Barriers to obesity communication –
Power, habitus and hidden assumptions

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Abstract

Communication on health issues often founders on the avoidance or denial of key messages by intended recipients. This paper explores the development and application of a research methodology combining elements of Pierre Bourdieu's work on the unconscious nature of practice with Gerhard Maletzke's psychological model of communication. This combination was designed to elicit deeper responses than those often found in health communication research.

This alternative methodological approach was used to evaluate a year-long, city-wide anti-obesity campaign in Sheffield, UK, which targeted key gatekeepers in the message chain; their responses generate useful insights into resistance to uncomfortable communication. The paper concludes with suggestions for addressing communication about obesity and potentially other uncomfortable health and social topics.

Key words: Health communication; anti-obesity campaigns; Bourdieu; Maletzke model; power; habitus; hidden assumptions

Background

Most 20th century health communication research and strategies focused on dissemination (Wilson, 2007), drawing on social marketing approaches to 'target' key populations, and social psychology to explain individual processing of messages (Waisbord and Obregon, 2012). Despite a wealth of research into global communication on health issues (Fallowfield and Jenkins, 2004; et al, 2013a,b), the results are ambiguous (ibid). In recent years, new approaches founded on social construc-tionist views of the co-creation of meaning have emerged, adding depth to what were sometimes mechanical evaluations of campaigns (Willis and Lawton, 2014; Willis et al, 2006). In particular cultural perspectives have entered the narrative: not only are health researchers interested in the responses of individuals but "how societies problematize health and disease, and establish priorities for action" (ibid, p. 19).

This paper describes the design for a research project evaluating a year-long anti-obesity campaign run by Carnegie Weight Management (CWM, now More-Life www.more-life.co.uk), leading campaigners, researchers, educationalists and thought leaders in the field of diet, sport and nutrition. CWM was commissioned to design and deliver an extensive training and awareness programme across a range of information providers and users in the Sheffield (UK) area, including engagement with the health, education and business and voluntary sectors,

as part of the city-wide Change For Life (C4L) programme.

The paper concentrates on methodological issues, combining a socio-cultural approach with a more traditional social psychological model of communication. The research team was particularly concerned to identify internal barriers experienced by health professionals which might inhibit their ability to pass on anti-obesity messages. Although only one pilot case study is reported, the findings are of value to health communicators seeking to deepen their understanding of the social, psychological and cultural factors which may affect a communicator's willingness to pass on key messages.

Researching health communication issues – literature review

There is an extensive range of relevant literature on health communication campaigns, particularly on their construction and delivery (e.g. Obregon and Waisbord, 2012; Corcoran, 2011). This review highlights work on audience responses to campaigns, as relevant to the aims of this research.

Communication approaches

Berry (2007) cites Burton and Dimbleby's (1995) definition of communication approaches falling into three groupings, namely: process, semiotics and cultural theory. The process school concentrates on the minutiae of what actually happens when we communicate, use of voice tone, pitch, facial expressions, the effects of different communication channels and sender characteristics for example. Semiotics draws on linguistics to examine signs and structures in language, images and text to highlight

issues of meaning in the text and meaning as constructed by the consumer of the text. Cultural studies' approaches emphasise the role of the social group to which senders and receivers belong, social norms in groups and cultural or socioeconomic factors influence group dynamics. A fourth approach, we suggest, rests in social theory and examines the role of power in communication and the different strategies which groups deploy to acquire or maintain power. This resonates with what Waisbord and Obregon (2012) describe as a questioning of the somewhat rationalist assumptions underpinning many health communication approaches, suggesting that if only people had the correct information, they would act in their own best interests. Cultural approaches provide a much-needed context for understanding why people do not follow this logic.

In a useful overview, Schiavo (2007) suggests health campaigns have some or all of the following objectives (and cites extensive research to support these goals): to inform and influence individual and community decisions; motivate individuals; change behaviours; increase knowledge and understanding of health related issues; empower people; and to exchange (or the) interchange of information. The common characteristics of health campaigns are, she suggests, audience-centred, research-based, multidisciplinary, strategic, process oriented, cost-effective, creative in support of strategy, audience and media specific, relationship building and aimed at behavioural or social change (see also Pratt, 2008). However, these approaches tend to illustrate the point made by Waisford and Obregon (2012) about the influence of social marketing on health communication and the reluctance from some scholars to tackle the central issues of culture and power. The paper that most influenced this research project was by Adkins and Corus (2009) exploring relationships between pharmacists and low-literate users of pharmacies (in the US). While the object of their research is thus literacy rather than training and awareness on obesity, their socio-cultural approach, grounded in the work of Bourdieu, is important because they look at both sides of the communication dyad and the cultural factors influence both halves of the conversation. Adkins and Corus found a range of strategies deployed by both users and providers to either access or deflect health information.

