Chapter III
Connecting with Ourselves and Others Online:
Psychological Aspects of Online Health Communication

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ABSTRACT

In this chapter, we look at some fundamental aspects of communicating about ourselves and our health through technology. In particular, we examine how the social psychological theories of self-presentation and self-regulation might be applied to online health-communication. It is argued that the specific qualities of text-based communication might have unique benefits for health-communication through the interplay between the writing process and the concerns posed by health-issues. An understanding of how psychological processes are connected with online health communication is believed to be fundamental in understanding trends within self-help and user-driven health communication, and to predict possible outcomes of such behavior. Also, this knowledge might inform the design and development of patient-centered solutions for health-communication and heath-service delivery.

INTRODUCTION

The degree to which we are able to express our health concerns and needs can be decisive for the appropriateness of the help we receive. In fact, patients' stories are found to be the most significant source of diagnostic findings, while clinical examinations and/or laboratory tests determine less than one third of diagnostic con-

clusions (Peterson, Holbrook, Von Hales, Smith, & Staker, 1992).

Nevertheless, communicating about personal health can be a challenge for many reasons. We may, for example, be confused and anxious about what is wrong with us, embarrassed, and/or just unable to put into words our thoughts and feelings. Such challenges may also differ depending on our relationship with those we are communicating with, whether they would be our peers, our family, persons of authority (such as doctors), or even anonymous strangers.

This chapter examines some fundamental aspects of communicating about ourselves and our health through technology. Throughout our discussion, it is useful to keep in mind that research on electronically mediated health communication (more widely known as e-health) is still in its infancy. Thus, much of the research we refer to is conducted outside the realm of healthcare under general headings such as such as computer-mediated communication (CMC) and Internet psychology (Joinson, McKenna, Postmes, & Reips, 2007). We believe that efforts to incorporate this research into the more applied endeavours of designing evidence based e-health hold promise.

The chapter starts by offering a brief overview of the classical theories of CMC as an introduction to the perspectives developed in this chapter. Based on these theories and related psychological research, some specific aspects of CMC that we believe are particularly relevant to health communication are outlined. This includes fundamental processes involved in communicating to others and ourselves about our health. The discussion is concluded by presenting research on some of the failures of traditional face-to-face healthcare settings in achieving patient-centeredness. We confront traditional assumptions about the superiority of face-to-face communication in healthcare—that e-health is invariably a second best alternative forced on us by resource constraints. Accepting the essence of patient-centeredness as systems *"(...) designed around the patient with respect for a person's preferences, values and/or needs—and to formulate tools and targets to achieve this"* (Harkness, 2005, pp. 4), we argue that understanding people's current uses of CMC for health purposes is crucial if we are to exploit it for enhancing patient-centeredness in healthcare.

THEORIES OF COMPUTER-MEDIATED COMMUNICATION

Quite simply, CMC can be defined as communication between two or more individuals using computers. This includes use of e-mail, instant messaging, chat, as well as similar functionalities offered through mobile phones such as the Short Messaging System (SMS).

Much of the research within the multidisciplinary field of CMC is based on the idea that different communication media affect the communication process and its outcomes based on the way information can be transmitted in a particular medium. A basic assumption is that media differ in terms of "richness," defined as a medium's ability to change understanding within a time interval, for instance measured by performance on persuasion tasks (e.g., how well are we able to get our view across to another person). This term was introduced through the media richness theory (MRT) (Daft & Lengel, 1986), which claimed that the richness of a medium could be judged by looking at four criteria: feedback, multiple cues, language variety, and personal focus. Accordingly, face-to-face communication was viewed as the richest medium, followed by telephone, e-mail and letters. Later, the emergence of real-time, interactive video would be viewed as somewhere between face-to-face and telephone with regards to richness (e.g., Isaacs, Whittaker, Frohlich, & O'Conaill, 1994). Developed for research on use of communication technology in organizations, MRT specifically claimed that rich media would