WITHOUT WORDS: THE USE OF AN IMAGE-BASED INSTRUCTIONAL VIDEO TO CONVEY INFORMATION TO CULTURALLY DIVERSE AUDIENCES

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ABSTRACT

The purpose of this project was to create a rubric from which researchers and filmmakers can begin producing media different from the existing English language, jargon-laden, instructional videos currently in use in the United States. From this rubric, one video detailing a clinic visit was produced, screened for a diverse audience and evaluated for its efficacy. This video utilized only images to convey information in an attempt to circumvent the confusion that may result while viewing media in a foreign language. Communication theories and strategies such as the Sabido method of edutainment and social cognitive theory guided the filmmaking process. Although it is impossible to create a universally comprehensible text, the development of potentially transcultural media helped identify key issues that should be carefully considered. Effective intercultural communication strategies and an awareness of cultural concerns factored into decisions on representations of gender and nationality, shot composition and editing, as well as the use of positive, negative and transitional characters. This task resulted in both a rubric for media production as well as a reflection on transcultural communication in a broader context. Pre- and post-screening feedback sessions were used to evaluate the comprehensibility of the video and results across varying cultures showed an improvement in knowledge of clinic procedures and protocol. This study represented an important first step in participatory transcultural media creation in partnership with the increasingly diverse patient population of the United States.
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CHAPTER 1
INTRODUCTION

The U.S. Department of Homeland Security (DHS) (2013) reported that over 1.06 million people legally immigrated to the United States in 2011, and another 1.03 million arrived in 2012 (Monger & Yankay, 2013, p. 2). DHS also estimated that an additional 11.5 million people were undocumented immigrants living in this country as of 2011 (Hoefer, Rytina & Baker, 2012, p. 4). These statistics illustrate a growing issue in the American medical community: an increasingly diverse, and often uninsured, patient population.

Hospitals and clinics that serve large numbers of low-income and uninsured patients receive federal Disproportionate Share Hospital (DSH) funding to help them compensate for the lack of patient payment. However, the passage of the Affordable Care Act (ACA) into law on March 23, 2010, although designed to provide quality, affordable healthcare for all Americans, had an unfortunate side effect for the care of undocumented immigrants. As medical doctors Matthew Stutz and Arshiya Baig (2013) explained:

> with the anticipated increases in number of insured individuals under the ACA there will be a decreased necessity for the DSH program. Therefore, the ACA plans to cut DSH funding by up to 75 %, which would leave undocumented immigrant health care uncompensated. (p. 2)

One could surmise that this change is likely to reduce the number of clinics and hospitals willing to treat this population.

These legal and financial changes pose significant problems for new immigrants attempting to navigate the current American healthcare industry. In addition to increased obstacles to access, immigrant patients also face language barriers and cultural
differences that can cause ineffective patient-provider communication. As new immigrants transition into the United States, they often find that they must navigate a medical system very different from the one to which they are accustomed. Public health researcher H. Nolo Martinez (2007) reported that “most newcomers have limited English proficiency, utilize traditional health practices from their cultures, live close to the poverty level with inadequate health insurance, work in hazardous jobs, and have limited familiarity with our health system or preventative health practices” (p. 359). In addition to these considerable risk factors, all too often, these newcomer patients do not seek medical attention at all.

Avoidance of Healthcare Encounters

Health law expert Brietta Clark (2011) suggested that “many immigrants fear that seeking help will lead to disclosure of their or their family members’ lack of proper documentation or increased scrutiny into any other grounds for deportation by immigration officials” (p. 264). Other common fears include prohibitive expense or getting sicker or dying in the hospital after seeking a “‘simple’ procedure or test” (Clark, 2011, p. 255). According to medical anthropologist Nancy Scheeper-Hughes, refugees and new immigrants to the United States often hear erroneous and negative stories about U.S. hospitals before they arrive. She elaborated that wild rumors circulate about American medical personnel who participate in the “abductions and mutilations of children and youths for an international trade in organs desired by wealthy transplant patients” among other horrible things (Scheeper-Hughes, 1998, p. 49). These fears may be somewhat confirmed when mandatory blood draws to test for communicable diseases are performed within days of arrival in the United States.
Another primary reason new immigrants may avoid going to the doctor is because they do not feel capable of communicating or navigating the system properly. If newcomers are hesitant to seek medical care, they may wait too long to visit the doctor, which can lead to exacerbated injury or the potential spread of contagions. Clinical psychologist James Maddux (1995) argued that, in general, people tend to “avoid situations in which they anticipate that the demands placed on them will exceed their abilities” (p. 14). Educating newcomers about what to expect in a routine clinic visit could help alleviate concerns and anxiety. It may also provide viewers with information on procedures and appropriate behavior that may bolster their confidence in their own ability to navigate the medical encounter.

**Health Literacy**

As Martinez’s 2007 study found, “newcomer immigrant patients who are unfamiliar with U.S. health practices do not know how to best access health systems, put into practice preventive health behavior, or use medications as directed” (pp. 359-360). In other words, these patients have low health literacy. Not to be confused with general literacy, low health literacy refers to patients, who may be functionally literate in other areas of their lives, but cannot make sense of medical documents or instructions. As public health professor Julie Gazmararian and medical doctor Ruth Parker (2005) explained, “health literacy requires more than reading ability; it represents a constellation of skills necessary for understanding and communicating health information” (p. 1). Health behavior researchers Jay Michael Bernhardt, Erica Brownfield and Ruth Parker (2005) clarified that these skills may include “being able to clearly and accurately express physical, mental and emotional states to health care providers; to hear, process and
understand spoken information expressed by another person; and to confidently interrupt and ask questions despite the power differential between patient and provider” (p. 4).

Low health literacy is not limited to new immigrants and affects patients at every stage of their medical experience. They must navigate the hospital or doctor's office, complete registration forms, understand the physician's diagnosis and instructions, sign consent forms, and comprehend discharge instructions including information on the proper dosage of medication and follow-up care. Most of this information is conveyed through written or oral English. Medical doctor Michael Paasche-Orlow’s 2003 study, conducted with several colleagues, found that printed materials are often written at a language level well beyond the eighth-grade level of most Americans, let alone the level of newcomers and non-English speakers (Paasche-Orlow et al., 2003).

Clearly this healthcare atmosphere, where new immigrant patients with low health literacy must navigate a foreign system, nearly always involving written or oral English at an advanced level, is flawed. As such, healthcare providers and policymakers have investigated ways to develop the cultural competency of caregivers and improve the medical attention provided to culturally diverse patients.

**Cultural Competency and Interpreter Use**

In a 2011 article on patient-provider communication, neuroscientist and health communication scholar Richard Harner defined sociocultural competence as “the ability to understand and relate to behavioral patterns that are determined in part by membership in racial, ethnic and social groups” (p. 316). He further explained that “numerous sociocultural factors affect communication including, community, customs, morals, ethics, income, language, style, and body language” and “to be unaware of the potential
for a mismatch in such cultural norms risks being misunderstood or even giving offense with a simple gesture or movement” (Harner, 2011, p. 316).

In 2005 and 2006, the Joint Commission, an independent, non-profit organization that accredits health care programs in the United States, investigated the cultural competency of sixty hospitals. The results of this investigation found that (while) 100% of the hospitals studied had a mechanism in place for assessing the linguistic needs of their patients, efficient communication between healthcare providers and patients was still not achieved (Wilson-Stronks & Galvez, 2007). For example, over 75% of these hospitals frequently used untrained volunteer translators; often minor children of patients, as interpreters, leading to issues of inaccuracy and confidentiality. As Harner (2011) explained, a child interpreter may experience an “undue emotional burden as he learns more about his parent’s health in the process of translating…. [and] the parent may not disclose information relevant to his/her medical condition because he/she may not want his/her child to know about it” (p. 320). Also, many practitioners provided examples of patients’ cultural or linguistic obstacles interfering with obtaining informed consent or conducting efficient communication. This study did not report any hospitals embracing the potential for video interventions to interculturally communicate.

Language and culture barriers are primary sources of communication problems in the U.S. healthcare environment as well as in other countries. For example, in examining obstacles to medical care faced by ethnic minorities in Great Britain, healthcare studies experts Mark Robinson and Jo Gilmartin (2002) cited language usage and miscommunication of meanings as central issues (p. 460). Their proposed resolution was “provision of bilingual health workers” and “practitioner education” (Robinson &
Gilmaritn, 2002, p. 457). Similarly, Martinez’s 2007 study on refugees and immigrants in North Carolina, stressed the importance of translation services in healthcare settings, and pointed out that even with proper interpreters, there are still several cultural behaviors, such as culturally specific gender roles, that hinder effective health communication. He lamented the considerable expense of translation services and the limited funds available to provide high quality interpretation, but did not suggest alternative methods of intercultural communication. Instead, the above studies strongly advocated for highly trained interpreters and cultural competency training for staff members as ways to better serve culturally diverse patient populations.

However, all too often, hospital administrators superficially promote cultural competency through staff education and increased interpreter use, but the enacted policies rarely achieve their desired goals. For instance, a 2011 study conducted by the Medical Effectiveness Research Center for Diverse Populations examined the methods used by hospitals to communicate with patients with limited English proficiency. This research revealed that while hospital management required professional interpreter use, interpreters were only used 17% of the time (Schenker et al., 2011, p. 712). More often, patients would rely on a friend, relative, or other ad hoc interpreter, or “get by” without any interpreter at all (Schenker et al., 2011, p. 712).

A primary reason for this deficiency is the perceived cost of engaging professional interpreter services to assist diverse patients in their communication endeavors. Medical doctor Elizabeth Jacobs and colleagues (2004) analyzed the impact of interpreter services on overall cost of patient care for non-English speaking patients. Their study suggested that:
many health care providers do not provide adequate interpreter services because of the financial burden such services impose… however, these providers fail to take into account both the consequences of not providing the services and the potential cost benefits of improving communication with their patients. (p. 866)

Jacobs’ (2004) study found that the increased cost of interpretations services was offset in the long term by an increase in patient usage of preventative and primary care, thereby reducing extended hospital stays and complications from chronic diseases (pp. 867-868).

Despite Jacobs’ (2004) promising results, Schenker et al.’s 2011 study revealed that hospitals employed professional interpreters less than 20% of the time. Although policymakers and hospital administrators have admitted that improved intercultural communication is essential to the proper care of culturally diverse patients, routine interpreter use has remained infrequent, leaving patients to rely on untrained translators or avoid healthcare encounters altogether.

**Patient Education**

Even if hospitals utilized trained translators more consistently than they currently do, there would still be a demand for a supplementary educational source because the current patient education paradigm seeks to engage patients as informed equals in the decision-making process. In this contemporary healthcare model, merely translating English language instructions into a patient’s native language would be insufficient. The patient’s health literacy must also be developed through education efforts that advise him or her about all the aspects involved in giving informed consent and making healthcare choices. A 2010 review of the evolution of patient education in Europe and North America found that the model for “patient education [has] developed from the health care professional deciding what the patient needed to know to a shared decision making design where physician and patient are equally influential on the decision making process” (Hoving et al., p. 275). This paradigm shift can be partially attributed to the changing demographic composition of clinic visitors. In fact, health promotions expert Ciska Hoving (2010) and colleagues suggested that increases in immigration, and the
resultant cultural diversity of the patient population, has forced health care providers to adjust patient education strategies because “experiences with illness (such as fear, anxiety or interpretation of pain and other complaints) can be determined by cultural beliefs” (p. 278). In sum, greater patient diversity has led to a rise in intercultural miscommunication, and consequently, a demand for patient education. Yet, how can the medical community best manage delivery of information to this culturally and linguistically diverse group?

**Video interventions.** One educational technique that has found success is the use of videos to convey health information to viewers of varying literacy levels. In an effort to improve health literacy across the United States, the American Medical Association (AMA) began producing its own educational videos; one in 2001 and another in 2007. The video produced in 2007 featured real patients telling their own stories about how their low literacy or low health literacy negatively affected their ability to seek medical attention when it was necessary (American Medical Association, 2007). And though it succeeded in providing a diverse sampling of patients revealing that low health literacy issues occur (and can be overcome) across racial, class, and age lines, the video was limited by its reliance on testimonials in English and lack of visual demonstrations or illustrations.

Despite similar limitations, researchers have seen promising results from using videos to educate patients on various health topics. Nursing scholar Helene Krouse (2001) conducted a meta-analysis of educational video use and found that in over 40 studies between 1990 and 1999, “patients who viewed videotapes regarding treatment options had a greater understanding of the risks and benefits of those choices and were more apt to be active participants in decision making” (p. 748). Krouse’s analysis included studies that screened videos for patient populations with diverse medical issues including cancer, organ transplants, dental problems and orthopedic replacements (p.
Participants who viewed a video showed significant reduction in anxiety, increased knowledge of procedures, and improved self-care behaviors (Krouse, 2001).