Obesity as a cultural issue
There is a large literature on the sociology and culture of the body and the framing of obesity as discourse (Gray et al, 2011). Shugart (2010) identifies a range of scholarly approaches including the identification of obesity discourse in mass media as 'moral panic' (see also below); the projection of cultural anxieties concerning discipline, consumption and control onto the obese body; gender aspects of the obesity discourse; and a political economy approach, focusing on the industrial aspects of 'Big Food' and its counterpart, the 'obese economy'.

According to Gilman (2010), each period reframes the issue of weight and its implications for health according to dominant cultural and scientific debates: the possession of body weight has been seen variously as an indicator of wealth, class and social standing; at others, that is reversed. At a conference seminar (NCA, San Francisco, November 2010) observed by one of the researchers, a debate was held between health communicators and 'fat advocates' who, interestingly, deployed the same melange of scientific study and anecdotal evidence as the mainstream obesity discourse, but to opposing ends. The major difference in rhetorical strategies was the deployment of civil liberties/ human rights arguments to defend the 'right' of people not to be oppressed on the grounds of size, citing the fear of 'otherness' experienced by fat people (fat is reclaimed as a descriptor, in the same spirit as queer politics) and drawing parallels with campaigns against homosexual discrimination which also had to resist choice/disease metaphors. The point is not to consider the scientific basis of such claims, but to note that they echo similar voices in obesity debates. 'Fat advocacy' (Kirkland, 2003) arguments offer insights into the resistance strategies deployed by audiences to avoid anti-obesity messages, making explicit power issues not usually expressed in anti-obesity literature or communication.

Research questions and design
The questions that arose from the literature were:
1. What are the key components, including hidden assumptions, practices and power relations, affecting the communication process between delivery personnel and their audiences?
2. What are the key *communication* barriers, including media, messages and attitudes between senders and receivers, to implementing change messages?
3. Which factors in the communication process, whether media-based or psychological, might be amended to facilitate assimilation of key messages?

The research was then designed building on the psychological communication model of Maletzke (1963) and the work of Pierre Bourdieu (1977, 1984, 1990 and 1992). Maletzke's model encourages analysis of the communication process in more detail, given its emphasis on the technical, social and psychological aspects of the communication. The elements in the model were used as the basis for questions concerning the content, channel and technical aspects of the communication, as well as the social setting for the events observed. Bourdieu's concepts elucidate the dynamics addressed in RQ1 and address contextual issues in order to understand the constructed social world in which the communication takes place. It thus provides the framework for examining the wider aspects of the communication campaign, and questions were generated designed to explore hidden assumptions.

While a variety of communication models are cited by various authors (Berry 2007; Corcoran, 2011) the Maletzke (1963) model (fig 1.) was not found in health literature. It was selected because it comprises not only the communicator (C), message (M), medium and receiver (R) elements familiar from other models, but also the social, psychological and contextual roles of senders as well as receivers.

Figure 1 *Maletzke model (1963)*
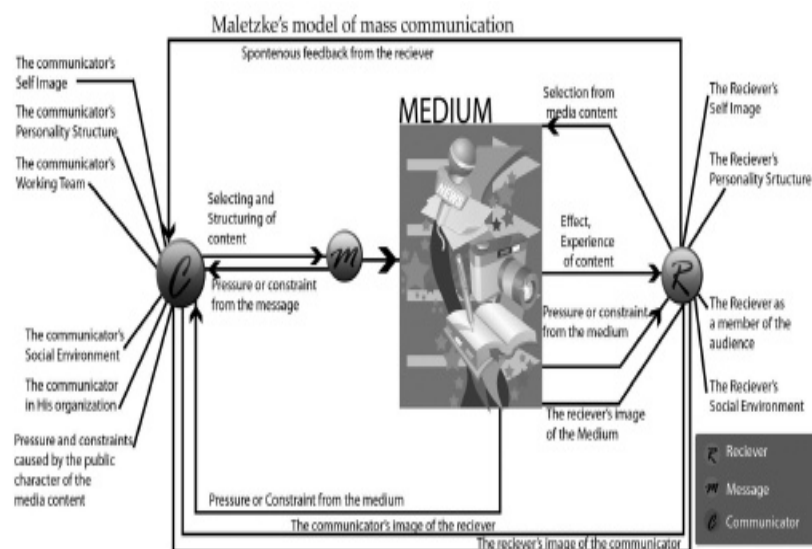
Source: http://www.scribd.com/doc/24484637/Models-of-Communication accessed April 22, 2014.

