potentially more nuanced understanding that incorporated both medical and psychosocial factors. This study also highlighted a tendency among forum users to discuss their conditions in terms that suggested personal responsibility and control, which Hunt contrasts against the more deterministic discourse that was employed by the healthcare professionals in his study.

Also addressing discourse around eating disorders, Knapton (2013) examined the under-lying conceptual structures in pro-anorexia discourses, interpreting these in terms of their alignment with broader societal norms regarding female beauty. Focusing on the central conceptual metaphors that members of the community used to structure their experiences of anorexia, Knapton found that the pro-anorexia discourse was organised around two primary conceptual metaphors: anorexia as a skill and anorexia as a religion. These metaphors suggest that anorexia is seen both as a set of competencies to be mastered and as a devout practice. Knapton argues that such framings indicate that the views of pro-anorexia communities rep-resent extensions of more widely accepted societal views on female beauty and self-discipline, rather than necessarily representing radical departures from these.

4. Reflections and future directions

Critical studies of health discourse have provided profound insights into the ways in which health communication, occurring across a range of contexts, both shapes and is shaped by broader societal norms and structures. Importantly, this body of work, which spans a range of approaches to CDS – including, but not limited to, multimodal analysis, corpus linguistics and cognitive analysis – critically engages with the nuanced ways in which discourse mediates health-related relationships and power dynamics, both within and beyond the clinic.

A key theme emerging from this work is the impact of neoliberal ideologies on health discourse. These ideologies frame health not only as a matter of individual responsibility, but also as a commodity within a market-driven system in which efficiency and consumer satisfaction are highly valued. This perspective can lead to the commodification of health itself, where economic considerations might override those pertaining to the quality of care. In such an increasingly commercialised healthcare landscape, another powerful social force – medicalisation – has been found to facilitate the framing of ordinary aspects of life as medical problems to be addressed through a combination of self-regulation and (purchasable) interventions. Surrounding all of these processes is the notion of stigma, which has been identified in particular in media depictions of certain health issues – particularly those relating to mental health and so-called ‘lifestyle’ diseases – and which individuals must then often manage and even attempt to deflect when disclosing their illness experiences and seeking support. As a complex social phenomenon, health-related stigma often intersects with discourses surrounding other aspects of identity, such as gender and ageing. In this way, shame can arise, for example, from individuals viewing their bodies and bodily functions as representing some personal failure to meet certain gendered or age-related societal expectations. In the future, critical research on health discourse should continue to widen its scope in terms of the different forms of oppression that it considers, to shed ever more light on how identity aspects such as these may be implicated in the discourses that are used to communicate about health and illness, across all and any contexts.

The evolution of technology, particularly digital platforms of communication, has introduced new dynamics into the traditional patient–practitioner relationship, with

such platforms having the potential to democratise healthcare interactions by amplifying patient voices and destabilising traditional power structures. Future research should continue to investigate how technological advancements continue to reshape the discourse around health and taking place in healthcare settings, especially considering the global shift towards telemedicine and e-health platforms that has only been hastened by the COVID-19 pandemic. Developments such as the emergence of vaccination passports and track-and-trace technologies, occurring against the backdrop of the increasing popularity of digital health technologies in general (e.g., health-related apps and wearable devices), will undoubtedly continue to shape the health(care) landscape. At present, there is very little discourse-based research examining such texts. Thus, this represents an area for expansion in the future. Another recent innovation concerns the explosion in use of generative AI. While research has begun to disentangle the ideological underpinnings and ramifications of the health-related content produced by these tools (for example, Putland et al., 2024), more work is required in this area, as is research which interrogates the potential for such tools to be used as a source of health information by the public. Critical approaches to discourse are ideal for unpacking the (often insidious) ideologies that underpin and are likely to be perpetuated by the use of such technologies.

The critical examination of health-related discourse has significant implications for health-care practices and policy. By understanding discursive constructions of health and illness, healthcare providers can better align their communication strategies with the needs and expectations of diverse patient populations. Additionally, policymakers can use insights from discourse studies to craft health-related messages that are not only effective but also equitable, avoiding the reinforcement of social inequalities – in line with CDS's emancipatory agenda. However, the pathways to bringing out such real-world change often feel limited to those of us who work in a critical way. Collaboration across disciplines could contribute to the further clearing of such pathways (for example, Bru Garcia et al., 2022), especially where the other disciplines concerned might presently enjoy more direct routes through which to access and influence public health communicators and other health professionals. A challenge for such researchers to navigate will be figuring out how to work collaboratively, productively and respectfully with such stakeholders, while at the same time keeping their 'critical eye' open to the complex and often oppressive power relations that pervade contemporary healthcare systems. Yet, given the ever-increasing momentum of social forces which prioritise profits and productive citizenship over population health and welfare, maintaining such criticality will remain essential in the future.

