

Call for Papers

Social Aspects of Health Communication

Guest Editors: Sarah Geber, Tobias Frey, and Thomas Friemel

Health and health-related behaviours are embedded in social contexts in various ways, which comprise both risks and opportunities for individual's health (Sallis & Owen, 2015). Communicable (i.e., infectious) diseases, such as HIV or influenza, are spread through social contacts between persons (e.g., Rothenberg et al., 1998), and unfavorable health behaviours might be reinforced in one's social network (Valente, 2010). On the other hand, social support can ease the coping with diseases in everyday life (e.g., depression; Peirce, Frone, Russell, Cooper, & Mudar, 2000), and social norms may promote favorable health behaviours (e.g., eating healthily; Mollen, Rimal, Ruiter, & Kok, 2013). In the course of the digitalisation, new platforms have emerged that intensify known social processes or enable new ones. On social networking sites, people can directly observe health-related behaviours and thus norms of relevant others (e.g., Beullens & Vandenbosch, 2016); apps allow users to track their health behaviours and share their obtained health goals (e.g., Kristensen & Ruckenstein, 2018); and various online forums provide platforms for exchanging experiences and support regarding specific health issues (e.g., Barak, Boniel-Nissim, & Suler, 2008). Since these social processes unfold their effects through communication, they deserve special attention by health communication scholars to maintain and improve individual and public health.

The special issue aims to address the complexity of individuals' social contexts and the full breadth of communication—ranging from interpersonal communication to mass media, online to offline, intended to unintended etc. It therefore calls for papers analyzing the interrelations between social aspects, different forms of health-related communication, and health at the individual, interpersonal, and societal level. Submissions can address but are not limited to the following questions and concepts.

Individual level:

- Which health behaviours are especially susceptible to social influence (e.g., private vs. public health behaviour) and what role do different means of communication play in these contexts?
- How are individual social-related characteristics, such as traits (e.g., need to belong), cognitions (e.g., perceived norms), and motives (e.g., need for social integration) associated with health behaviour and health-related communication?
- How are media messages elaborated that address social aspects of health behaviour (e.g., social frames)?

Interpersonal level:

- Which relevance do different settings have for health communication (e.g., family, colleagues, self-help groups)?
- Which role do different actors (e.g., doctors, patients, bystanders) and social roles (e.g., opinion leaders, influencers, followers) play in the context of health communication?
- How does health-related interpersonal communication differ depending on the channel and platform (e.g. face-to-face vs. mediated)?

Societal level:

- Which sociocultural aspects (e.g., collectivistic vs. individualistic societies) and characteristics of the media system are relevant regarding health and health communication?
- What kind of divides related to health communication exist in societies and what are their consequences (e.g., digital divides)?
- How can societal inequalities and health-related stigmatization be addressed by health communication and what guidelines are helpful for journalists to ease these issues?

The special issue calls for basic research describing and explaining these aspects but also refers to applied research seeking to solve practical health communication issues. It is interested in theories, methods, and study designs that allow studying social aspects of health communication at different levels as well as the integration of various levels within a single approach.

Submission format

We welcome submissions that fit any of the EJHC formats: original research papers, theoretical papers, methodological papers, review articles, brief research reports. For further information on the article types, please see www.ejhc.org/about/submissions.

Manuscript should be prepared in accordance with the EJHC author guidelines (www.ejhc.org/about/submissions) and be submitted via the journal website (www.ejhc.org).

Deadline for submission is **31 March 2020**.

Review process

All articles will undergo a rigorous peer review process. Once the paper has been assessed as appropriate by the editorial management team (with regard to form, content, and quality), it will be peer-reviewed by at least two reviewers in a double-blind review process, meaning that reviewers are not disclosed to authors, and authors are not disclosed to reviewers. To ensure short publication processes, EJHC releases articles online on a rolling basis, expected to start in December 2020.

European Journal of Health Communication

The European Journal of Health Communication (EJHC) is a peer-reviewed open access journal for high-quality health communication research with relevance for Europe or specific European countries. The journal aims to represent the international character of health communication research given the cultural, political, economic, and academic diversity in Europe.

Contact guest editors and links

Sarah Geber, University of Zurich	s.geber@ikmz.uzh.ch
Tobias Frey, University of Zurich	t.frey@ikmz.uzh.ch
Thomas N. Friemel, University of Zurich	th.friemel@ikmz.uzh.ch

Journal website: www.ejhc.org

Journal e-mail address: contact@ejhc.org

References

- Barak, A., Boniel-Nissim, M., & Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behavior, 24*, 1867–1883. <https://doi.org/10.1016/j.chb.2008.02.004>
- Beullens, K., & Vandenbosch, L. (2016). A conditional process analysis on the relationship between the use of social networking sites, attitudes, peer norms, and adolescents' intentions to consume alcohol. *Media Psychology, 19*, 310–333. <https://doi.org/10.1080/15213269.2015.1049275>
- Kristensen, D. B., & Ruckenstein, M. (2018). Co-evolving with self-tracking technologies. *New Media & Society, 20*, 3624–3640. <https://doi.org/10.1177/1461444818755650>
- Mollen, S., Rimal, R. N., Ruiters, R. A. C., & Kok, G. (2013). Healthy and unhealthy social norms and food selection. Findings from a field-experiment. *Appetite, 65*, 83–89. <https://doi.org/10.1016/j.appet.2013.01.020>
- Peirce, R. S., Frone, M. R., Russell, M., Cooper, M. L., & Mudar, P. (2000). A longitudinal model of social contact, social support, depression, and alcohol use. *Health Psychology, 19*, 28–38. <https://doi.org/10.1037/0278-6133.19.1.28>
- Rothenberg, R. B., Potterat, J. J., Woodhouse, D. E., Muth, S. Q., Darrow, W. W., & Klovdahl, A. S. (1998). Social network dynamics and HIV transmission. *AIDS, 12*, 1529–1536. <https://doi.org/10.1097/00002030-199812000-00016>
- Sallis, J. F., & Owen, N. (2015). Ecological models of health behavior. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior: Theory, research, and practice* (5th ed., pp. 43–64). San Francisco, CA: Jossey-Bass.
- Valente, T. W. (2010). *Social Networks and Health: Models, Methods, and Applications*. Oxford, New York: Oxford University Press.