The model details the complex dynamics of mediated communication, including the attitudes and background of all parties, as well as constraints of medium and message. It provides a useful map of participants and relationships in a communication process, and generated a 'checklist' of questions, but it does not offer a methodology so it was selected as a complement to the macro-perspective of Pierre Bourdieu, whose sociology and method underpin this research. Bourdieu's methodological approaches have been deployed around health and education fields as well as communication and here the core concepts from Bourdieu's theory of practice are briefly explained:

Practice (Bourdieu)

Bourdieu sees practice as a combination of several dynamics, each of which is multilayered. The following is a simplified summary but it emphasises the importance his approach places on seeking to understand the relationship between the objective and subjective world.

For Bourdieu practice is habitual, primarily non-discursive and un-reflexive, routinised behaviours, scripts not scripted, regular but not rule-bound. It is in between, objectively meaningful without intention, patterned without rules, logics of action not governed by logic (Friedland, 2009, p.889)

Practice encompasses several variables: a) habitus b) capital and c) field. Habitus is seen as the means by which society reproduces itself, generating in the individual and collective a set of behaviours, expectations and relations which are not absolutely fixed but which tend to repetition unless consciously examined (Ihlen, 2007, Fries, 2009). Capital is seen as comprising knowledge capital, social capital and cultural capital, which may consist of material goods, credentials and/or social skills (Adkins and Corus, 2009, p.204). Others (like Fries, 2009) also identify symbolic capital, which can emerge when any object or attribution acquires inherent value, and physical capital, the role of the body in securing social value. Field denotes the 'social space or network of relationships between the positions occupied by actors' (Ihlen, 2009, p.65), positions which are partially distributed on the grounds of power or capital.

Moreover, Bourdieu's approach reflects the direction of contemporary health communication research, as suggested above by Waisford and Obregon (2012), as he emphasises post-decision rationalisation rather than pre-decision logic, including the avoidance of uncomfortable or unwelcome messages (Friedland, 2009). In contrast to the earlier questions about dissemination of information, its avoidance now becomes central as individuals and groups construct contexts to justify their actions. As Fries (2009, p.326) points out:

Reflexive sociology as elaborated by Bourdieu is a self-referential methodology of social research, which turns methods of constructing the research object back on themselves so as to produce more accurate understanding of the social world.

Fries suggests this approach is particularly well suited to mixed methods research, 'which capture the dialogical interplay of objective social structure with subjective agency in social behaviour' (p.327) and illustrates the process as follows:

Figure 2 *Research design*
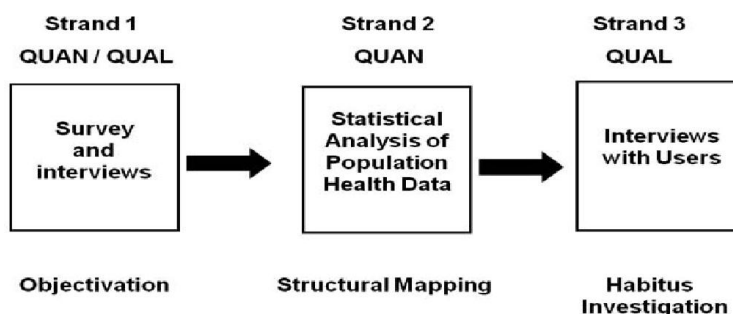
Source: Fries 2009, 339.