Acknowledgements

This research was supported by the UKRI-funded project, "Public Discourses of Dementia: Challenging Stigma and Promoting Personhood" (grant reference: MR/V022954).

References

Balfour, J. (2023). Representing Schizophrenia in the Media: A Corpus-Based Approach to UK Press Coverage. Routledge.

Brookes, G. (2021). Empowering people to make healthier choices: A Critical Discourse Analysis of the tackling obesity policy. Qualitative Health Research, 31(12): 2211–2229.

Brookes, G. (2023). Killer, thief or companion? A corpus-based study of dementia metaphors in UK tabloids. Metaphor and Symbol, 38(3): 213–230.

Brookes, G. and Baker, P. (2021a). Obesity in the News: Language and Representation in the Press. Cambridge University Press.

Brookes, G., & Baker, P. (2021b). Fear and responsibility: discourses of obesity and risk in the UK press. Journal of Risk Research, 25(3): 363–378.

Brookes, G. and Collins, L. (2023). Corpus Linguistics for Health Communication: A Guide for Research. Routledge.

Brookes, G. and Harvey, K. (2015). Peddling a semiotics of fear: A critical examination of scare tactics and commercial strategies in public health promotion. Social Semiotics, 25(1): 57–80.

Brookes, G. and Harvey, K. (2016). Opening up the NHS to market: Using Multimodal Critical Discourse Analysis to examine the ongoing commercialisation of health care. Journal of Language and Politics, 15(3): 288–302.

Brookes, G., Harvey, K. and Adolphs, S. (2023). 'Discourse and health(care)'. In: M. Handford and J. Gee (eds.), The Routledge Handbook of Discourse Analysis (2nd edn.). Routledge: 553–567.

Brookes, G., Harvey, K., Chadborn, N. and Dening, T. (2018). 'Our biggest killer': Multimodal discourse representations of dementia in the British press. Social Semiotics, 28(3): 371–395.

Brookes, G. and Hunt, D. (2021a). 'Discourse and health communication'. In: G. Brookes and D. Hunt (eds.), Analysing Health Communication: Discourse Approaches. Palgrave: 1–17.

Brookes, G. and Hunt, D. (eds.) (2021b). Analysing Health Communication: Discourse Approaches. Palgrave.

Brookes, G., Putland, E. and Harvey, K. (2021). 'Multimodality: Examining visual representations of dementia in public health discourse'. In: G. Brookes and D. Hunt (eds.), Analysing Health Communication: Discourse Approaches. Palgrave: 241–269.

Brown, B., Crawford, P. and Carter, R. (2006). Evidence-based Health Communication. Open University Press.

Bru Garcia, S., Chałupnik, M., Irving, K. and Haselgrove, M. (2022). Increasing condom use and STI testing: Creating a behaviourally informed sexual healthcare campaign using the COM-B model of behaviour change. Behavioral Sciences, 12(4): 108.

Chałupnik, M. and Brookes, G. (2021). 'You said, we did': A corpus-based analysis of marketising discourse in healthcare websites. Text & Talk, 41(5–6): 643–666.

Conrad, P. (1992). Medicalization and social control. Annual Review of Sociology, 18: 209–232.

Eriksson, G. (2022). Promoting extreme fitness regimes through the communicative affordances of reality makeover television: A Multimodal Critical Discourse Analysis. Critical Studies in Media Communication, 39(5): 408–426.

Fairclough, N. (1992). Discourse and Social Change. Polity Press.

Fairclough, N. (2003). Analysing Discourse. Routledge. Galasiński, D. (2008). Men's Discourses of Depression. Palgrave.

Galasiński, D. (2017). Discourses of Men's Suicide Notes: A Qualitative Analysis. Bloomsbury.

Galasiński, D. and Ziółkowska, J. (2021). 'Critical Discourse Studies: Mad, bad or nuisance? Discursive constructions of detained patients in Polish nursing notes'. In: G. Brookes & D. Hunt (eds.), Analysing Health Communication: Discourse Approaches. Palgrave Macmillan: 215–239.