However, just as with the AMA videos, all of the studies in Krouse’s meta-analysis involved English-language videos geared toward English-speaking viewers. In light of increasing diversity among patients, recent interventions have begun testing the feasibility of producing educational media for non-English speakers using their language of choice. For example, a cancer research team led by Kristen Wells (2013) found success in using a Spanish-language multimedia intervention (a DVD and booklet) to educate Hispanic patients about cancer screenings and clinical trials. Additionally, there has been some research on the use of educational videos that rely on alternative languages for specific populations, such as using American Sign Language (ASL) in a video for deaf viewers. Oncologist Lindsay Jensen and colleagues (2013) tested an educational video featuring ASL with voiceover and English captioning on deaf and hearing populations of ovarian cancer patients. Their study found that deaf viewers showed increased knowledge after screening the video, compared to their pre-screening baseline. All of the above interventions relied on verbal, written, or sign language but little research has been done on videos designed using only visual language, perhaps because creating translinguistic media is such a complex endeavor.

**Intercultural Communication, not Neutral Communication**

Attempting to produce a video that is comprehensible to a culturally and linguistically diverse audience is problematic for several reasons. As nurse scientist Jill Kilanowski (2011) asserted, “creating interventions within the context of different cultures and ethnicities requires thoughtful and caring consideration” because even concepts that are thought to be neutral may not be (p. 166). For example, psychologists Takahiko Masuda and Richard E. Nisbett (2006) investigated the different ways Americans and East Asians perceived images by testing these viewers’ assessments of culturally specific and culturally neutral vignettes. Their results showed that
“environments characteristic of different cultures direct people’s attention differently” (p. 391) where “Westerners are relatively more likely to see objects [and] Easterners are relatively more likely to see contexts” (p. 394). However, these results remained consistent whether participants viewed scenes deemed culturally specific (American towns or Japanese homes, for example) or if they saw photographs deemed to be culturally neutral (an airport and a construction site) (Masuda & Nisbett, 2006, p. 389). This example suggests that even highly trained intercultural communication experts were not wholly successful in their attempt to create culturally neutral media. Visual communication researcher Andrew Mendelson (2004) explained that creating culturally neutral media is impossible because: “culture influences the communicative meaning attached to a subject” (p. 33). In other words, culture affects the way an individual makes meaning of images, and while it is certainly possible to create silent media, it is impossible to create culturally neutral media.

Significantly, the production of a culturally neutral video was not the goal of this dissertation. Rather, this project aimed to join recent intercultural communication efforts that attempt to bridge some cultural barriers by foregoing verbal or written language and relying on basic imagery. A 2011 article in National Geographic reported on the United States government’s experimentation with language-free transcultural visual communication between U.S. soldiers and local civilians in Afghanistan and Iraq (Berlin, 2011). Additionally, American company, Kwikpoint, has developed several visual communication placards featuring “universally understood icons” that allow “people who don’t share a common language to communicate everything from basic needs to complex ideas quickly and easily, simply by pointing to pictures and symbols” (Gaia Communications, 2013). As of 2013, Kwikpoint claimed over nine million publications had been sold to clients as diverse as U.S. military personnel stationed overseas, domestic law enforcement officials, and backpackers traveling in foreign lands.
This dissertation’s study continued the investigation of images’ transcultural potential by using the success of the above-mentioned picture cards as a preliminary foundation. *Because* culture influences a person’s reading of an image, a better understanding of diverse viewers’ comprehension of specific visual elements is essential in the creation of media designed to be more universally understood.

**Genesis of Project**

This project began when I anecdotally heard a story about a patient who died of internal bleeding while waiting to be seen in the emergency department. Although a handful of similar cases have happened over the last decade, this particular story struck me because the patient had never checked in with a registration clerk or nurse. Apparently, he thought that he should simply wait to be seen, and eventually a doctor would treat him. This tragedy occurred, in part, because this patient, a new immigrant, was operating under faulty information, and his health literacy and knowledge about the American healthcare system was lacking. I decided that there must be a way to communicate health information and industry protocol to patients like this man, in order to avoid more senseless deaths. As I began researching current standard practices in health education, I found that although the patient demographics in the United States were altering dramatically, patient education had not shifted accordingly.

In designing, shooting, and editing this dissertation’s video, I began to learn *why* patient education had not evolved to meet the needs of an increasingly diverse population: because mass communication to the perceived majority of people is much easier and more cost effective than attempting to develop ways of reaching smaller, linguistically and culturally diverse individuals. Intercultural communication with this varied patient population required seeking insight from multiple sources. Before a single take was recorded, I undertook an interdisciplinary examination of silent film theory, scholarly writing on intercultural and visual communication and studies employing public health communication. This broad approach seemed necessary in order to build a well-
rounded background from which to properly approach the question: How do we create mass media for discrete and diverse audiences?

**Scope and Research Design**

**Scope.** The primary objective of this dissertation was to learn more about the potential for the visual aspect of moving images to communicate health information to culturally diverse viewers. Specifically, this study investigated to what extent instructional information could be conveyed to a diverse new immigrant population through an image-based video. In designing the video, this project explored what sociocultural factors were particularly important to keep in mind in developing this kind of communication. Pre- and post-screening feedback prompts revealed if there were any elements of a visual language that could cross cultural barriers.

**Research design.** The process of completing this dissertation included two phases. Phase One consisted of creating the rubric of production guidelines that directed the production of an instructional video that was more comprehensible to a wider variety of audiences. Effective intercultural communication strategies and an awareness of cultural concerns factored into decisions on representations of gender and nationality, shot composition and editing, as well as the use of positive, negative and transitional characters. This video detailing the procedures involved in a clinic visit was produced in collaboration with a group of recently transitioned refugees, hereafter termed *co-creators*, who were the cast members and offered suggestions throughout the production of the interventional video. The video’s structure was designed using existing public health video intervention theory, specifically the method developed by Miguel Sabido (discussed in detail in Chapter Four). The final version of the video used in this study can be accessed online at: https://vimeo.com/95513047.

The second phase involved screening the video for ten groups of more newly arrived refugees, hereafter termed *viewers*, from diverse cultures including Burmese, Nepalese, Iraqi, and Sudanese. Both groups of this dissertation’s sample (the co-creators
and the viewers) were comprised of refugees transitioning through the same adult education center, Nationalities Services Center (NSC), a nonprofit organization providing social and educational services to immigrants and refugees in the Greater Philadelphia area. Pre- and post-screening feedback sessions were used to evaluate the comprehensibility of the video. Screenings and feedback sessions were all conducted at the Philadelphia office of NSC between January and March 2014.

Goals

**Rubric.** A major goal of this project was to create a rubric from which researchers and filmmakers could begin producing media different from the prevalent instructional videos in use in the United States. Existing videos, such as those described in detail in Chapter Four, do not effectively serve non-English speaking new immigrant patients for the following reasons: they primarily feature Caucasian American characters speaking English, the language used tends to be replete with medical jargon, and if any illustrations are included, they tend to be highly abstract and representational (such as a diagram of a cross-section of the heart, where blue lines indicate veins and red lines indicate arteries). It was, therefore, a primary concern of this dissertation to discover possible ways to communicate health information without relying on verbal or written language, or abstract representation. Perhaps most importantly, this dissertation used the process of researching, designing, filming, editing and screening transcultural media as an opportunity for reflection on what factors needed to be considered in creating culturally conscious intercultural communication. For example, the cast of the video included a Syrian Muslim woman who did not feel comfortable showing her face on camera. The details of this incident, described in Chapter Five, revealed that while including Muslim characters in the video was important in order to provide an opportunity for Muslim viewer-character identification, respecting the actors’ cultural preferences required filmmaker flexibility and creativity in order to feature a character who never displayed her face.
Video. Another motivating impetus behind this project was the desire to use communication theory for a practical purpose. Shooting and editing the video was crucial in experimenting with the ideas championed in the rubric. Although the strategies in the rubric seemed like they would lead to the creation of a video that would effectively communicate to a diverse audience, many things happened during production that shed light on the practicality of using these theories in the real world. Sharing some of these frustrations and blunders, as in the case with the Muslim character mentioned above, can only help future researchers be better prepared to create more comprehensible intercultural media.

Preferences and interpretations. A secondary goal of this dissertation involved using the data gleaned from the feedback sessions to study the ways diverse viewers comprehended moving images. Because healthcare providers must serve varied groups of patients with limited budgets, developing new ways to communicate across cultural divides using one educational instrument can be extremely useful. If a medical institution is likely to use one tool (video, pamphlet, etc.) to educate its entire patient population, that tool should be designed to appeal to and be comprehensible to the widest possible range of patients.

Rationale and Significance

Rationale. The justification for this study involved providing a novel solution to the issues elaborated earlier in this chapter. Historically, public health interventions have relied primarily on disseminating health information through written materials or clinical interaction. A 2009 report issued by the Centers for Disease Control listed several varied but equally successful evidence-based public health programs throughout the United States geared toward improving the overall health of the nation (Trust for America’s Health, 2009). Upon reviewing this impressive list of community-based interventions, one would find that only 17% of the interventions utilized visual media, with the overwhelming majority relying on printed media or interpersonal communication. And
while new media interventions, such as instructional videos, have been experimented with (as detailed in Chapter Four), they primarily serve English-speaking patients. There is a clearly demonstrated need for a new method of educating culturally diverse non-English speaking patients and this study developed and tested an innovative strategy for communicating health information to this population. This video is easily accessible online and free to anyone with an Internet connection, making it significantly more financially and temporally affordable for healthcare educators or practitioners than creating their own media would be.

**Significance.** Because this video did successfully convey information on documentation requirements, and showed moderate success in communicating exam procedures and correct patient behavior, elements of the rubric could be adapted for use in countless situations where members of varied cultures need access to identical information, such as public transportation, passport controls, immigration offices and foreign language classrooms. Additionally, the filmmaking strategies could be employed by public health practitioners in developing more culturally sensitive and cross-culturally successful public service announcements or interventions. Also, because the results of this research did show that a language-free educational video could effectively convey information, it could encourage public policy changes in newcomer orientation into American institutional spaces. Within the medical setting, this research could result in empowering patients with information and knowledge, enabling them to better advocate for themselves and take charge of their own healthcare decisions. Outside the medical setting, this research could lead to an increased reliance on comprehensive educational programs that empower people, rather than just frighten or intimidate them.

**Preview of Chapters**

This dissertation examined a multivocal, interdisciplinary body of literature before designing and testing its intervention. Chapter two establishes the theoretical
foundation, considering literature on the visual, narrative, and educational capabilities of moving images, as discussed by scholars of silent film theory, literature, and education. Chapter three details the existing paradigms in intercultural and visual communication research as they apply to ideas of transcultural media. Chapter four describes relevant public health theory, specifically theories currently used in the field of edutainment, that are essential in the design of an intervention geared toward a diverse audience. Chapter five details the ways all of these theories informed the creation of a production rubric, as well as the filming strategies and editing plan for this dissertation’s experimental video. The sixth chapter describes the research design including pre- and post-screening questions for evaluating information conveyance, as well as feedback prompts used to assess other aspects of the video’s reception and interpretation. Chapter Seven lists the results gathered during the feedback sessions and concludes with the analysis from all the collected data, as well as implications for future research in visual aspects of health and intercultural communication.
CHAPTER 2
CAPABILITIES OF MOVING IMAGES

Visual Potential of Moving Images—Showing Rather than Telling

An examination of the work of theorists writing during the silent film era (1895-1927), as well as the historical research contemporary academics have done on pre-sound film, sheds light on the inherent capabilities of moving images. The decade between 1910 and 1920 witnessed a significant shift in film production. Film theorist Noël Burch described this particular period in the film industry in his article, “Film's Institutional Mode of Representation and the Soviet Response.” He noted that in the United States:

the industry quickly came to see that the condition for its commercial development was the creation of a mass audience, that is, one which also included the various strata of the bourgeoisie, less fragile economically and possessing more leisure time than the immigrant working classes. (Burch, 1979, pp. 77-78)

To lure in this new audience, the industry saw the rise of a longer, more narratively driven film (replacing the shorter Nickelodeon and peep show formats) and a distinct cinematic language through which these narratives were told. Burch labeled this collection of narrative conventions an Institutional Mode of Representation (IMR). He suggested that early silent film (up until 1906) was operating under a working-class mode of representation (which he called Primitive Mode of Representation or PMR), in direct opposition to bourgeois cultural forms such as painting and theatre. As Burch (1979) explained:

not only was the audience of this [early silent] cinema largely proletarian, but in many respects the system of representation which we may identify as specifically of this period derives little from the characteristically bourgeois art forms of the eighteenth and nineteenth centuries and almost everything from popular art forms descendent from the Middle Ages and before. (p. 77)
This primitive mode of representation began to be replaced by a more structured, longer format narrative system (featuring synchronized sound after 1927) in response to the industry’s objective of targeting upper class consumers.

Burch, writing in the 1970s, was reflecting on these changes long after they occurred, German psychologist Hugo Münsterberg wrote his well-known study on silent film, *The Photoplay: A Psychological Study*, in 1916, while this commercial evolution in film was taking place around him. Contemporary film historian Allen Langdale (2002) suggested that *Photoplay* is “regarded by many to be the first serious piece of film theory, and is one of the first books to argue for the potentialities of film as an independent art form” (p. 2). Langdale further implied that film production companies would have appreciated an endorsement by a famous Harvard professor, such as Münsterberg, because *Photoplay* makes a case for film’s legitimation as high art. Münsterberg (1916/1970) criticized the use of sound in film as an unnecessary distraction from the pictorial information being conveyed by insisting that “a photoplay cannot gain but only lose if its visual purity is destroyed” (p. 203). Münsterberg acknowledged that seeing and hearing action in a film did bring it closer to theatre but maintained that cinema was a discrete art in its own right that need not emulate theatre. He worried that synchronized sound in film would reduce film’s visual authenticity and expected that “as soon as we have clearly understood that the photoplay is an art in itself, the conservation of the spoken word [will seem] as disturbing as color would be on the clothing of a marble statue” (Münsterberg, 1916/1970, p. 203).

