International Journal of Communication 4 (2010), Feature 241-245 1932-8036/2010FEA0241

IJoC
Bodytalk Essay

Targeted Bodies

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The health communication literature is full of targets: targeted audiences, targeted beliefs, targeted behaviors. The term is very useful; it connotes precision and efficiency. It signals to funders and critics that you're not sending messages to people who don't need them or wouldn't act on them. "Targeting" is used with the best of intentions and without much reflection on its metaphorical roots. Because the target for health communication is almost always imagined in non-physical terms, the negative implications of targeting are de-emphasized. For example, the health communication literature does not speak of targeting bodies, despite the obvious link between health and embodiment. Targeting bodies connotes power, surveillance, coercion, and control, and suggests an end run around the sovereign selves to whom messages are directed, and in whom bodily control ostensibly inheres. As long as the targets are disembodied, the positive methodological strengths of focused communication are highlighted, and questions of researcher power and control are obscured.

From a Foucauldian perspective, if there is a power imbalance in the subject-researcher relationship, it expresses itself in the trope of the hidden researcher and the exposed subject. Theorists and practitioners in health communication have confronted power and politics in the research process (Dutta & DeSouza, 2008; Gentry, Elifson, & Sterk, 2005; Lupton, 1994), encouraging participatory data gathering and paying critical attention to the relationship between subject and researcher. To counter positivist myths, researchers have acknowledged their own embodiment in doing research, blurring the distinctions between the watcher and the watched. Most qualitative methodologists agree that "positioning" the researcher is more than just settling the conscience and making the researcher seem sympathetic (Ellingson, 2006). When bodies are systematically excised from the research process, we make methodological, as well as ethical, mistakes.

I will clarify my point about targeted bodies, disembodied researchers, and power imbalances with an anecdote from a project using mass media HIV prevention messages to promote condom use in teen relationships. The project was funded by a federal grant, took place in four cities, and was overseen by a team of primary investigators (PIs) from communication and public health departments at a range of universities. With respect to the larger project, my role was very small. I was hired early in the process as part of the formative research team. Formative research is done to identify the narratives and symbolism that might resonate with the audience for the campaign (Horner et al., 2008). After we developed an interview protocol, interviewers were hired through two universities to talk to 120 teenagers in two mid-sized American cities. As the interview recordings and transcripts were delivered to our office, my job was

to analyze the interviews and identify major themes for the social marketing agency that would produce the ads. I was the very picture of the disembodied researcher. The research subjects were abstracted across time, space, and several different media before reaching my desk. I never met the subjects or the people who interviewed them, save for a short phone conversation with one interviewer regarding survey information.

The interviews themselves are rich, suggestive, and anything but disembodied in their stop-start conversational style and the equally halting sexual experiences they describe. In this excerpt, a 17-year-old girl is talking about the first time she had sex with her boyfriend:

> *(So, did you all continue and, you know)* ***Well at first, at first, When we first did it I wasn't, when we got finished he was like 'Oh, you're really my girlfriend now.'*** *(oh, gosh)* ***I was like, 'what do you mean by that?' Because at first, oh, when we first started, he had a condom on, but then he took it off!*** *(like what, in the middle or)* ***Yeah.*** *(oh yeah)* ***So I guess, since he took it off, he probably thought 'oh, she might get pregnant, so oh yeah you're really my girlfriend now.' Cause I was like 'What do you mean by that?' He was like, 'No, I'm just saying, I'm just saying . . .' I was like 'oh alright, okay.'***
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> *(so when he took it off, like did he say anything, or he just took it off, or did you say anything . . .)* ***No, see, he took it off, then we started doing it again, then he was like, you going to get that other condom, right? I was like, yeah, go get it, but he wouldn't get off me, so I'm like, how can I get up if you're still on top of me, so.*** *(right, right)* ***Just, never got it, didn't happen.*** (Sznitman, Horner, Salazar, et al., in press)

There's a lot going on in this exchange — play, intimacy, power, gender, risk. As Elizabeth Grosz (2005) points out, research on human sexuality is the "containment of a messy and irregular series of impulses, activities, and practices within a regularizing, comprehensive, ordered grid" (p. 198). Why do we contain it? Because we have to measure it. The evaluation of a successful campaign correlates exposure to an ad with a decrease in risky behavior, and thus a decrease in sexually transmitted infections. One basic question used on a survey for measuring behavior might be, "Did you use a condom?" It's not clear how this girl would answer that question. Symbolically, the condom was used. It was used as an object of controversy whose rejection signaled the intersection of intimacy and risk. Other teens also told stories like this one — starting, stopping, discussing, changing the plan. These very bodily accounts challenged the external reliability of measures of condom use and prompted the researchers to reformulate their metrics.