Thus, quantitative methods can measure the objective social structures, while the subjective aspects can be assessed through qualitative methods before these are combined to provide insights into how the social world being researched is constructed. The emphasis is on 'dialogical understanding of social, cognitive, and corporeal structures. Individuals do not confront society as an objective reality so much as they are engaged in an ongoing communication with it as it constitutes them' (Fries, 2009, p.332). The key stages are:

• *Analyse the research field regarding field of power*

Different fields will have different degrees of 'legitimacy', including recognition, such as might be found between mainstream and alternative medicine in Fries (2009), who points out the different symbolic capital within the discursive label of 'medicine'. For example, obesity can be seen as a discursive label, within which different approaches and practices will enjoy varying symbolic capital.

• *Analyse the objective structure /capital between participants/ in the field*

This stage considers the quantifiable aspects of the populations being researched (e.g., class, gender, ethnicity, education). Data from observation of events, evaluation surveys and interviews contributed to this profile.

• *Analyse the habitus of agents*

At this stage interviews were selected as the means to obtain insight into the *habitus* of different sections of the relevant populations, allowing narrative analysis to construct understanding of subjective practices such as communication on obesity issues (Fries, 2009, p.343).

Researcher bias

Bourdieu also identifies three possible sources of bias to be aware of in conducting research: a) the researcher's social class, gender, ethnicity; b) the bias derived from the researcher's academic discipline and its habits, traditions … and c) the bias associated with the researcher's status in the academic organisation (Fries, 2009, p333). They are particularly germane in an interpretive qualitative study such as this.

Limitations

Operational issues contributed to the limitations of this research project. It was always envisaged as a pilot study which would reveal useful insights into audience experience but also reveal limitations in the research design. Moreover, the number of interviewees was smaller than planned, so their views cannot be said to be representative. The fact that they were volunteers from larger groups also means they were self-selecting. The Maletzke model proved to be a valuable source of questions regarding the psychological and social environment of all parties, particularly their attitudes towards each other, but its focus on mass media channels proved less relevant to this campaign, which largely involved face-to-face presentations.

The pilot study

As stated earlier, the researchers were commissioned to evaluate a year-long anti-obesity campaign which was directed primarily at professionals working with every age group from pregnancy support, through childcare, schooling and into adult activities.

Data: Three types of data were collected:

1. Interviews with communication team (including presenters, support staff and event delivery workers, n= 6)
2. Observation of full range of events (n=32 hours'observation)
3. In depth, semi-structured interviews and/or focus groups with participants from above events (n=12)

Rationale

1. Interviews with the communication team provided insight into their intentions and key messages, with perspectives from trainers, support staff and volunteers giving a range of perspectives.
2. Observation of events captured demographics of audience, varied media, messages and communicator strategies and tactics. It also allowed for scrutiny of presenters' hidden assumptions and areas of tension in the event as well as points of engagement and exchange.
3. In depth, one-to-one, semi-structured interviews

explored participants' attitudes to earlier events, messages, communicators and other aspects. Interviews also were key to investigating the extent to which participants carried messages forward to their various client groups.

Research instruments

1. The Maletzke model was used to frame a series of questions (for interviews) regarding speaker and audience attitudes to each other; questions were also posed to participants regarding their social context, whether they attended with colleagues, for example, and how much they discuss the issues being researched in non-work situations. Observation categories were also created from the Maletzke model, regarding channels of communication and issues specific to particular media usage.

2. Bourdieu's concepts generated deeper questions, influenced by the Adkins and Corus (2009) study, which stressed experiential aspects of the communication and were very open ended, for example, regarding their expectations, use of information, relevance and comprehension of main messages.

Findings

Communicators' habitus

The CWM approach combined the traditional structure of other anti-obesity campaigns – particularly the use of expert authority –with an awareness of issues concerning power and self-efficacy. The Director - and key driver of the campaign - owned the scientific knowledge, academic awards and the extensive experience of what Bourdieu calls capital. He was also the source of the commitment to empowerment, consciously avoiding the exercise of power over the (relatively) powerless. All team members interviewed shared a deep sense of enthusiasm and commitment to the overall organisasiam goals, with a deep engagement with people, especially young people, seeking to lose weight. Indeed, the term '*passionate communicator*' emerged several times in interviews with members of the CWM team.

This set of core values was frequently echoed by team members, for example, "*Core message? Be active as much as possible, small changes make big differences, everything in moderation. It's not all weight loss, but healthy life style*". There was remarkable unanimity on these messages, which raises the possibility of 'group think' where reflection and dissension are minimised, even discouraged: *"Members of staff who don't 'get it' don't last".* There was also evidence of a sender-centred orientation, as evidenced in excessive use of slides (often containing errors) and inadequate time for peer-discussion of issues raised. More subtly,

unconscious assumptions led to references to meals with 'mum and dad', examples of primarily white diets, and idealised images of children's behaviour in previous generations, suggesting scope for challenging cultural and ethnic assumptions about diet patterns, family arrangements and food consumption.