Münsterberg discussed early screenwriters’ and filmmakers’ reliance on “linguistic crutches” such as intertitles or even superimposition of text near actors’
mMouths (p. 199). He admitted that even intelligent moviegoers would be confused without this help, not because a filmic narrative inherently needs words to be understood, but because screenwriters “are still untrained and clumsy in using the technique of the new art” (p. 199). Münsterberg compared a film to a painting by Michelangelo, who certainly never depended on text to convey messages in his artwork. He suggested that as film evolved, like painting did, filmmakers would better harness film’s potential to tell stories without relying on words. Münsterberg (1916/1970) argued that “the next step toward emancipation of the photoplay decidedly must be the creation of plays which speak the language of pictures only” (p. 200).

Eight years after Photoplay was first published, Hungarian theorist and film critic Béla Balázs joined Münsterberg in arguing for cinema’s unique position among fine art in Der Sichtbare Mensch (The Visible Man) (1924). He insisted that “film is a new art....[and] is a fundamentally new revelation of humanity” (Balázs, 1924/2010, p. 5). He lamented the pervasiveness of the printed word and suggested that humans acquired so much information from reading that they abandoned other forms of communication. He suggested that “in this way, the visual spirit [has been] transformed into a legible spirit, and a visual culture [has] changed into a conceptual one” (emphasis in the original, Balázs, 1924/2010, p. 9). For Balázs, silent film offered humanity a chance to reconnect with the spirit, without the use of words. He saw the nonverbal communication presented in silent film as the “visual corollary of human souls immediately made flesh” and argued that through film, man will become visible once again (emphasis in the original, Balázs, 1924/2010, p. 10).
Another European scholar championing the visual quality of film was French filmmaker and critic, Germaine Dulac. She offered a well-rounded perspective on the capabilities of the silent film of her era because, unlike Münsterberg and Balázs, she was a filmmaker as well as a theorist, providing her with further perspectives and insights. Writing and filmmaking throughout the first three decades of the twentieth century, Dulac insisted that filmmakers crippled the medium of cinema by tethering it to the theatre and literature (and therefore narrative). One year after Balázs’ *Visible Man*, in 1925, she published a series of articles in the French journal *Les Cahiers du Mois*, urging filmmakers to harness what she declared was film’s true potential: its visual nature. Dulac (1925/1978) declared that “the future belongs to the film that cannot be told” (p. 34). In other words, one should not be able to “tell” someone a film like one could tell someone a plot summary. Dulac (1925/1978) saw cinema as an “art of vision,” and “an art which does not have its limits set by a lump of clay, a piece of canvas, lines which come to and end, [or] words which trap life” (p. 41). For her, even other high arts were limited, but cinema had the potential to be “so much greater than the miserable little stories we make it tell” (Dulac, 1925/1978, p. 42). She reminded filmmakers that one of the primary attributes of film was its “educational and instructive power” and urged her readers not to squander cinema’s potential for purely visual communication (Dulac, 1925/1978, p. 39).

Seven years after Dulac’s endorsement of wholly imagistic cinema, German psychologist Rudolf Arnheim published *Film als Kunst* in 1932 (translated to English and published as *Film as Art* in 1933). In this work, Arnheim united with Münsterberg, Balázs, and Dulac in their aspirations to legitimize cinema as a distinct and purely visual art. Whereas Münsterberg was writing during an era of clunky experimenting with sound
effects and dubbed dialogue, Arnheim’s milieu was one where synchronized sound technology was rapidly improving and sound film was becoming increasingly popular and accessible. Arnheim disdained this trend as he saw synchronized sound bringing film closer to reality and further from artistic expression. However, Arnheim’s relationship with sound film was complicated. Nora M. Alter (2011) contended that Arnheim’s advocacy for film as a visual art partially stems from his unease with sound film. Alter (2011) noted that, for Arnheim, “the addition of dialogue to images fundamentally threatened film’s status as a unique and discrete art object,” jeopardizing its legitimacy, and potentially returning film to its fairground sideshow roots (p. 73). Despite Arnheim’s potential prejudice against sound in film, his arguments for silent film’s capability to illustrate rather than articulate, are especially applicable to this dissertation’s project.

In his discussion on Charlie Chaplin, Arnheim (1933/1957) remarked that “hundreds of the most various situations in human relationships are shown in his films, and yet he did not feel the need to make use of such an ordinary faculty as speech. And nobody has missed it” (p. 106). This section of Film as Art examined silent film’s potential to show information in artistic ways that are more significant than sound films that tell things. Arnheim (1933/1957) provided an example from the silent film, The Docks of New York (Josef von Sternberg, 1928), in which a shot of a flock of birds quickly flying away indicated the sound of a gunshot: “the spectator does not simply infer that a shot has been fired, but he actually sees something of the quality of the noise—the suddenness, the abruptness of the rising birds, give visually the exact quality that the shot possesses acoustically” (p. 108). Here, Arnheim argued that the film’s images did a better job of conveying sound than the actual sound effect would.
Seventy-eight years later, Arnheim’s assertions of silent film’s capability to *show* what is usually heard, were echoed in the work of screenwriter and cinema scholar, Isabelle Raynauld. In her comprehensive study of original screenplays shot in France between 1895 and 1915, Raynauld (2001) discovered that “instead of doing away with sound entirely, the early cinema writers and filmmakers found a chorus of strategies to make sound *heard inside* the story and be seen on the screen” (emphasis in original, p. 70). Her results indicated that silent film represented sound in many inventive ways, such as characters visibly reacting to sound events “heard” off-screen and thus, serving as the viewer’s delegate for hearing. Raynauld’s many case studies mirrored Arnheim’s example from the Chaplin film. Both writers emphasized that the visual images present in a silent film are fully capable of conveying the notion of sound events within the diegesis.

All of the above scholars, despite coming from different disciplines and writing in different time periods, argued that it was film’s *visual* nature that allowed it to transmit information without words. This idea was particularly relevant for this dissertation’s research because the primary goal of its interventional video was to capitalize on the visual aspect of moving images to communicate health information to culturally diverse viewers. Relying on some of the strategies employed by pre-sound filmmakers and championed by silent film era scholars provided this researcher with direction on how to fully utilize film’s potential for visual communication and avoid the dependency on sound (and verbal language) that has become commonplace in today’s media environment.
Film’s visual nature reveals universal elements of humanity. In championing film’s visual nature, these writers also noted that it was this specific aspect of cinema that allowed it to transcend cultural or national differences. For instance, in *Photoplay*, Münsterberg (1916/1970) speculated that because cinema was made by humans, it was a reflection of how the human mind works. He argued that film “tells us the human story by overcoming the forms of the outer world, namely, space, time and causality, and by adjusting the events to the forms of the inner world, namely, attention, memory, imagination, and emotion” (Münsterberg, 1916/1970, p. 173). He saw film as indirect proof that the mind created reality in its own image, and he cited examples of filmic conventions reflecting mental operations. For example, memory was illustrated in flashbacks and divisions of interest were demonstrated by parallel editing. While his claims did make a case for film telling a universal “human story,” his proposition is an example of the potential ethnocentrism of early film scholars (one that still exists today). Münsterberg did not consider that people from other cultures may structure their thinking in ways different from his. He assumed that all filmmakers and viewers organize information chronologically and narratively, as he did.

Münsterberg (1916/1970) also noted that “the plot of the photoplay is usually based on the fundamental emotions which are common to all and which are understood by everybody” (p. 219-20). This notion of cinema’s ability to capitalize on shared elements of humanity was reaffirmed in Dulac’s work. She suggested that through film “we penetrate beyond local customs to the spirit, to the soul, because cinema… has performed the magnificent task of extending our spirit in the direction of the human, of teaching us to see the major outlines and ignore the details” (Dulac, 1925/1978, p. 40).
For her, silent film could be transcultural because it promoted a focus on “the major outlines” of the human condition “and ignore(d) the details” of cultural specifics.

Balázs also addressed this idea of silent film as capable of revealing universal humanity. In his earliest book on film theory, *Visible Man* (1924/2010), Balázs suggested that “the screens of the entire world are now starting to project the *first international language*, the language of gestures and facial expression” (p. 14). However, in this early work, Balázs’ ethnocentrism, like Münsterberg’s, is evident. Balázs (1924/2010) went so far as to suggest that the “standard psychology of the white race…forms the bedrock of every film story” and therefore the internationalism promoted by global cinema will create a “*unique, shared psyche of the white man*” (emphasis in the original, p. 14).

Fortunately, Balázs later work revealed a shift toward cultural relativism and twenty-four years later, in 1948, he published *Filmkultúra* (published posthumously in English as *Theory of the Film: Character and Growth of a New Art* in 1952). Contemporary German film historian Erica Carter hypothesized that Balázs’ revised perspective in *Theory* reflects his transition to a “Marxist-inflected cultural determinism that sees cinematic internationalism as the product of film’s penetration of international markets” (Balázs, 1924/2010, p. 15). Carter also suggested that Balázs was horrified that the racial essentialism in *Visible Man* was appropriated by Nazi film ideologues, prompting him to revise his early theories (Balázs, 1924/2010, p. xxxviii).
In *Theory*, Balázs (1948/1952) contended that:

> when once a common cause will have united men within the limits of their own race and nation, then the film which makes visible man equally visible to everyone, will greatly aid in leveling physical differences between the various races and nations and thus will be one of the most useful pioneers in the development towards an international universal humanity. (p. 48)

Here, Balázs was no longer suggesting that film would create a global standard of beauty, evidenced in the white man, rather he saw film as the means for humans to recognize the similarities they all shared, despite physical differences. He proposed that this kind of transnational communication was possible across linguistic barriers because moving images were “not the language of signs as a substitute for words…[but] the visual means of communication” (Balázs, 1948/1952, p. 41). In other words, film used an imagistic source of message conveyance rather than relying on verbal or written language.

Balázs also pointed to film’s ability to use close-ups, specifically those featuring human facial expression, as particularly important to film’s transcultural potential. He insisted that “one of the preconditions of the international popularity of any film is the universal comprehensibility of facial expression and gesture” (Balázs, 1948/1952, p. 44-45). This shared understanding was possible because “what appears on the face and in facial expression is a spiritual experience which is rendered immediately visible without the intermediary of words” (Balázs, 1948/1952, p. 40). Because of film’s unique, visual and unifying characteristics, Balázs (1948/1952) predicted that “it will probably be the art of the film after all which may bring together the peoples and nations, make them accustomed to each other, and lead them to mutual understanding [because] the silent film is free of the isolating walls of language differences” (p. 44).

This notion has clear applicability for this dissertation’s project. Balázs theorized that moving images had the ability to transcend national and linguistic differences because they were uniquely capable of *showing viewers each other* and, as such, helping people see the commonalities they shared with other, seemingly dissimilar, viewers.
Fifty years after Balázs wrote *Theory*, filmmaker and theorist David MacDougall further developed Balázs’ theory of film’s ability to visually communicate human commonality. In his book *Transcultural Cinema* (1998), MacDougall posited that films were universally comprehensible because “images, by standing outside the system of ‘cultures’ and nation-states, create new links based on points of recognition among otherwise separated social groups” (p. 261). For MacDougall, film joined diverse people together because it allowed viewers to see others sharing in universal elements of the human experience. He argued that “wherever ‘cultural boundaries’ are drawn up, they may still be overridden by similarities between individuals that are of greater social significance than any of their professed cultural differences” (MacDougall, 1998, p. 20). MacDougall (1998) explicated this theory by comparing written ethnographic descriptions with ethnographic films. He pointed out that “the commonalities of being human that are taken as given and are therefore usually left out of written ethnographic descriptions,” such as the very fact that human bodies are comprised of the same features, are “explicitly and redundantly” shown in films (p. 246). He insisted that in “reiterating the familiar and recognizable,” films were able to draw attention to the similarities all humans share, even while revealing cultural differences (MacDougall, 1998, p. 245).

MacDougall (1998) noted that scholars of cultural difference may have difficulty accepting this theory because cinema’s potential for “this underlining of the visible continuities of human life has challenged and, in a sense, opposed anthropology’s prevailing conceptions of culture and cultural difference” (p. 245). That being said, this theory provided significant support for this dissertation’s goal of transcultural communication. If, as MacDougall insisted, film is able to prompt viewers to not only recognize themselves, but also to recognize the similarity in others, then a video featuring culturally diverse characters navigating a challenging situation may be capable of communicating procedural information to a varied viewership. In other words, Balázs’ and MacDougall’s theories suggested that viewers, regardless of cultural background,
could share a common understanding of information illustrated in a film because moving images did not rely on culturally specific means of communication, but instead, represented a visual, and universal, means of communication.