Beyond the technical problem of how to word a survey question, this girl's story points to a larger problem. Our grid for containing the messiness of sexuality assumes a particular model for intercourse: You communicate to your partner that you want to use a condom. One of you puts it on properly. We avert our eyes until you're done, and then you make sure the condom's still on after the male has ejaculated. According to this model, coitus becomes a hiatus in communication. Like the body itself,

intercourse does not fall within the purview of "communication" scholarship. The presumption of a communicative dead zone between condom application and removal makes researchers more comfortable when talking with each other. Being a professional means pretending you don't have a body, and talking too much about the details of sex draws attention to it. For practical reasons, as well, we imagine intercourse in terms of what the penis does, because the intervention is geared toward putting a condom on it. The phallus *is* the focus, so the above formula makes intuitive sense. The woman's body remains off the grid, and the male body is reduced to a single part. From a feminist perspective, this exclusion is highly political, but it also has methodological implications for the work we do, and for how that work targets bodies considered "at risk."

Some girls said things like, "I couldn't find ways to make it feel better, so we took [the condom] off." In the interviews, young women who had problems with condoms didn't always explain why it didn't feel good. One possibility might be that if a woman is tense, or if a woman's vagina is not wet enough, intercourse can be uncomfortable. The condom might make it worse. She might want her male partner to take it off and use withdrawal instead, particularly if both partners are in a hurry. Increased friction from decreased lubrication might cause the condom to break anyway. These are generalizations intuited from the roundabout ways girls talked about their experiences, and their reliability remains unmeasured. They are conjecture. I introduce them here to suggest that the physics of condom use, in light of the physiology of female arousal, exposes the nexus of power and pleasure in starkly literal terms. In averting our eyes, we miss something important, indeed something we might well recognize from our own experience. In certain fora, however, it might be unwise to invoke our own experiences of embodiment to support this line of thinking. Empathy is a hidden part of my method, but a junior scholar sitting at a conference table with senior faculty does not want to be accused of reading her own sex life into the evidence.

I have argued that some aspects of teen condom use may have remained unexamined in our findings. So what? Could these insights be used to inform any sort of a mass media message? In the U.S., can we use federal funds for a media campaign to tell adolescents that pleasurable sex *is* safer sex? Will we market personal lubricant to teen girls? Given the lingering influence of abstinence education, probably not. If a campaign has no plans to develop or test an ad, there's little value in theorizing it. Political constraints on public discourse, then, predict that health communication researchers will inscribe unrealistic models of the body into their findings. The implications of this for the international field of health communication are clear: If its schema for sexual embodiment is specific to a particular political milieu, will theory developed by American health communication research usefully inform research taking place outside of the United States?

I began this essay by drawing attention to the term "targeting" in journal articles. I hypothesized that a graphic confrontation with the body in health communication research threatens to expose the troublesome balance of power behind the rhetoric of "targeted messages." Academic and political dynamics compound the problem, producing a methodological blind spot which handicaps applied research. But I want to end by noting that journal articles are not the sum of the endeavor. They are valuable currency in the academic prestige economy, but in the big scheme of things, they are artifacts. Contact between the project and the public is not confined to the moment when the subject is exposed to the stimulus, or when he or she fills out a survey. An alternative assessment of a health communication

campaign might consider the social arrangements behind the campaign itself. For example, this HIV study operated through community centers. Young people participated in the study and also received health care through the centers. One material outcome of the intervention may have been support for the infrastructure of the communities in which it was conducted. This facet of the project is not necessarily privileged or measured, but it can still be conceptualized as an "effect." I will end this essay, then, with the observation that health communication campaigns and their evaluations bring actual bodies into contact with one another in a variety of ways. Taking into account the embodiment of both subject and researcher brings new perspectives to both the process and the outcomes of health communication research.

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This study was conducted through the iMPPACS network supported by the National Institutes of Mental Health (Pim Brouwers, Project Officer) at the following sites and local contributors: Columbia, SC (U01 MH66802; Robert Valois [PI], Naomi Farber); Macon, GA (MH066807; Ralph DiClemente [PI], Gina M. Wingood, Laura F. Salazar, Pamela J. Fleischauer); Philadelphia, PA (U01-MH066809; Daniel Romer [PI], Bonita Stanton, Ivan Juzang, Thierry Fortune, Jennifer Horner); Providence, RI (U01-MH-066785; Larry Brown [PI]); Syracuse, NY (U01-MH-66794; Peter Vanable [PI], Michael Carey, Rebecca Bostwick, Tanesha Cameron, Larry Hammonds).

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