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He has been a member of the legislative Assembly of the National Communication Association, twice Chair of the Applied Communication Division, and past chair of the theory and methodology as well as the applied divisions of the Eastern Communication Association. In addition, he is a reviewer and editorial board member for a number of Communication journals. He is known for his international applied communication research and project consultancies, focusing on issues of health, economic development, and education. His work has resulted in improved performance for a number of organizations. He has lectured, conducted research and consulted with universities, businesses, and NGOs in a number of countries, including Belarus, France, Ghana, Indonesia, Kenya, Netherlands, Macedonia, Poland, Russia, Thailand, and Vietnam. He has been honored with awards from his current and past universities as well as universities in both Macedonia and Poland for his work.

He has numerous papers and publications, including a recent chapter on applied research and globalization in the Handbook of Applied Communication Research and one just out on the role of new media in the transformation of post-socialist Europe. Currently he is contributing to the Community Health Engagement Program (CHEP) of the Clinical Translational Sciences Institute of Indiana (CTSI) and collaborating with WHO to work with Ministries of Health in multiple countries to create better health (including risk and crisis) communication capabilities, leading to improved health care access and indices.

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COMMUNICATION COMPLEX: Achieving Improved Public Health Through Greater Coordination and Collaboration

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Despite many advances in scientific theory and research related to human communication in general, and social and behavioral change in particular, many programs still function in the 21st century based on a 20th century model of communication. Growing awareness that new approaches to communication are needed have been noted by many, including some from WHO (2009) and ECDC (2010), along with a number of communication scholars (Barge and Craig, 2009, Parrish-Sprowl, 2012, In Press, Pearce, 1989, 2007). Given the growing complexity of public health issues, especially with the global rise of non-communicable diseases such as diabetes, along with an increasing awareness of mental health issues as a major public health concern, we must develop improved processes of cross sector and organizational collaboration with the aim of engaging the public in more effective approaches to good health. Moving from a communication simple to a Communication Complex approach opens our thinking to strategic and programmatic possibilities that place public health professionals in a better position to meet the challenges faced around the world.

Most public health NGOs, agencies, and Ministries construct their communication efforts in the image of a basic Source, Message, Channel, and Receiver (SMCR) model, such as that proposed by Shannon and Weaver and elaborated by Berlo (1960). This overly mechanistic and linear framing of communication tends to under value communication issues, often leaving it as an after thought with little budget and expectations (Inagaki, 2007). The SMCR model has been the focus of much analysis and criticism by communication scholars for its utter inadequacy in either modeling communication or leading us to better performance in the critical episodes of our lives (Craig, 1999). One response to the challenge of moving beyond the simple has been the development of an approach to communication known as the Coordinated Management of Meaning (CMM) (Pearce, 1989, 2007).

Just as we might consider the idea that Newtonian physics is a statistical approximation of quantum mechanics, we begin with the notion that the transmission model of communication holds the same relationship to CMM. It is not that it

is wrong; simply that it is such a limited way to understand the primary process by which we construct our social worlds. Rather than a Sender, Message, Channel, Receiver conceptualization of communication, Pearce offers the following:

The communication perspective sees all forms of human activity as a recurring, reflexive process in which resources are expressed as practices and in which practices (re) construct resources. In this sense, “practices” consist in actions such as building a bridge, playing bridge, and seeking to bridge misunderstandings. “Resources” comprise the stories, images, symbols, and institutions that persons use to make their world meaningful. (Pearce, 1989, p 23)

If we shift from an SMCR model to a communication perspective, such as that posited by Pearce (1989) in *Communication and the Human Condition*, our assessment of given circumstances becomes not only something different, but also more complex and much less amenable to simple diagrams and the simplistic prescriptive approaches that are invariably rooted in the transmission approach to improvement, which is to offer prescriptions of either more talk, better talk, or to label the situation hopeless (Parrish-Sprowl, In Press). In turn, CMM has been engaged by a number of practitioners in various contexts to make advances in environments where communication framed as SMCR is simply not up to the task (Creede, Fischer-Yoshida, and Gallegos, 2012, Parrish-Sprowl, 2003, 2006).

CMM suggests that communication is a process, one that often develops into patterns, and it is the patterns that should capture our attention, not simply the messages that we want to offer to others (Parrish-Sprowl, 2000). If we want to create change

we must perturb those patterns in ways that lead to sustainable change. Both illuminating and augmenting CMM is the work of Siegel in the development of interpersonal neurobiology (IPNB) (Siegel, 2010, 2012). Building on a growing body of scientific literature, Siegel suggests a fundamental understanding of human activity that is predicated on three primes of brain, mind, and relationships (2010). In *The Developing Mind* (2012), he details the science that underpins IPNB. CMM and IPNB nicely complement each other. Much of the work of Siegel elaborates the connection between mind and brain while CMM elaborates the process of communication. When taken together they form the approach I label Communication Complex.