Although visual anthropology scholars may not agree with Balázs’ and MacDougall’s theory of film as a unifying visual communication tool, researchers in literacy and health communication have conducted studies that support this contention. For example, Dutch literacy scientists Alfons Maes, Karen Foesenek, and Hanneke Hoogwegt’s 2008 study on visual health communications investigated the interpretations that literate and low-literate South Africans had of the images from an HIV/AIDS awareness brochure. They found that, although low-literate viewers had less visual literacy and therefore more trouble interpreting visuals than their more literate counterparts, “visuals can be efficient to the extent that they succeed in evoking natural correspondences with familiar experiences” (Maes et al., 2008, p. 167). The research team learned that among low-literate viewers, abstract images were met with a variety of interpretations while images depicting real world experiences were much more likely to be interpreted as the producer intended. Their research suggested that communication of familiar human experiences could transcend viewers’ literacy abilities. These results provided evidence substantiating MacDougall’s claim that images illustrating these experiences could be universal across all humans. This theory was also applicable in the context of this dissertation’s intervention because the image-based video used live action imagery to communicate information to viewers across a wide spectrum of literacy levels.

**Narrative Commonalities and the Psychic Unity of Humankind**

The notion of commonalities shared across humanity has also been examined by interdisciplinary scholars who have investigated the phenomenon of similar narrative themes that have appeared repeatedly over time in the storytelling traditions of many disparate cultures. Historian Jon Adams (2008) reviewed theories of narrative
homogeneity across heterogeneous cultures and noted that “anthropologists and art historians have long acknowledged that there appear to be recurring themes, motifs, and commonalities across world cultures, and consequently, commonalities among the narratives those cultures construct and consume” (p. 103). Scholars throughout the last century and a half including German anthropologist Adolf Bastian (1826-1905), Swiss psychoanalyst Carl Jung (1875-1961), Russian literature professor Vladimir Propp (1895-1970), and American mythology professor Joseph Campbell (1904-1987), contributed to the ongoing discussion of recurring themes across world cultures. These theories can be used to support the notion that some aspects of narrative can be transculturally recognizable because humans across all cultures have been exposed to the same elemental ideas.

First theorized by Bastian in 1860, in *Der Mensch in der Geschichte (Man in History)*, the theory of the psychic unity of humankind posits that all humans throughout the world inherit universal *Elementargedanken* or “elementary ideas” and therefore the minds of all people function in the same way, regardless of culture. For Bastian, humans in different geographic locations provided the local details and elaborations that contributed to cultural variety. He called these variations *Volkergedanken* or “folk ideas.” Contemporary anthropologist Jacob Gruber (1985) proposed that Bastian saw ethnology’s task as establishing “the particular conditions and secular processes that led, through a uniquely human capacity for adaptive invention and elaboration, to the variations that so enrich the fabric of human experience” (p. 682). In other words, Bastian’s theory holds that as cultures evolve, these “folk ideas” become more complex as each new generation adds their own culturally specific adaptations. This component of the theory, that each culture adds its own local characteristics, helps explain the obvious myriad differences between cultures’ tales, while still acknowledging that they are all based on the same fundamental elements.
The influence of Bastian’s theory of the *Elementargedanken* was clearly visible in the writing of Carl Jung, forty-two years later. Contemporary American psychologist and historian Anthony Stevens (1982) suggested that “like Bastian, [Jung] was struck by the way in which analogous motifs cropped up in the most diverse cultures, as far removed from each other in geography as they were in historical time” (p. 40). However, Jung expanded his own theorizing beyond Bastian’s areas of folklore and anthropology. Stevens (1982) proposed that “Jung, contemplating the apparently infinite multiformity of symbolisms created by mankind, so richly complicated, so ingeniously diverse, came to realize that they were in fact variations on a number of universally recurrent themes” (p. 23). This realization led Jung to begin developing a theory in 1902, that humans have a predisposition to make sense of the world around them in certain universal ways, which he called *archetypes*. In a series of essays and lectures written from 1933 onward, Jung elaborated on this theory and began identifying archetypes, such as the hero who must reclaim his kingdom or the star-crossed lovers. Jung explained that these narrative archetypes existed in various forms in countless cultures around the world because “in addition to our immediate consciousness… exists a second psychic system of a collective, universal, and impersonal nature which is identical in all individuals” (Jung, 1934/1991, p. 43). Jung called this inherited knowledge the *collective unconscious*. He suggested that universal archetypes were present in diverse cultures around the globe because all humans could access this shared wisdom, and used the same archetypes in their folktales and mythology.

Although there is little evidence to suggest that Jung’s early writing was accessible in Russia during the 1920’s, Vladimir Propp’s research focused on some of the same questions as Jung’s work on archetypes and the collective unconscious. First published in Russia in 1928 (and translated into English in 1958), Propp’s structural analysis of Russian fairytales, *Morphology of the Folktale*, attempted to identify the core elements of local folktales. He was not interested in analyzing the content and meaning
behind the tales, as Jung was, rather he created a catalog of the essential components that constitute the narrative structure of all folktales, regardless of culture. Propp (1928/1968) suggested that “functions of characters serve as stable, constant elements in a tale, independent of how and by whom they are fulfilled” (p. 9). He posited that the “characters of a tale, however varied they may be, often perform the same actions” (Propp, 1928/1968, p. 8). In other words, specific structural elements, a particular action for example, remained constant across all tales, but different cultures filled in the details, such as the character’s gender or circumstance. In this way, Propp’s work provided support for Bastian’s theory of the Volkergedanken that came 68 years before. Both scholars argued for a universal organization to human storytelling throughout history while acknowledging that individual cultures added the local flavor that made the tales culturally specific. Propp (1928/1968) described this phenomenon as “the two-fold quality of a tale: its amazing multiformity, picturesqueness, and color, and on the other hand, its no less striking uniformity, its repetition” (p. 8).

Propp’s work continues to have contemporary relevance. Present-day scholars such as film studies researcher Divya Sreenivas and information science specialists Shohei Imabuchi and Takashi Ogata have used Propp’s morphology to analyze and design cultural media other than folk tales. Sreenivas’ 2010 study used Propp’s taxonomy to find narrative correlations in entertainment-education films featuring HIV/AIDS storylines across varying modes and cultures of production. Imabuchi and Ogata’s proposal at the 2012 International Conference on Digital Game and Intelligent Toy Enhanced Learning suggested integrating Propp’s morphology into video game narrative generation architecture as a way to make the games more universally appealing. This notion of relying on the potential universality of narrative themes had significant relevance for this project in that capitalizing on unifying transcultural aspects of communication was a primary strategy in the development of the experimental intervention.
Twenty-one years after Propp published his *Morphology*, Joseph Campbell published his own treatise on recurrent narrative themes: *The Hero with a Thousand Faces* (1949). In the introduction for the 2004 edition of *Hero*, psychoanalyst Clarissa Estés summarized Campbell’s principal theory: “Borrowing the term monomyth, a word he identifies as one coined by James Joyce, [Campbell] puts forth the ancient idea—that the mysterious energy for inspirations, revelations, and actions in heroic stories worldwide is also universally found in human beings” (emphasis in original, Campbell, 1949/2004, p. xxv). Campbell cited Bastian’s theory of *Elementargedanken* and Jung’s theory of the archetype as predecessors to his own theorizing on the monomyth. He also mentioned the work of philosopher Friedrich Nietzsche, anthropologists Franz Boas and James Frazer, and psychoanalyst Sigmund Freud as contributive to the intellectual discussion on archetypes throughout history (Campbell, 1949/2004, p. 17).

Campbell continued the scholarly discussion undertaken by these theorists and argued that the monomyth, or hero’s journey, was a shared narrative pattern found in many cultures. Campbell (1949/2004) summarized the “nucleus,” or essence, of the monomyth as:

a hero ventures forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won: the hero comes back from this mysterious adventure with the power to bestow boons on his fellow man. (p. 28)

Campbell (1949/2004) assumed the task of sifting through legends and myths across cultures and time and revealed that:

whether presented in the vast, almost oceanic images of the Orient, in the vigorous narratives of the Greeks, or in the majestic legends of the Bible, the adventure of the hero normally follows the pattern of the nuclear unit above described. (p. 33)

Here, Campbell identified the hypothesis that his book aimed to prove (and Propp’s hypothesis as well): that the myths of each culture adhere to the same basic tenets. A
common notion shared by the above scholars was the idea that, though some common narrative themes may exist across cultures, the specific details that made the stories unique were remarkably varied from culture to culture. This was another important theory for the development of this dissertation’s intervention in that collaboration with diverse co-creators may have helped to tie in the kind of culturally specific aspects that scholars like Bastian and Propp alluded to in their writing.

While the above scholars focused on narrative commonalities across cultures, contemporary literature scholars, such as Wendell V. Harris, have developed theories about how this phenomenon is possible when these cultures have had no contact with each other. Harris (1992) suggested that these narrative similarities seem to occur without authorial intention or cognizance. He hypothesized that "if these commonalities cannot be explained by transmission from one culture to another, the alternative appears to be that the human mind (or human experience as processed by the mind) is so constructed that certain modes of thought and correlative narratives are produced by all peoples” (Harris, 1992, p. 247). This theory, akin to Bastian’s and Jung’s, suggested that there was a psychic, or at least non-physical connection between all humans that was able to conduct information between geographically and culturally disparate groups. In this way, human beings, across all cultures were linked with each other and shared these common narrative elements.

Adams (2008) further developed Harris’ theory and suggested that if one agreed that all of these remarkable commonalities, across time and space, were not attributable to intercultural contact, then this question may be best answered by the field of evolutionary psychology. He further intimated that the researchers of this particular field
were “interested in literature as part of their wider effort to map the similarities between human behaviors in order to produce evidence for their grand claim that human nature is always and everywhere the same” (Adams, 2008, p. 116). For Adams, this academic pursuit was not necessarily positive. He cautioned scholars against overly ambitious taxonomies of human narrative and literature because, at some level, this portrayed the authors as “herd animals” who were “acting to some extent in blind obedience to a system of which they are a part” (Adams, 2008, p. 116). Here, Adams presented a cautionary counterpoint to the dominant theory of the psychic unity of humankind: that human creativity should not be discounted and that there may be other, as yet undiscovered, reasons for how diverse human societies have evolved with such similar narrative elements. Adams’ point is relevant for this dissertation as well because while this project aimed to communicate across cultural boundaries, it also aimed to discover communication strategies that were more conscious and respectful of cultural differences. In other words, this dissertation’s intervention was designed to capitalize on elements theorized to be transculturally comprehensible, such as the narrative themes described in this section, but attempted to do so in a way that did not assume that “human nature is always and everywhere the same” (Adams, 2008, p. 116).

Beginning with Bastian in 1860 and enduring over the next 150 years, this interdisciplinary discussion on narrative consistency across cultures will continue to evolve as new theorists (from new fields) enter the conversation. Another topic that has been discussed and researched by an interdisciplinary body of scholars for over a century is the notion of cinema’s educational capabilities.
Educational Potential of Moving Images

One need only think of safety instruction videos on inter/national airlines to see how useful instructional film can be in communicating across language barriers. Despite considerable technological advancements in sound film over the last century, today’s educators still rely on silent film in teaching students skills as varied as reading and interpersonal conflict resolution. Early twentieth-century scholars such as silent film historian Lewis Jacobs, as well as contemporary academics such as English language educators Loretta Kasper and Robert Singer, have explained the value of using moving visuals in educating diverse audiences, as detailed below.

Silent film in the classroom. In their book, Early Cinema: From Factory Gate to Dream Factory, film historians Simon Popple and Joe Kember (2004) provided examples as early as the 1880s of the use of silent film for educational purposes. For instance, they mentioned the experimental photography of researchers like Eadweard Muybridge who captured sequential images using several cameras to study the locomotion of animals and humans. Additionally, Popple and Kember (2004) noted that individuals from professions as varied as medical doctors and omnibus drivers, capitalized on the new technology of motion pictures to teach professional skills in the early 1900s. For example, an article titled, “The Future of the Cinematograph” by Mrs. J. E. Whitby (1900) detailed how a film camera could capture the minute details of a surgical procedure with such specificity that the resulting films could easily be used to instruct medical students in the proper techniques. Whitby hailed silent film as not only educational for new generations of physicians, but also as potentially leveling class barriers to professional occupations. She explained that filmed surgeries could be
exhibited repeatedly, and for many different audiences, thereby enabling the “poor as well as the rich, the country as well as the town mouse, to enjoy the same high advantages” (as cited in Popple & Kember, 2004, p. 54). This particular case illustrated the early use of silent film for educating viewers on technical skills, and also its perceived potential as a mass medium capable of teaching scores of students.

By 1920, American educators were testing and then utilizing the benefits of cinema in the instruction of their students. The New York Bureau of Reference, Research and Statistics conducted a study in 1920, teaching several classes of sixth grade students South American geography. One group learned the information with the visual aid of moving pictures while the control group was taught with the traditional text- and lecture-based method. The results of the experimental group were so encouraging that the Director of Public Lectures and Visual Instruction for New York public schools, Ernest Crandall, declared in 1921 that, “the moving pictures will be used in the New York City High Schools this fall” (Bollman & Bollman, 1922, p. 144).