Respondents' habitus

The audience response to CWM events was largely positive and welcomed the central message that large changes can be made through incremental behaviour shifts, with several respondents indicating the impact sessions had made on their professional and personal practices. Interestingly, while most recalled the enthusiasm of presenters, together with a few key points, only a tiny percentage of the information actually offered on the day was retained.

Several interviewees mentioned the routine nature of training they attend or deliver; others mentioned attending *'under orders';* and many mentioned fitting obesity into work targets, reflecting the bureaucratisation of such services: as one respondent noted, "*this used to be done by families*". It is worth reiterating that the health professionals (mostly educated to MA level) were themselves expert communicators in their fields.

One factor that deserves particular attention is the experience of the older, heavier women who appeared to constitute the majority of most audiences. Nine of the twelve interviewees had extensive experience of dealing with weight as a personal issue, as well as giving advice in a professional capacity. Some highlighted their discomfort at this combination of roles, "[the] *difficulties of raising issues with parents if you're overweight": "I know I'm overweight and preaching to others – it doesn't fit comfortably".* Others in this group deflected the discussion to wider issues, mentioning anorexia, or changing views of weight, "*Could be more about obesity across cultures. ... This is a western-centred approach."* This suggests a *habitus* of low-level unease about providing dietary advice to others while ignoring it themselves leading, potentially, to avoidance of the issue as a whole. Two respondents (interviewed together) stressed this: "*Would like more information about dealing with guilt as trainer"; "What they didn't touch on was – an arena that allowed us to speak personally, about our own vulnerability and concerns*". These further findings relate to the research design not the campaign itself. Comments from the research are used to illustrate the value or limitations of the research methodology.

Maletzke model as a research tool

The model leant itself to a set of questions, as each element of the model was converted into a query, such as questions about social context or attitudes towards audiences. The questions were grouped into the following headings:

• Communicator's self-image and personality structure

• Communicator's team role and social environment

• Message construction and media selection

• Attitudes towards audiences

Maletzke's emphasis on the role of the communicator in their professional and social environment yielded useful insights regarding the isomorphic educational backgrounds, motivations and sense of their role in the campaign. The media-specific questions related to slides and presentation tools rather than mass media, as in the model, but also revealed assumptions about the communication relationship (for example in the excessive use of information-heavy slides, which contrasted with the highly engaging physical activities, quizzes and so on).

The model also encouraged close scrutiny of the channels of communication, a function completed by researcher observation of a wide range of events. Notes were made regarding the physical environment (for example, where audiences were crammed into rows facing the 'expert' rather than the more informal settings found in other locations); and also the structure and timing of events, including the relative time given to the main communicators/presenters and to interactive sessions.

Finally, the model also provided a set of questions that helped establish the interview relationship and these were grouped as
• Audience member's self-image and personality structure
• Audience member's team role and social environment
• Message retention and media experience
• Attitudes towards speakers

Given the fact that most respondents volunteered both to attend the event and then to be interviewed it was not surprising they were proactive information seekers, but these questions still yielded interesting insights into their work position and responsibilities regarding talking to clients about weight, diet and obesity. In particular, the questions about personal experience showed that three-quarters of respondents had experience of dieting, leading to hyper-awareness of obesity issues in some cases.

However, it was clear that the depth and quality of data altered when looking at the experience from a Bourdieuvian perspective.

Bourdieuvian framework

• Analyse the research field regarding field of power

Reading the literature on culture and obesity (see literature review, above) sensitised the researchers to nuances of power and cultural variation. Interestingly, this was a sophisticated response to uncomfortable messages in some cases, where epochal attitudes deflected from current concerns. It also demonstrated awareness of these issues in respondents, suggesting the need for greater cultural sensitivity in the communication. The exploration of power also heightened the researchers' sense of power relationships within the communication event, making the data about the high

educational level of participants (below) particularly salient.