Gwyn, R. (2002). Communicating Health and Illness. Sage.

Hakimnia, R., Holmström, I. K., Carlsson, M. and Höglund, A. T. (2014). Exploring the communication between telenurse and caller: A Critical Discourse Analysis. International Journal of Qualitative Studies on Health and Well-being, 24(9): 24255.

Harvey, K. and Koteyko, N. (2012). Exploring Health Communication. Routledge.

Harvey, K. (2013). Medicalisation, pharmaceutical promotion and the Internet: A critical multimodal discourse analysis of hair loss websites. Social Semiotics, 23(5): 691–714.

Hunt, D. (2013). Anorexia nervosa, depression and medicalisation: A corpus-based study of patients and professionals. Unpublished PhD thesis. University of Nottingham. https://eprints.nottingham.ac.uk/28065/.

Hunt, D. and Brookes, G. (2020). Corpus, Discourse and Mental Health. Bloomsbury. Jones, R. (2013). Health and Risk Communication: An Applied Linguistic Perspective. Routledge. Knapton, O. (2013). Pro-anorexia: Extensions of ingrained concepts. Discourse & Society, 24(4): 461–477.

Knapton, O. and Rundblad, G. (2017). ‘Public health in the UK media: Cognitive Discourse Analysis and its application to a drinking water emergency’. In: C. Hart and P. Cap (eds.), Contemporary Critical Discourse Studies. Bloomsbury: 559–582.

Koteyko, N. (2009). ‘I am a very happy, lucky lady, and I am full of Vitality!’ Analysis of promotional strategies on the websites of probiotic yoghurt producers. Critical Discourse Studies, 6(2): 111–125.

Koteyko, N. (2017): ‘Critical studies of health and illness discourses’. In: C. Hart and P. Cap (eds.), Contemporary Critical Discourse Studies. Bloomsbury: 543–558.

Mishler, E. G. (1984). The Discourse of Medicine: Dialectics of Medical Interviews. Ablex.

Mulderrig, J. M. (2018). Multimodal strategies of emotional governance: A critical analysis of ‘nudge’ tactics in health policy. Critical Discourse Studies, 15(1): 39–67.

Putland, E., Chałupnik, M. and Brookes, G. (2023). ‘New men? The medicalisation of men’s bodies on the Numan website’. In: G. Brookes and M. Chałupnik (eds.), Masculinities and Discourses of Men’s Health. Palgrave: 335–368.

Putland, E., Chikodzore-Paterson, C. and Brookes, G. (2024). Artificial intelligence and visual discourse: A Multimodal Critical Discourse Analysis of AI-generated images of ‘Dementia’. Social Semiotics: 1–26.

Sarangi, S. (2004). Towards a communicative mentality in medical and healthcare practice. Communication & Medicine, 1(1): 1–11.

Silverman, D. (1987). Communication and Medical Practice. Sage.

Sukhera, J., Poleksic, J., Zaheer, J. and Pack, R. (2022). Normalising disclosure or reinforcing heroism? An exploratory Critical Discourse Analysis of mental health stigma in medical education. Medical Education, 56(8): 823–833.

Sun, X. and Chałupnik, M. (2022). Sacrificing long hair and the domestic sphere: Reporting on female medical workers in Chinese online news during Covid-19. Discourse & Society, 33(5): 650–670.

Wilkinson, L. G. (2019). ‘Crazy, mad, and dangerous’: A Critical Discourse Analysis of the (re) construction of mental illness in South African magazines. Unpublished MA Thesis. Stellenbosch University. https://scholar.sun.ac.za/bitstreams/12efcbc0-24dd-42dd-bec5-eada1027736b/download.

Wodak, R. (1996). Disorders of Discourse. Longman.

Wodak, R. (1997). ‘Critical Discourse Analysis and the study of doctor–patient interaction’. In: B-L. Gunnarsson, P. Linell and B. Nordberg (eds.), The Construction of Professional Discourse. Longman: 173–200.

Zhang, Y. (2024). ‘The disruption of power asymmetry in online medical consultations in China: a Social Media Critical Discourse Studies approach’. In: E. Esposito and M. KhosraviNik (eds.), Discourse in the Digital Age: Social Media, Power, and Society. Routledge: 231–246.