The above examples show that, from its infancy, the technology of motion pictures has successfully been used to educate viewers in a variety of ways, but some scholars, such as higher education policy researcher Gustavo Fischman, have suggested that the use of moving images for educational purposes has faced resistance from the academic community at large. In his 2001 article, “Reflections about Images, Visual Culture, and Educational Research,” Fischman argued that, “the reliance on words and numbers among educational researchers and the general tendency of dismissing images is generalized and crosses academic traditions, theoretical orientations, and research methods” (p. 28). Fischman further elaborated that this widespread resistance to using
visuals in educational endeavors may be linked to a variety of deep-seeded issues, not the least of which is the notion of culturally-motivated interpretation (which this dissertation also discusses in Chapter Four). Fischman’s thesis was that visual culture has historically been seen as politically complicated (tied to ideology and propaganda), an unreliable distortion of reality, or tainted by infinite polysemy. Therefore, educators have tended to rely on using comparatively less controversial means (words and numbers) to teach. Of course, this argument assumed identical literacy and numeracy for all students, an assumption specifically attended to by this dissertation’s intervention.

Despite this widespread partiality, contemporary developmental education researcher Harvey Weiner (1995) suggested that the educational paradigm may be shifting and that imagery and visual information were beginning to be recognized as valid methods of helping present-day students develop knowledge and skills. For example, scientist Leonard Kelly (1998) with the Gallaudet Research Institute investigated the use of silent film in teaching the reading comprehension of complex syntax to deaf readers. His study exhibited short clips from silent comedic films to deaf viewers and then asked them to choose a sentence from a printed workbook that best described the action. Kelly (1998) remarked that he designed this intervention using silent films because, “the meaning of the stories is conveyed almost exclusively through the actions of the characters within the highly predictable contexts of the stories. In other words, comprehension of the stories is relatively independent of language competence” (p. 220). His results showed that some participants showed significantly improved reading comprehension skills after watching the films. Kelly (1998) theorized that these positive results were due to the fact that “the video materials were designed to give readers
frequent opportunities to process the target sentence structures in a highly meaningful context, easily accessible, even to low ability readers” (p. 218).

Perhaps the most popular, and somewhat counter-intuitive, present-day use of silent film in education is in the foreign or second language classroom. In their 2001 article, “Unspoken Content: Silent Film in the ESL Classroom,” Kasper and Singer (2001) noted that:

as they did for audiences of the late 19th and early 20th centuries, silent films can be used today in the ESL classroom to ‘speak’ to students through a context-rich visual narrative that develops linguistic competence while circumventing the anxiety produced by the struggle to understand discursive, spoken language. (p. 17)

Kasper and Singer (2001) remarked that contemporary (sound) film was generally accepted as a useful resource in the ESL classroom, but that educators had only recently begun embracing the power of the silent “visual image as a useful textual mode for developing verbal language skills” (p. 16).

The philosophy that a purely visual presentation, without help from intertitles, subtitles, or voice-over, could speak to diverse viewers was a critical keystone to the formulation of this dissertation’s video intervention. This project proposed that silent images could be exceptionally educational in the following ways. Because silent film must rely solely on images to convey meaning and context, the images are filled with expressive content designed to engage viewers and reveal information visually. A silent film’s educational potential lies in this unique quality: its ability to convey visual information to viewers regardless of their native spoken language. As Kasper and Singer (2001) insisted, “fluency in [a] second language is not essential for the comprehension of
a wide range of emotions, plot contrivances, experiences and social issues rendered visual in the silent film” (p. 18).

Today, online databases such as watchknowlearn.org, provide students and teachers with access to tens of thousands of films that can be used for educational purposes. WatchKnowLearn features a section of silent films that includes some early fiction films of Georg Pabst, Thomas Edison, D. W. Griffith, Edwin S. Porter and Charlie Chaplin. These silent films help viewers learn about topics ranging from American history to chess strategies. Similarly, the Museum of the Moving Image (MOMI), located in Astoria, New York, hosts workshops for middle- and high-school teachers to discuss “ways in which movies and television can be used in [the] classroom to teach English, English as a Second Language, Art, and Social Studies” (Bandwidth Productions, 2014). MOMI also promotes using its online database of American presidential campaign commercials to teach language arts, social studies, political theory and American history. The success of these efforts to incorporate moving images into classroom education points to a paradigm shift in the field of education as further supported by the examples listed below.

**Popular media.** Some innovations for educating viewers involve the use of popular media, such as music, film or television, as a way of delivering information in a more digestible and entertaining format. For example, the research team at New York-Presbyterian Hospital, led by their chief of neurology, Dr. Olajide Williams, developed an educational video that relied on hip hop music to teach children the signs and symptoms of stroke. Williams’ strategy was to use the hip hop format to engage young viewers in the hopes that they would act as a conduit, bringing the health information back to their homes and conveying it to their parents and grandparents, who were at a
much greater risk of stroke (New York-Presbyterian Hospital, 2013). As Williams explained, “one of the difficulties that public health has is finding a way to engage groups, culturally diverse groups… it’s hard to weave messages into the fabric of a particular culture” (New York-Presbyterian Hospital, 2013). Williams’ team attempted to solve this problem by capitalizing on the popularity of hip hop music and rap star Doug E. Fresh with their target demographic, and presenting the message of stroke symptoms and appropriate reaction in a manner that “incorporated the message into an individual’s culture” (New York-Presbyterian Hospital, 2013). Williams’ team found encouraging results after testing this video with elementary school children, seeing that the students learned and retained information on stroke both immediately after watching the video, and after three months (Williams & Noble, 2008, p. 2809).

These kinds of results encouraged the development of the objectives of this dissertation because using entertaining media, rather than purely instructional media, was one of the primary experiments of this intervention. Also the video produced for this dissertation’s intervention was only screened for a small sample of the new immigrants that transition through NSC. It was hoped that these viewers would act as similar conduits, as the elementary school students functioned in Williams’ hip hop stroke intervention. Just as Williams’ team hypothesized that the children might convey the health information into their homes and share it with their parents and grandparents, the information transmitted through this dissertation’s video also had the potential to be shared with others throughout the tight-knit communities that these new immigrants formed once arriving in the United States. Additionally, because Williams’ team (and many others, as discussed in Chapter Four), found such success connecting with diverse
viewers through entertaining media, this dissertation’s design included elements of humor and storytelling in an attempt to make the instructional material more palatable and visually interesting.

**Fictional entertainment media.** In many studies, such as Kelly’s 1998 intervention with deaf readers, detailed above, researchers screened fiction films to educate their students, rather than creating videos intended to teach a specific skill or idea. What’s more, fiction films have been used, often indirectly, for educational purposes since they began to be produced. In his 1939 book, *The Rise of the American Film*, Jacobs noted that, “movies gave newcomers, particularly, a respect for American law and order, an understanding of civic organization....and more vividly than any other single agency, they revealed the social topography of America to the immigrant” (p. 12).

This notion, that entertainment media could help diverse viewers glean real world information from the fictional situations presented onscreen, was verified in the work of contemporary communication scholar Indira Somani. Her 2010 study explored how Asian Indian immigrants used American primetime television such as *I Love Lucy* (Oppenheimer, Carroll, & Davis, 1951-1960), daytime soap operas such as *General Hospital* (Hursley & Hursley, 1963- ), and televised sports to learn about aspects of American culture including mealtime etiquette and interpersonal workplace dynamics. Her research found that watching television and movies in the early days after immigration helped newcomers adjust to cultural norms and built confidence in future communication outcomes (Somani, 2010, p. 65). This study concluded that television programming helped this group of viewers learn how Americans act and think, improved
their English language skills, learned how to fit in at the workplace, and generally, positively contributed to their adaptation process (Somani, 2010, p. 77).

**Participatory Media**

Another way that film has proved educational for people is not just in viewing media, but also through participation in a democratic co-creation of collaborative media. As contemporary participatory filmmakers Nick and Chris Lunch (2006) defined it, “participatory video is a set of techniques to involve a group or community in shaping or creating their own film” (p. 10). This strategy tends to be empowering and educational for participants because the production process enables them to use film to communicate their ideas and the screening experience allows them to recruit and persuade other community members to join them in taking action to solve their own problems. Participatory video differs from documentary film in this specific way: the subject-filmmakers wield the camera, and as such, control the ways they are represented onscreen. For example, Philadelphia-based non-profit organization, Scribe Video Center, offers free video production educational programs for members of various community groups in which, “participants learn to produce short documentaries about issues of importance to their constituencies” (Milkweed Media Design, 2014). In this way, a community’s issues are not being filmed (or solved) by a group of outsiders, but are being addressed by the community itself.

**Participatory media as social activism.** One early example of participatory media can be seen in the work of Soviet filmmaker Alexander Medvedkin’s film-train of the early 1930s. As film historian Emma Widdis (2005) described it, Medvedkin’s idea was “the construction of an entire film studio in a train that could travel across the vast
expanses of the Soviet Union, using film as a means not only of recording but also of encouraging…the construction of a new regime” (p. 22). The train traveled to geographically disparate communities and shot footage of factory workers, miners, and farmers in their everyday activities. The film was processed, edited and screened for viewers in an effort to show community members the truth about their own situation and inspire collective change. In Medvedkin’s own words, “it showed what was wrong onscreen, it painted a nasty picture, some problem that had not been put right, and this was always accompanied by the title, ‘What are you doing, dear comrades, what are you doing?’” (emphasis in original, as quoted in Taylor, 1989, p. 151). What separated Medvedkin’s film-train from other cinematic propaganda machines in the Soviet Union at the time was its specifically local, rather than national, focus. As Widdis (2005) reiterated, “the film-train sought to intervene directly in the lives of the communities it visited” (p. 25). In other words, Medvedkin’s goal was to film local citizens, project the stark realities of their own lives onscreen, and thereby persuade them to become active instigators of change in their own communities. Widdis (2005) argued that Medvedkin saw film as a “form of active interpretation, a collaborative project with the audience” (p. 26).

However, it should be emphasized that Medvedkin’s film-train, while forward-thinking in its day, was not an exemplar of the participatory media strategies that exist today because Medvedkin’s method did not include local residents in the production aspect of any of the films. For Medvedkin, the locals were the subjects and the viewers, not the filmmakers. Their collaboration largely consisted of allowing Medvedkin’s crew to film their labor and their environment and encouraging fellow workers to do the same.
Also, because the film-train’s finished films often featured scenes of workers toiling, as well as the “protracted inefficiency” of the factory or mine managers, Medvedkin’s work often resulted in indirect conflict resolution whereby all parties could clearly see the flaws in the existing system and work to remedy them (Widdis, 2006, p. 26).

**Contemporary participatory media.** Since Medvedkin’s film-train of the 1930’s, the standard for participatory media has evolved to include local subjects as more collaborative members of the filmmaking process, thereby granting them agency in the construction of their own images, as well as control in other aspects of production. As media culture scholar Mark Deuze (2006) elaborated, the increasing realization that viewers should be a contributive force in media production has resulted in the “the worldwide emergence of all kinds of community, alternative, oppositional, participatory and collaborative media practices” (p. 263). Technical communications scholars Carlos Evia and Ashley Patriarca argued that today’s model of participatory media design is based on “labor-analysis ideas originally used in the 1970s by Norwegian unions looking for a more democratic approach to the design of workplace tools” (p. 342). This design theory saw users of technology as crucial contributors to the design of the tools that they used. This mindset, that users of technology should collaborate in its design, is reflected in the overarching goals of contemporary community media practices such as participatory photography and video.

An exemplar of this participatory method being used with still photography is the UK-based non-profit organization, PhotoVoice. This group’s website cited that the charity’s mission is to:
build skills within disadvantaged and marginalised communities using innovative participatory photography and digital storytelling methods so that they have the opportunity to represent themselves and create tools for advocacy and communications to achieve positive social change. (PhotoVoice, 2014a)

As an organization, PhotoVoice conducts their own participatory photography projects as well as consulting other groups and helping them establish their own independent projects. As of 2014, PhotoVoice has completed over 50 projects in 23 different countries, all with the central goal of using participatory photography to create significant change in the lives of the program’s participants (PhotoVoice, 2014b).

The techniques and mission statement behind PhotoVoice, and participatory media creation in general, are in direct alignment with the strategies and goals of this dissertation’s intervention: the empowerment of and collaboration with a population of individuals who featured in and benefitted from their own co-created media. However, although it was a primary goal of this project to enlist the collaboration of refugee co-creators in producing more interculturally comprehensible media, the research and production processes did not completely reflect the techniques used in true participatory media design, as elaborated in the Research Design section of Chapter Six.

**Summary**

While this chapter has focused on the capabilities of moving images to convey information through visuals, a primary issue facing this dissertation’s intervention was the need to use visual imagery to communicate to culturally and linguistically diverse audiences. As such, it was necessary, not only to discuss the value and relevance of silent film theory to this project, but also to examine the work of scholars in the broader field of communication theory for concepts that could inform and improve the design of
this intervention, such as the discussion on participatory media. Therefore, the next chapter looks at the writing of scholars from both intercultural and visual communication disciplines in order to provide a more well-rounded theoretical background for this dissertation’s study.
CHAPTER 3

COMMUNICATION THEORY

Intercultural Communication

A discussion of the history and current state of the field of intercultural communication theory was necessary to situate this dissertation’s intervention in the broader context of the discipline. As this examination revealed, two paradigms exist within the field: one focusing on cultural variation and the other concentrating on commonalities across cultures. Because this project was interested in capitalizing on commonalities across cultures to engage in more effective intercultural communication, it relied more heavily on those theories promoting cultural consistency, such as the writing of anthropologist Marvin Harris and cross-cultural communication researchers James Applegate and Howard Sypher. However, even studies and theories from the cultural variation paradigm were useful in framing this study, not just because they presented a necessary counterpoint for consideration, but also because they provided important perspectives on the variables culture can introduce into a communicative setting.