• *Analyse the objective structure /capital between participants/ in the field*

The audiences generally and interviewees in particular were assessed for demographic and educational status. For example, there were power differences between audiences employed by larger bodies, such as council departments, charities, or sports organisations and volunteer workers who were often unemployed. As suggested above, the high educational capital of audiences was not always considered in designing the events and emerged as a 'hidden' dimension from the research.

• Analyse the habitus of agents

Analysis of interview data from both sides of the communication dyad revealed several assumpti-ons: the communication team felt obesity to be an issue of overriding global significance while attendees often went to events under management instructions or, even if more willing, experienced it as a routine event. This illustrates the very different habitus of the agents involved, an observation encouraged by this research approach. The communication team shared values to a very high degree, it emerged, suggesting the possibility of uncritical 'groupthink'.

Audience members were interviewed in their workplaces, which aided understanding of their habitus; as suggested above, one significant finding was the routine nature of such events for them, a classic example of how habitus manifests, and that they themselves often run similar events, highlighting their professional capital. ("*I've been to a lot of training stuff. Training days blur.*") Other issues emerged through this analysis, such as the targeted nature of much public health work and the systemic barriers to raising issues of obesity in the course of other health-related advice. The most significant barrier emerged as the reluctance of advisers who perceived themselves to be overweight to raise the issue with others. As one respondent put it:

I left feeling guilty – looked at it from work view but take it personally. I know I'm overweight and preaching to others – it doesn't fit comfortably.

Others also mentioned unease, guilt, and vulnerability – important insights that we not captured in the simple end-of-session feedback sheets. It should be mentioned here that most responses were overwhelmingly positive, but we are emphasising the aspects of communi-cation that might be less easily reported by other methods.

Researcher bias

Bourdieu suggests that researcher bias must be analysed, according to Fries (2009). In this case, the academic status of the primary researcher, her similarity to the audiences and her relations with the client were reported in order to understand what biases may have informed the reporting and interpretation of data.

Practical observations from the events (case study)

Overall it was clear in the observations that the CWM team was making an impact and disseminating high quality research material to groups who can make the most use of the information through their work in the obesity field. The main presenters for the core and enhanced sessions were experts both in their subject and in communicating. There was observed potential for removing communication barriers such as the excessive use of slides or the frequency of spelling errors. Encouraging better communication between participants might also improve their processing of the core messages as well as providing useful feedback to the CWM team. The presenters of shorter events and on stalls were also impressive managing to attract visitors of all ages and often engaging in serious reflection of obesity issues with members of the public. The regular use of health MOT stalls (height, weight, BMI, body fat measurements) were very popular and offered concrete illustration of the issues facing individuals. In summary the recommendations emerging from the research regarding the case studies and delivery for future obesity awareness campaigns were:

• Review the pre-event literature and consider conducting awareness campaigns among the target population

• Take greater control, where possible, of venues for space and logistics

• Acknowledge the expertise and experience of participants at longer events, particularly those aimed at professionals, and introduces more frequent small group discussions to help identify the issues of most concern to those present

• Integrate the psychological and emotional issues which may prevent key professionals from either attending or responding positively to the CWM message, particularly that of guild in advice providers

• Acknowledge the many debates and perspectives surrounding obesity, helping create space for people to express 'dissenting' views, rather than keeping silent; recognising that not all disagreement is 'wrong'.

• Construct two-sided arguments, engaging with those who argue against the calorific approach for example

• Recognise the gap between the communicators' sense of CWM as a 'way of life' and the audience sense that 'training days blur'

• Reduce the complexity of presentations (number of slides and words/data per slide) by selecting key messages relevant to each event and checking at the end of the event that they have been communicated

• Encourage greater reflection on the day's events with a longer round up at the end of the session and clear discussion of key learning and action points, as generated by the group.

Discussion and conclusions

The combination of the Maletzke model and Bourdieu's approach was valuable because the former helped develop a forensic approach to the material and psychological variables in assembling, transmitting and decoding the communication, with particular emphasis on the social environment and unspoken assumptions about work, the event, the media deployed and the speakers/audiences. This framework was then deepened by consideration of the unspoken aspects of practice elucidated by Bourdieu. In particular, this offered insights into the power relationships in communication events, such as mutable roles of experts and audiences; roles that might be reversed on another occasion.