COMMUNICATION COMPLEX

In public health we should consider communication not to be an activity, but as a process. Consider the difference between conversation and conversational episodes. Conversations are topics discussed across time, space, and people. For example, in many countries people have been talking about malaria for centuries. Each culture has its own way of talking about what it is, how it is transmitted, and what could or should be done about it. This conversation has gone on for a long time and will continue to do so. A conversational episode, takes place among specific people at a specific time. It is but one part of the whole conversation. Too often, when we think of communication simple we only focus on the episode and our analysis does not take into account that it is but one small

part of a larger conversation. This can skew our assessment and lead to unproductive solution to organizational issues.

Second, although humans are fully capable of inventing anew each time they talk, mostly we interact in patterns. Simple tends to lead us to focus on individuals, analyzing what each person says. Communication complex shifts our attention to the pattern that is created when people talk. The pattern offers a much richer unit of analysis for improving communication. We become more interested in what people are creating together than in what each person is doing. For example, simply telling people about nutrition and hoping that people eat better (a simple approach) is different than considering the conversation and conversational episodes that comprise the story regarding eating in a community. When taking this approach it shifts the focus to patterns of interaction, their impact on the embodied brain, and offers differing notions regarding how we might address the issue.

A perturbation refers to how we choose to intervene in a process, to alter undesirable patterns to promote greater health. Whenever we endeavor to change a community (for better or worse) ultimately what we are doing is perturbing the way people engage each other. This is true whether we are trying to develop better response to outbreak emergencies, reduce obesity, or improve the management of mental health. If we want change we must do something differently. Often people are viewed as resistant to change. While this could be the case, we can think of it in a different way that is more likely to produce the change we want and need. No matter how ineffective a pattern might be, it is familiar. Doing what we are already doing is something we

understand and have developed a competence in performing that is comfortable. Perturbing a pattern leads people to do something that at first can be uncomfortable and leave people feeling incompetent. Almost nobody likes to feel incompetent. Thus, we see resistance to change.

In communication complex I refer to this as putting people's resources at risk. Resources are those basic ideas and actions that enable us to do anything, such as start a business, cook a meal, or teach our children. If we directly challenge a person's resources then we can expect pushback. It is better, to work with them first, to develop a sense that the resources are obsolete or by comparison not as effective as a different set of resources. Once convinced of that people are not resistant but motivated to change. This can entail the use of demonstrations, discussion with community members, presentation of data, and coaching. We must then work with them to insure that the new resources, contributing to a new pattern, are mastered. This builds effective change.

Moving from communication simple to Communication Complex requires some learning, both in the area of theory and that of practice. But it can yield better performance. At a fundamental level, the process can begin by choosing to do two things. First, consider process, patterns, and perturbations. Second, lead your analysis with some key questions such as the following:

- When people talk in this community what kind of health indices are they making? (Proper immunizations, good eating habits, exercise, healthy relational patterns, etc.)

- When people disagree are they more interested in being right, or being effective? (Do they seem compelled to stay in unhealthy patterns)
- What are our goals? (If we change, what do we hope to achieve?)
- Who benefits and how from the changes? (Do people get something for their efforts? If so, what?)
- How might the process of change work? (Can we envision the transformation process as opposed to just thinking about what the change will look like when we are done?)

Communication complex requires inquiry and introspection. It also works best when change is based on data rather than supposition.

People already know how to communicate. What they need to do is learn to communicate differently to create change. It is not to say that they are poor communicators, but rather new patterns, new ways of doing things, can create benefits. Actually, it is because people already know how to communicate that we can create effective change. Sometimes the change is easy, sometimes not. It depends in part on how different the pattern needs to be and how prepared people are to do things differently. This is the role of public health officials and community leaders as it is their job to not just run things but to make things better to meet the demands of an ever-changing world.

Communication Complex takes into account the process, patterns, and means of perturbing patterns, within a framework built on neuroscience research that, as one article notes “cognition materializes in interpersonal space” (Hassan, et. al, 2012). By considering the systemic nature of communication and the patterns formed, we are

able to construct environments that are more collaborative and more successful in creating meaningful and successful change. As we face the 21st century challenges of growing obesity, diabetes, and mental health issues across the planet, along with maintaining vigilance with respect to communicable disease outbreaks it is important that we develop patterns of policy and practice that offer our most capable means of establishing a healthy population.

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