Cultural variation. Writing throughout the second half of the twentieth century, American anthropologist Edward Hall is widely credited with “founding the scholarly field of intercultural communication” (Rogers, Hart & Miike, 2002, p. 3). In discussing how he got into the field, Hall (1992) said that his research with the Hopi and Navajo in the 1950s helped him learn “firsthand about the details and complexities of one of the world’s most significant problems: intercultural relations” (p. 76). While training U.S. diplomats in nonverbal and intercultural communication at the Foreign Service Institute, Hall developed the theories that would become his first book, The Silent Language
(1959). In this volume, Hall (1959) asserted that “man did not evolve a culture as a means of smothering himself but as a medium in which to move, live, breathe and develop his own uniqueness” (p. 166). His perspective suggested that cultures were very different from each other and that spoken language was not the only difference, or even the main difference, between them. Hall itemized several nonverbal ways that people communicate and miscommunicate due to cultural differences. His analysis focused on what he called, “the silent language – the language of behavior” and he cited examples such as the amount of personal space preferred by members of various cultures and notions of time and tardiness (Hall, 1959, p. 10). The overarching theme of his work, and the initial paradigm of the intercultural communication field, was that cultures were discrete and dissimilar and successful cross-cultural communication was only possible with a deep understanding of the cultures involved.

Norwegian communication expert Gillian Warner-Søderholm (2013), has suggested that Hall’s research “continues to command interest both in undergraduate university study programmes and as a foundation for contemporary cultural studies” (p. 28). For example, one of Hall’s theories, that cultures vary along a continuum of high to low-context communication, continues to be investigated. In his 1976 book, Beyond Culture, Hall explained that “a high-context (HC) communication or message is one in which most of the information is either in the physical context or internalized in the person, while very little is in the coded, explicit, transmitted part of the message” (p. 91). By contrast, a low-context communication contains most of the information in the explicit message itself. These concepts are closely associated with sociolinguist Basil Bernstein’s 1966 discussion of elaborated and restricted codes of communication.
As Bernstein (1966) explained:

> the pure form of a restricted code would be one where all the words, and hence the organizing structure, irrespective of its degree of complexity, are wholly predictable for speakers and listeners… individual difference cannot be signalled through the verbal channel…it is transmitted essentially through variations in extraverbal signals. (p. 255)

In other words, the underlying meaning of a communication delivered in restricted code would be conveyed through paralinguistic or nonverbal means, such as “the expressive associates of words (rhythm, stress, pitch, etc.) or through gesture, physical set, and facial modification (Bernstein, 1966, p. 255). Therefore, the meaning of this restricted communication could only be understood if the receiver could also comprehend the accompanying contextual paralinguistic clues. For Hall, these contextual signs were often tethered to culture. Therefore, intercultural communication between individuals from differing high-context cultures may be fraught with misunderstanding.

This concept is particularly relevant for this dissertation because high-context communication can be extremely culturally specific and depend largely on personal context clues. As such, the rubric developed to structure this dissertation’s video recommended featuring low-context communication because it is much more overt and unambiguous, and therefore more likely to be transculturally comprehensible. Chapter Five goes into greater detail on the use of low-context communication in this dissertation’s intervention.

Dutch researcher Geert Hofstede built from Hall’s HC-LC theory in his seminal work, *Culture’s Consequence: International Differences in Work-Related Values* (1980). Hofstede’s study uncovered similarities and differences in the beliefs held by individuals of 40 different cultures. Through statistical analysis of over 100,000 samples, Hofstede
tested a theory that world cultures vary along basic, consistent dimensions.

Hofstede (1980/1984) theorized that:

the relationship between the individual and the collectivity in human society
is not only a matter of ways of living together, but it is intimately linked
with societal norms… and therefore affects both people’s mental
programming and the structure and functioning of many other types of
institutions besides the family. (p. 149)

He suggested that certain cultures could be termed *individualist* and were characterized
by a focus on the self over others, low-context, direct communication, and a tendency
toward analytical thinking. Other cultures could be considered *collectivist* and were
characterized by a focus on relationships over the self, high-context, indirect
communication, and a tendency toward more holistic thinking (Hofstede, 1980/1984).

According to this perspective, a person from an individualist culture could be very
different from a person from a collectivist culture with regard to perceptions, emotions
and reasoning.

Looking back at his own work, Hofstede (2009/2011) suggested that this
individualist-collectivist (ind-col) dichotomy became a dominant paradigm in social
science research because it involved “analyzing survey-based values data at the national
level and quantifying differences between national cultures by positions on these
dimensions” (p. 27-28). This categorization allowed researchers to easily calculate a
culture’s position along a continuum, classify people based on their culture or country of
origin and then predict their behavior based on that classification (although this is not
how Hofstede’s work is generally used).

Results from recent empirical studies in intercultural communication do not
correspond with the Hofstede’s ind-col dichotomy, suggesting that the paradigm may
shift again. For example, intercultural communication scholars Deborah Cai’s and Steven R. Wilson’s 2000 study compared the behavior of Japanese students (theoretically representing collectivism) with that of Americans (representing individualism). Though the ind-col paradigm predicted that the Japanese/collectivist participants would be more concerned with protecting another person’s self-image or, face, Cai and Wilson’s results found that the Japanese students were more likely to risk damaging the self-image of another person. They also found that the American students were not as direct as the ind-col paradigm suggested (Cai & Wilson, 2000).

In a later study, Cai worked with intercultural communication scholar Edward L. Fink (2002) to investigate conflict styles across cultures. Where the ind-col paradigm predicted that people from individualist cultures would approach a conflict more directly and aggressively than their collectivist counterparts, Cai and Fink’s study found that people across both types of cultures behaved similarly, and preferred negotiation rather than direct conflict. Another interesting aspect of this study was that rather than automatically assigning people to a priori categorizations based on their culture or country, Cai and Fink assessed level of individualism or collectivism on a per person basis. This methodological choice pointed to developments in the field of intercultural research, namely that the tidy categorization of people by culture was being outmoded. Instead researchers have begun recognizing that people are distinct individuals that may behave outside their cultural expectations and that people from markedly different cultures may behave or believe identically in a given situation.

Building from this shift in intercultural communication theory, this dissertation’s research presented an another possible strategy for communicating with diverse
audiences. This approach was not designed to present information according to perceived cultural preferences, because not all members of a culture believe, behave, communicate, or understand in the same ways. Instead, this project used consistencies across cultures as a starting point for intercultural visual communication.

**Cultural consistency.** Researchers, such as anthropologist Marvin Harris, argued for consistency across cultures rather than variation. Beginning in the 1950s, Harris wrote extensively on race and culture. In 1975, he published *Cows, Pigs, Wars and Witches: The Riddles of Culture*, which suggested explanations for superficially illogical cultural traditions or taboos, such as cow worship in India. In reducing cultures to their basic elements, Harris illustrated essential similarities across seemingly disparate cultures. For example, Harris (1975/1989) linked the Kwakiutl tribe of Vancouver Island’s tradition of *potlatch*, stockpiling all a community’s wealth only to host a huge party and devour it in one sitting, with modern American status-seeking through purchase of useless objects (e.g., diamonds). Though different at the material level, Harris suggested that these practices were equivalent at the abstract level. His research surveyed exceptionally divergent cultures across the globe and throughout history, and yet each strange custom, from ritual wars to witch hunting to cow worship, was simplified to its fundamental components and easily likened to other cultures.

Scholars from other disciplines also began identifying common elements present in disparate cultures. Three years after Harris published *Witches*, anthropological linguists Penelope Brown and Steven G. Levinson (1978) studied politeness in an attempt to discover elements that were universal across cultures. They examined three unrelated cultures (American, the Tzeltal in Mexico and the Tamil in India) and found that these
various cultures had all developed different social rules for politeness. Although there were a variety of appropriate behaviors in these different societies, Brown and Levinson suggested that universal guidelines governed social interaction across cultures. For example, Brown and Levinson (1978) hypothesized that the plural form of you found in many languages (such as ustedes in Spanish) evolved in countless different languages and cultures in order to provide the listener with an “out”: if a person used a plural form of you, it was possible that he or she is not really addressing one person, personally and directly, and so the addressee was able to refuse a request without either party losing face. Brown and Levinson (1978) suggested that these kinds of face-saving strategies occurred throughout global cultures and illustrated that universal motivations guide polite behavior around the world.

This finding was relevant in the design of this dissertation’s intervention because this study theorized that there were common communication motivations, such as Brown and Levinson’s politeness theory, that transcended cultural differences. This project expanded on the research of these scholars by creating a video that attempted to capitalize on human commonalities as a way of communicating across cultural and linguistic barriers. However, while Brown and Levinson’s theory provided the broad foundation for the intervention (that humans shared common communication motivations), additional intercultural communication theory was consulted in identifying the specific communicative elements that may contribute to more effective intercultural communication, as detailed below.

A decade after Brown and Levinson’s research was published, cross-cultural communication researchers James Applegate and Howard Sypher, began identifying
other elements that seemed to be common across cultures. Applegate and Sypher (1988) argued against the dominant intercultural research paradigm of their time, cultural determinism, which insisted that the environment and culture almost exclusively guided and governed human behavior. In contrast, Applegate and Sypher suggested that social science researchers did not need intercultural, cross-cultural or interracial communication theory, but instead they should formulate a “coherent theory of communication that encompasses the impact of historically emergent forms of group life on the various forms and functions of everyday communication” (Applegate & Sypher, 1988, p. 41). In other words, they claimed that intercultural communication theory was limited by its focus on cultures and that an understanding of the core functions of communication was more useful. This theory was in direct alignment with the theoretical foundation of this dissertation’s intervention, specifically that culturally specific communication is not as relevant as the core communicative elements that are shared by all humankind.

Applegate and Sypher saw communication goals as one of these “core functions” and suggested that these goals were universal and that culture only influenced how a person exploited communication to achieve those goals (Applegate & Sypher, 1988, p. 51). They further insisted that studies that attempted to compare across cultures without this fundamental understanding would result in inaccurate findings. They urged academics to develop a communication theory that “treats people as active interpreters of their social environment: one that rejects determinism and recognizes the falsity of nature/nurture dichotomy” (Applegate & Sypher, 1988, p. 42). For these authors, human culture should not be condensed to a mere regulatory system because doing so ignored the ways “people infer beyond the information given to them, generate new patterns of
communication and organize communication functionally” (Applegate & Sypher, 1988, p. 42). This notion linked directly to this dissertation’s idea that members of the same culture may perceive and understand images and information differently from each other, and so tailoring communication toward a specific culture may not be as effective as trying to find ways of communication that can be universal and transcend cultural differences.

Intercultural communication scholar Lawrence E. Sarbaugh (1988) argued that it was not goal achievement that was universal, but rather certain experiences common to all humans that helped bridge the cultural gap between them. Though he did concede that humans did not feel them all in the same way, he listed birth, death, the need for food, water and shelter, and an awareness of the sun, moon, plants and animals as experiences shared by all humans (Sarbaugh, 1988, p. 12). He used these commonalities as a starting point from which a person should approach intercultural communication. Similarly, this dissertation relied on illustrating a universal experience as a way to connect with culturally diverse viewers. In this case, the common experience was a clinic visit, which was universal for all refugees involved in the study, rather than universal across humankind.

Nearly twenty years later, evolutionary psychologists Alan Miller and Satoshi Kanazawa added a new perspective to the discussion of universal elements across cultures by approaching the issue from a biological framework. Miller and Kanazawa (2007) suggested that “despite all the surface differences, there is only one human culture, because culture, like our body, is an adaptive process of human evolution” (p. 39). They proposed that human nature was a collection of “evolved psychological
mechanisms” designed to allow humans to adapt to their environment and survive (Miller and Kanazawa, 2007, p. 14). They hypothesized that all humans, regardless of culture, have evolved in identical ways and that things thought to be culturally determined, such as aesthetic preferences, were actually a function of human evolution. In this way, Miller and Kanazawa joined Applegate and Sypher in proposing a theory that stood in stark contrast to cultural determinism. Miller and Kanazawa argued against this prevailing paradigm by positing that humans have adapted over generations and have several inclinations, such as the “capacity for cultural learning” that are innate and universal across humankind (Miller & Kanazawa, 2007, p. 19).

As this examination of intercultural communication theory has shown, scholars from a variety of disciplines have studied different qualities about the human experience that may be universal, regardless of cultural background. This thematic through-line was a primary motivation for this project because these theories suggested that transcultural communication could be possible, given the right circumstances and consideration. As for the disparate views of the above scholars, though they did approach the debate of cultural diversity or cultural homogeneity from opposite perspectives, most of these writers did conclude their studies with optimistic remarks for a harmonious future where members of the most disparate cultures were able to find common ground and effectively communicate. They reminded their readers that, despite fundamental differences of method or theory, the goal of any intercultural communication scholar was improved human relations. Similarly, this dissertation’s intervention was based on the primary argument that despite fundamental differences in cultural background, and even in ways
of interpreting images, there may be ways to focus on human commonalities and, as such, engage in more effective intercultural communication.