While audience responses to these events were largely positive, the purpose of this research was to identify potential *barriers* to communication, so the following discussion shows how the research tools amplified issues raised by the less enthusiastic audience members and critical comments made by the researcher in observing these events. For example, the exploration of habitus revealed a significant contrast between the seriousness of purpose of the communicators and the mixed motives of audience members, some of whom were interested, others under instruction and attending reluctantly. This observation may be generalizable to other communication events where campaigners are full of passion, attendees full of duty and compliance.

The focus on power also illuminated subtle dynamics such as the length of time presenters spoke for before any form of interactivity, forcing audiences into long periods of passivity. Again, this is not uncommon in communication (and education) events and deserves further exploration. The powerlessness of some audience members was expressed as a desire for more critical reflection on the material being presented, a more two-sided argument. As most audience members in this research had extensive experience of dieting, they will have heard one-sided arguments before, but with different content and messages (for and against protein-only; high/low fat; good/ bad carbs; raw food etc.). This exposure represents a kind of resistance, which may be more effectively engaged by bringing it into open discussion, especially as many of these avenues lead back to energy input/output positions. Likewise, frank discussion of cultural/ethnic differences (which were raised and addressed in some events) would avoid the danger of mono-cultural assumptions: many of the foods illustrated come from the majority, white British diet; the implications for Asian, Afro-Caribbean and other communities are not always clear. Interestingly, class was raised in at least one event, leading to lively discussion of whether home cooking was class-related, as well as consideration of the purchasing choices of those on low budgets.

These observations are offered to illustrate the depth of insights generated by the research. By identifying areas of resistance through observation and interview, scope for developing alternative communication strategies emerged. For example, the discussion of power and habitus demonstrated the discomfort experienced by key

information providers, whose guilt and unease contributed to avoidance of obesity issues with clients. This suggests that resistance might be overcome by addressing the contradictions more directly, engaging with information providers at an experiential rather than informational level. Understanding counter-arguments such as those put forward by fat advocates, would help articulate the unconscious resistance that emerged in the research.

Overall, this research raised a number of challenges to receiving and passing on communication messages on obesity which might not have been visible to the communicators:

a) the habitus of the audience members includes the routinized nature of training

b) the habitus of the communicators includes a tendency to 'groupthink'

c) the silent resistance to one-sided messages revealed by observing power relations and by asking about message construction; and

d) the need to raise issues of personal guilt or discomfort, which can inhibit advice-giving.

The richness of data from the small pilot study suggests that this research methodology has value and is worth deploying both in health communication campaigns and more generally. Many public relations campaigns, not only health-related, have tended in the past to focus on dissemination and the mechanical evaluation of messages broadcast and received. This deeper analysis has raised issues which would not have been visible to more traditional evaluation methods.

For example, many communication campaigns would benefit from greater awareness of the mixed motives of attendees, creating a space for dissent or indifference. This is a challenge for campaign teams like that studied, who are passionate about their 'cause' and may forget this is not universal. There is scope for continued or repeated research like the project described here, acting as a

'critical friend' and encouraging reflexive self-awareness to unearth hidden assumptions.

Re-shaping one-sided messages into a dialogue would also encourage deeper reflection, inviting participation rather than assent as the prime response. This is particularly germane for audiences such as those researched here, who are experts in their own fields and have various forms of capital of their own. Encouraging counter-arguments, possibly through role play or by reading the work of 'fat advocates' would extend the experiential nature of some of the activities (such as wearing fat suits) from the physical to the intellectual arena. This observation also has resonance for all campaigners, who need to weigh up the benefits of a strong persuasive message against the dangers of propaganda.

Finally, investigating the psychological stance of participants revealed a small but vocal minority who were alienated from advice-giving by their own sense of guilt and inadequacy and who wanted "*to speak personally, about our own vulnerability and concerns*". This fits with Adkins and Corus's (2009) findings of a range of strategies being deployed by both users and providers (pharmacies) to either access or deflect health information. Addressing the ambiguity in information gatekeepers, providing strategies and tactics for overweight anti-obesity communicators would be helpful for this campaign and highlights a broader issue of the role of personal behaviour in health communicators themselves. How many others fail to give advice about exercise, alcohol or smoking because of their own habits?

The combination of the broad perspectives of Bourdieu and the detailed workings of Maletzke model offers rich potential for future research, including the generation of a new model, which would minimise the emphasis on media channels and focus on what Maletzke calls the social psychology of parties, or to use Bourdieu's term, their habitus. This would be a real contribution to academic debate on the psychology of communication on health issues.

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