**Visual Communication**

This section contextualizes this dissertation’s study in the broader field of visual communication, specifically picture perception, image interpretation and the effects of globalization on meaning-making. Understandably, these fields focus their research on the ways viewers from different cultures bring their own ways of meaning-making to visual interpretations. This dissertation considers those theories and also offers some literature that argues against the dominant paradigm of cultural determinism.

**Visual Anthropology and Picture Perception**

In his 2008 book, *Visual Impact: Culture and the Meaning of Images*, art historian Terence Wright reviewed several cross-cultural experiments on picture perception, especially the pioneering work of anthropologists Marshall Segall, Donald Campbell and Melville Herskovitz (1966) with the Zulu tribe in South Africa, and visual anthropologist Anthony Forge's (1970) studies on the Abelam tribe in New Guinea. Despite the urban legend that these indigenous people had such difficulty with picture perception that they ran away from the projected image of a moving train, Segall et al. (1966) reported that “motion pictures [were] almost universally perceived without trouble” (p. 33). Wright’s synthesis of these anthropological studies revealed that although a person may initially have difficulty perceiving images presented in black and white, two dimensional, or other abstract forms for cultural reasons, color live action film had the potential to transcend these cultural boundaries and could be more cross-culturally comprehensible.
However, the issue of image interpretation, rather than image perception, was more relevant for this project because the experimental video did not investigate viewers’ perceptions of abstract or black and white imagery. Rather, it relied on color live action film, as Wright’s review advocated, to assess the ability for this type of media to convey information. In other words, the project looked at whether or not culturally diverse viewers could make sense of the footage and glean important information from the presented material. Therefore, a theoretical grounding in image interpretation theory was essential to this intervention’s construction.

**Image Interpretation**

French literary theorist and critic Roland Barthes significantly contributed to the scholarly discussion of image interpretation. Writing throughout the middle of the twentieth century, Barthes developed theories on the ways images could disseminate different meanings. First published in 1964, Barthes’ article, “Rhetoric of the Image,” detailed his concept that image understanding was comprised of two modes: denotation and connotation (Barthes, 1964/1977). The denotative function of an image was literal and did not rely on cultural interpretation, such as a drawing of a snake meaning that reptile. The connotative meaning of an image was representational and was ascertained through cultural and personal interpretation, such as a drawing of a snake alluding to slyness or cunning. In other words, Barthes suggested that images contained several layers of meaning, the first of which was informational rather than symbolic.

In discussing these two levels of meaning, Barthes explained that an understanding of the denoted message required only the most basic knowledge, what Barthes’ called “an almost anthropological knowledge” of what an image was, and what
the represented item was (in the above example, an illustration and a snake) (p. 36). This level of interpretation required only this basic knowledge because “this message corresponds, as it were, to the letter of the image and we can agree to call it the literal message, as opposed to the [other] symbolic message” (Barthes, 1964/1977, p. 36).

This notion of a primary level of communication also connected with the ideas of David MacDougall (1998) who insisted that “in many respects images provide ways of perceiving humanity that are not only transcultural but pre-anthropological: images in which culture is perceived as the background rather than the figure of human relationships” (p. 258). Both of these theories were relevant for this project because Barthes and MacDougall referred to a level of visual communication that could be understood at a basic, human level – exactly the sort of communication that this intervention aimed to achieve.

**Culturally specific interpretation.** However, contemporary academics, such as Andrew Mendelson, presented an alternative theory to Barthes’ contention that meaning could exist before culture, at a human level. In his 2004 article, *The Construction of Photographic Meaning*, Mendelson (2004) argued that meaning was “ultimately the interaction of a photograph and a viewer while the photograph is the product of a producer and a subject, all set within a specific context” (p. 27). In other words, this theory posited that each individual viewer interacted with an image in a specific, personal way. Mendelson saw this interaction as highly culturally specific and insisted that viewers from varying cultures brought their own subjective points of view to the reading of an image. To continue unpacking Mendelson’s argument, one must also analyze the role of the image’s producer, and recognize that a photograph (or in the case of this
dissertation, a video) necessarily bears the imprint of its creator. Just as a viewer brings his or her own cultural baggage to the interpretation of an image, a mediamaker brings his or her personal (and culturally specific) way of seeing to the production of the image. Neither creating nor interpreting imagery can occur in a cultural vacuum where “pure” communication is possible. Logically, this theory was extremely relevant to this dissertation’s attempt to create images in one cultural context that would be interpreted similarly by viewers from very different cultural groups. If Mendelson’s argument was correct in assuming that all image interpretation was filtered through a lens of cultural specificity, how could mediamakers ever succeed in communicating across cultures using visual information?

Cinema scholar Ron Burnett offered additional insight into this issue. In his review of ethnographic and indigenous filmmakers, *Cultures of Vision: Images, Media and the Imaginary*, Burnett (1995) found that “images *seem* to contain within them not only messages but the maps needed to understand those messages” (emphasis in original, p. 300). He suggested that when viewers assumed that an image’s meaning was inherently contained within itself, the context surrounding that image (and its interpretation) took on increased importance. Burnett’s argument dovetailed with Mendelson’s contention in that both scholars insisted that the cultural bias and context each viewer brought to a reading, influenced the resultant interpretation. Therefore, “the result is a rather different message dependent on cultural specificity and local history” (Burnett, 1995, p. 300).

**Mass communication to varied receivers.** This notion, that one message could result in varied understandings, dependent on viewer context, is problematic for mass
communicators who wish to use one message to speak to many (varied) receivers. As such, scholars have investigated the ways that individuals interpret visual images in different ways across cultures in an attempt to discover how these interpretations differ, and why. Most of these types of studies have involved the market research of advertising images, where scholars investigate whether images, such as brand logos or advertising pictorials, are interpreted similarly across cultures. Some of this research provided support for Burnett and Mendelson’s contention that image interpretation is culturally specific, while other studies have pointed to a more universal interpretation process across cultures.

For example, in her visual communication dissertation on Chinese and American interpretation of branded imagery for the University of Canberra, Australia, Linda Fu (2000) found that the perceived meaning rarely matched the intended meaning when the image was encoded and decoded in different cultures. In other words, viewers from the same culture that produced the image were much more likely to interpret the image as intended than viewers from a different culture. Similarly, communications researchers Andrey Mikhailitchenko, Rajshenkhar Javalgi, Galina Mikhailitchenko, and Michel Laroche (2009) investigated image interpretation differences between Russian and American viewers. They also found that viewers’ brand familiarity (as a result of their native cultural media) tended to influence image interpretation and generate different meanings than intended (Mikhailitchenko et al, 2009). Alternatively, Dutch communication scientists Gerda Blees and Willem Mak (2012) found that Dutch and Chinese viewers comprehended 30 pictorials depicting disasters in similar ways, despite the fact that Dutch artists designed the pictorials. Clearly, there is space in the body of
literature on culturally specific image interpretation for a study, such as this dissertation, that screened an American-produced video for viewers of varying cultures, languages, and literacy levels.

**Summary.** Even those studies with results showing that culture did strongly influence viewer interpretation, were relevant to the theoretical foundation of this dissertation’s intervention. For example, despite finding that Chinese and American viewers made different interpretations, Fu (2000) noted “the challenge in communicating visually across cultural boundaries is to recognize cultural differences and *draw on cultural compatibility to generate shared meaning*” (emphasis added, p. i). This goal related directly to the theories of intercultural communications researchers Applegate and Sypher, as well as those of filmmaker David MacDougall, mentioned earlier. The theories of these scholars coalesced as a primary theoretical tenet of this dissertation: if viewers interpret images differently, it is the task of the transcultural mediamaker to recognize the cultural diversity of his or her audience and attempt to capitalize on those elements of the human condition that are shared across cultures, in order to generate shared meaning.

**Globalization and the Ubiquity of the Classical Hollywood Style**


> mass media typically are thought to be homogenizing agents, resulting in a loss of ethnic identity and hastening of assimilation, [however] the relationship between mainstream culture and subcultures is fraught with ambivalence and contestation on the one hand and enrichment and assimilation on the other. (p. xvi)
Here, Naficy pointed to the problematic homogenization of global imagery yet suggested that the issue may not be as top-down as it seemed. Certainly, because of the increasing ubiquity of Western style imagery, more and more people around the globe are becoming familiar with a specific visual language: that of the classical Hollywood style prevalent in Western media. In fact, cinema scholars Richard Dyer and Ginette Vincendeau (1992) hypothesized that international films that aimed to be culturally specific seemed more foreign to their own culture’s viewers than Hollywood fare because of the overwhelming presence of American film throughout the world (p. 9).

Journalist and American film expert Edward Jay Epstein studied the economic influences of the American film industry since its inception in his 2005 book, *The Big Picture: Money and Power in Hollywood*. His research showed that the American share of box office receipts in both Europe and Japan have jumped from 30 percent in 1950 to over 80 percent by 1990 (Epstein, 2005, p. 88). This statistic suggested that, for better or worse, American film in the classical Hollywood style was becoming increasingly ubiquitous around the world.

**Ubiquity of classical Hollywood style film.** In an attempt toward clarity, the term *classical Hollywood style* should be unpacked. With regard to Hollywood-style film, this project relied on the classification provided by film scholar David Bordwell in his book, *The Classical Hollywood Cinema: Film Style and Mode of Production to 1960*. Bordwell and colleagues analyzed hundreds of American films and discovered that “the stylistic conventions of Hollywood narration, ranging from shot composition to sound mixing, are intuitively recognizable to most viewers” (Bordwell, Staiger, & Thompson, 1985, p. 27).
Shot composition in this style tends to frame human figures from the knees up or closer and does not utilize other, potentially disorienting, camera angles. Lighting is designed to separate the foreground from the background and ensure visibility. Films may embrace the invisible Hollywood style or choose to subvert the classical conventions for effect. An example of this kind of subversion might be chiaroscuro lighting shading an actor’s face in film noir to indicate the moral ambiguity of the character. Traditional Hollywood film is also characterized by continuity editing. This “classical editing aims at making each shot the logical outcome of its predecessor and at reorienting the spectator through repeated setups” (Bordwell, Staiger, & Thompson, 1985, p. 26).

American producers have historically designed films to be easily exportable and comprehensible to a diverse audience. Epstein (2005) claimed that since the early 1900s, Hollywood producers have exploited the particularly visual action of silent films because they felt silent films could be understood across varying cultures and literacy levels (p. 85). As film technology evolved to include synchronized sound, American sound cinema developed a filmic language designed to be comprehensible to a diverse foreign market, regardless of spoken language. For example, in his 2002 book, *Film Noir*, cinema studies scholar Andrew Spicer compared the classical Hollywood style of filmmaking with the more artistic and allusive style present in film noir. He argued that unlike film noir’s creative and unorthodox use of lighting and composition to suggest emotion and psychology, the dominant Hollywood paradigm of centered composition, unobtrusive lighting and invisible continuity editing “was an attempt to produce a cinema that was comprehensible to a wide audience” (Spicer, 2002, p. 45). These scholars insisted that the classical Hollywood style did not evolve as a creative way to tell a tale, but rather was
a concerted effort on the part of industry producers to create media that would be comprehensible, and hence, exportable, to a variety of global consumers. Of course, as pervasive as Hollywood-style film may have become, there are bound to be people who are less familiar with its visual language, or who choose to resist Hollywood conventions altogether.

**Cultural resistance to classical Hollywood style.** An interesting example of cultural resistance to the dominant Hollywood style can be seen in anthropologist Eric Michaels’ work with the Warlpiri people, an indigenous Australian community. Michaels discussed a film made by an aboriginal videomaker, Francis Jupurrurla, who set out to create a retelling of a massacre of his tribe by local police in the 1920s. Despite Jupurrurla’s “extensive exposure to white European culture and in particular to video through rental stores in the district,” his original film privileged extremely long, uninterrupted landscape pans over shots of action or people (as cited in Burnett, 1995, p. 296). As such, Jupurrurla’s cinematic style stood in contrast with the classical Hollywood style of continuity editing between long, medium and close-up shots. Michaels suggested that Jupurrurla shot his film in this way because features of the landscape were complex and replete with culturally specific meanings and symbolic associations that could not be fully understood by members of outside cultures. Therefore, the filmmakers’ “experience as viewers wasn’t translated in the videomaking” and Jupurrurla and crew worked hard to “make the medium reflect their own cultural interests” (as cited in Burnett, 1995, p. 296).

David MacDougall (2002) developed the term *complicity of style* to refer to the notion that some cultures lend themselves to typical Hollywood-style filmic conventions
whereas others do not. In other words, the traditions and actions of some cultures were more easily expressed using the classic Hollywood format, while others were not. Therefore, if ethnographic filmmakers attempted to document a culture other than their own, the filmic language needed to match its subject. For example, MacDougall and his wife, Judith, completed three ethnographic films featuring the Turkana tribe in northwestern Kenya. The Turkana are a people who demonstrate what appears to be open conflict; they say things out loud, and demonstrate their feelings in open action, so the MacDougalls were able to film them using a standard Hollywood style that involved direct feedback and fly-on-the-wall cinematography. If the culture of the Turkana had been such that open emoting or direct conflict were taboo, the MacDougalls would have had to shoot the film in an entirely different way.

The problem is that all too often American filmmakers often do not even recognize that they are attempting to fit a non-Western culture into a Hollywood-style framework. MacDougall (2002) noted that, “even a film guided by an anthropological commentary and concerned with economics or politics will do so in casual terms that reflect Euro-American expectations of causality, chronology, and interpersonal behavior” (p.151). The relevant lesson here is that even mediamakers who attempt to avoid projecting their own cultural predispositions onto their work, are often unsuccessful because culture is such a difficult concept to truly detect from within. Therefore, transcultural mediamakers must engage in vigilant reflexivity and a constant checking of biases to ensure that they do not assume that a culturally diverse viewership understands visual communication in the same way that they do.
Summary. Although some viewers may be unfamiliar with the classical Hollywood filmic language, the increasing ubiquity of Hollywood style media has led to a global population most likely to have some experience with this visual language. However, members of disparate cultures may interpret images differently and bring their own cultural baggage to a viewing of a video. Rather than accepting defeat at the prospect of the polysemy of moving images, this dissertation proceeded forward, informed by the insight provided by the above scholars. The goal of this dissertation was to use this knowledge to study the ways diverse viewers comprehended moving images and create more interculturally effective visual communication.

Because the information being conveyed in this visual message related to health information and behavior, an examination of health behavior change theories was a crucial component of preparing this dissertation’s intervention. The field of public health offered a unique perspective on utilizing elements of visual communication to better reach its target audiences, as detailed in the next chapter.
CHAPTER 4

HEALTH COMMUNICATION

Examining the task of language-free information conveyance through the lenses of several health communication theories provided helpful ideas for new ways to improve intercultural health communication. Scholars such as psychologist Albert Bandura, health communication educator Miguel Sabido and social scientist Kim Witte applied tenets of visual communication theory in the development of their own theories and public health interventions as described in this chapter.

Public Health Communication Theory

With regard to persuasion and health behavior change, the theoretical foundation of this dissertation included elements from two categories of health behavior models: interpersonal and environmental. This intervention relied on Social Cognitive Theory (SCT), an interpersonal level theory, and focused on the constructs of symbolic modeling, observational learning and self-efficacy. It also used the Extended Parallel Processing Model’s (EPPM) construct of perceived self and response efficacy versus perceived susceptibility and security threat, as an extension of SCT that was especially applicable in an intervention geared toward effectively changing health behavior. Finally, this study also relied on the Ecological Model (EM), a community level theory, and its concentration on the integration of public policy and environmental factors in building support for healthy choices.

Social cognitive theory. Social cognitive theory, or SCT, was developed by Albert Bandura in the 1970s to explain how and why people acquired and maintained certain behavioral strategies. As Bandura (2009) explained, SCT is concerned with “the
social origins of thought and the mechanisms through which social factors [including the symbolic communication delivered through mass media] exert their influence on cognitive functioning” (p. 95). The acceptance of this theory initiated a paradigm shift in health behavior theory because SCT emphasized reciprocal determinism, the notion that people interacted with their environment and were not merely influenced by it. Because SCT is such a broad behavioral theory, utilizing all of its constructs in one intervention was beyond the scope of this dissertation. Instead, this project focused solely on the constructs of self-efficacy, observational learning and symbolic modeling because these specific constructs had relevant applicability for this intervention as detailed below.

Self-efficacy refers to a person’s confidence about performing a certain behavior at a certain time. As Bandura (2009) noted, “unless people believe that they can produce desired effects and forestall undesired ones by their actions, they have little incentive to act” (p. 97). Efficacy beliefs also inform the kinds of goals people set, how hard they are willing to work for them and how long they will continue to persist in the face of adversity. In the case of a non-English speaking patient, his or her goal may be more effective communication with the healthcare provider. In this context, effective communication might mean anything from more accurately explaining a malady to an improved understanding of instructions on medication dosage. Those patients who have a strong belief in their own ability to communicate within the system will be willing to work harder to make sure they are understood, while those who do not have as much faith in their ability will be more likely to nod their head and murmur assents even if they are confused about what is happening.
SCT suggests that one way to help people gain self-efficacy is through observational learning. Humans can learn through trial and error, through instruction from another person or through observation of a vicarious influence. Once a vicarious influence is noticed and selected as relevant and useful, the next cognitive mechanism involves retention. Health communication researchers Alfred McAlister, Cheryl Perry and Guy Parcel (2009) explained that the most successfully retained models are those that feature models similar to the audience or those that incorporate entertainment elements (p. 173).

Bandura (2009) stressed the critical importance of the modeled behavior being performed by an actor that viewers perceive as like them: a like model (p. 99). If the actor is of a different race or socioeconomic group than the viewer, he or she may observe the actor achieving goals but not relate the actor's success with his or her own potential success. In fact, social scientists Frank Pajares, Abby Prestin, Jason Chen, and Robin Nabi (2009) insisted that “model similarity is most influential for those who are uncertain about their performance capabilities, such as those who lack task familiarity and information to use in judging their self-efficacy or those who have experienced past difficulty” (p. 286). Therefore, providing like models was essential in an intervention geared to provide a positive vicarious influence to viewers who were unfamiliar with American clinic practices.

Modeling which is demonstrated through the mass media is called symbolic modeling. These mass media examples could include anything from television shows to movies to an instructional video screening in a physician's waiting room. In the case of new immigrants to the United States, it is understandable that these newcomers tended to
maintain a close, homogeneous social network of family members or other members of
their native culture once they arrive in the United States, while they became established
and honed their language skills. Therefore, the sources of vicarious influence on this type
of person were limited to members of his or her tight-knit community. In this case,
symbolic modeling could provide a very different model of behavior, which was
especially important if the observer was surrounded by a network of people acting on
faulty or inaccurate information. If newcomers did receive incorrect information,
accurate symbolic modeling could play an integral role in providing knowledge that
could help alleviate unfounded fears.

As clinical psychologist James Maddux (1995) summed up:

vicarious experiences (observational learning, modeling, imitation)
influence self-efficacy expectancy when people observe the behavior of
others, see what they are able to do, note the consequences of their
behavior, and then use this information to form expectancies about their
own behavior and consequences. (p. 10)

In the case of non-English speaking patients, an efficacy-building intervention, such as
screening an educational video detailing what to expect during a clinic visit, could
provide patients with a basic foundational understanding of procedures and an improved
belief in their own efficacy. Educating newcomers about what to expect in a routine
clinic visit could help alleviate concerns and anxiety. It may also provide viewers with
information on procedures and appropriate behavior that may bolster their confidence in
their own ability to navigate the medical encounter.

Extended parallel process model. Many recent public health campaigns have
veered away from fear-based tactics in favor of efficacy-building strategies. An example
of this kind of intervention would be Raheem Paxton, Robert Motl, Allison Aylward and
Claudio Nigg’s 2010 study on physical activity and older adults. Rather than attempting to bully their participants into being more active by itemizing the negative consequences of lethargy, Paxton et al. found that they had more positive results by bolstering participants’ self-efficacy. Similarly, in a 2008 meta-analysis of HIV/AIDS health communications, scholars Carel Jansen, Hans Hoeken, Dineke Ehlers and Frans van der Slik (2008) found that these kind of efficacy-building interventions have shown that:

> if the recommended behavior is perceived as effective in blocking the undesirable consequences and people feel capable of performing the behavior, they will be inclined to accept the message's claim and adopt the propagated behavior in order to avert the potential negative consequences. (p. 109)

Kim Witte's (1994) Extended Parallel Process Model (EPPM) linked self-efficacy beliefs with an individual's behaviors. This theory, expanded from Leventhal’s (1970) Parallel Process Model, suggested that cognitive functions and emotional arousal were linked and so persuasive messages must address both in order to be successful. As Witte (1994) explained, “the EPPM…addresses both the cognitive and emotional factors associated with message processing and related these processes to a fear appeal’s success or failure” (p. 114). Fear appeal messages aim to persuade by arousing fear in a person by presenting a *perceived threat* and then recommending a course of action that will mitigate the threat. Witte (1994) elaborated that a perceived threat is comprised of perceived severity, or a person’s “beliefs about the significance or magnitude of the threat,” and perceived susceptibility, or an individual’s “beliefs about their risk of experiencing the threat” (p. 114).
Individuals respond to a perceived threat by considering the recommended action with regard to notions of efficacy. Witte (1994) defined the two dimensions of efficacy as response efficacy, or “the effectiveness of the recommended response in averting the threat,” and self-efficacy, which refers to “a person’s ability to carry out a recommended response” (p. 114). In other words, a person will consider whether or not they believe the advocated behavior can mitigate the threat as well as whether or not he or she is capable of carrying out that behavior.

Persuasion scholars Gary Pettey and Richard Perloff (2008) summed up the primary tenet of EPPM by explaining that “when perceived efficacy exceeds perceived threat, individuals will change attitudes in the advocated direction” (p. 43). In other words, any modeled behavior must include an element of efficacy-building in order for it to be successfully acquired and performed by the observer. Especially in the case of behaviors advocated to avoid negative consequences, observers must be made to feel that they are capable of performing the behavior or they will ignore the reality of the negative consequence. This concept directly informed this intervention’s video design as elements of efficacy-building, such as like models successfully navigating the clinic encounter, were specifically included to help viewers feel that they, too, could achieve that goal.

Educator and nurse Carol Roye and colleagues used the EPPM to improve condom use in adolescent Latina girls in their 2007 study, while health communication researcher and filmmaker, Renee Botta, and colleagues targeted hand washing in a university setting in their 2008 study. Both interventions were successful in conveying the risks of a negative behavior (via fear appeal) while simultaneously supporting self-efficacy through education of how to avoid the risk. The EPPM theorized that Roye et al.
(2007) and Botta et al. (2008) were successful in using fear appeals because these interventions also provided information for how to successfully avoid the risk and boosted feelings of self-efficacy and empowerment, allowing the message receivers to combat the risk, rather than ignore it. As Jansen et al. (2008) discovered, if people feel they cannot perform the recommended behavior, they will cope with the fear this realization presents by “deny[ing] they are at risk and label[ing] the depiction of negative consequences as exaggerated” (pp. 109-110). This coping mechanism of denial may help explain the failure of many fear-based public health campaigns aimed at reducing HIV transmission, unwanted teenage pregnancy or illegal drug use.

As discussed in the introductory chapter, this kind of denial of health problems and avoidance of healthcare encounters can be a particular problem for the sample of this dissertation: newcomers with limited English language proficiency, low health literacy, and a lack of familiarity with American clinic protocol. In an attempt to mitigate this denial, this intervention specifically built in messages bolstering viewer self-efficacy, as the EPPM and SCT recommended. Also, as public health researchers Sarah and Claudia Parvanta (2011) pointed out, “because all behavior change theories begin with recognition or awareness on the part of the target audience, just about any mass media will be more cost effective than in-person channels in achieving that goal” (p. 208). In other words, designing a mass media intervention that provides symbolic modeling is the most efficient means by which health communicators can initiate an awareness of an issue with viewers. This dissertation’s video aimed to make viewers aware of the pros and cons of various behavioral choices in an American medical clinic setting and persuade them to adopt the positive behaviors in order to achieve the same goals as the
symbolic models onscreen. By providing recognizable like models, the video utilized the efficacy-building tenets of SCT and EPPM in the hopes of avoiding the boomerang effect of fear appeals seen in the poorly designed campaigns mentioned above.

**Ecological model.** The ecological model of public health (EM) (based on Kurt Lewin’s 1951 theory of ecological psychology) posited that any health intervention must address multiple levels of influence, including but not limited to, interpersonal relationships, culture and social environment, physical environment, access and policies and laws. Pettey and Perloff (2008) suggested that many health campaigns to date have been largely unsuccessful because “without a supportive social climate, most individuals will not feel they are able to change or modify their behaviors – even when it's in their own best interest” (p. 32). The EM demonstrated a comprehensive approach to health behavior because its focus was multifaceted rather than myopic. It incorporated a person’s physical environment and the policies and laws under which they reside, into the model and its predictions of human behavior. Medical doctor James Sallis and colleagues (2007) explained that “the core concept of an ecological model is that behavior has multiple levels of influences, often including intrapersonal, interpersonal, organizational, community, physical environmental, and policy” (p. 466). Therefore, successful health communication must address environmental factors and integration of public policy changes in order to build support for healthy choices.

Because an ecological perspective necessarily assumes that there are multiple levels of influence at work on a person and his or her ability to engage in advocated behavior, attempting public health communication from this theoretical standpoint requires a substantial change in the scope of an intervention. Rather than targeting just
individual awareness, for example, a researcher will need to target an individual’s awareness, as well as access, the support of their interpersonal relationships and community groups, and possibly even public policies and laws. It should also investigate cultural values that may influence someone’s decision regarding the advocated behavior. But above all, the EM aims to make changes to the physical and social environments that surround people so that broad health campaigns can have a positive impact on an increasingly culturally and linguistically heterogeneous population.

Another problem with many current public health interventions is the disparity in literacy and available technology between members of different socioeconomic strata. Delivering health information in an image-based medium, such as video, could help mitigate the inequality that using language-based educational materials has created. Cynthia Baur (2005), e-health advisor to the Office of Disease Prevention and Health Promotion, suggested that “if low-literate persons also have limited access to the Internet, using technology to deliver enhanced health information is likely to deepen health and social disparities for vulnerable populations and leave them even further behind (p. 141). This argument would be more persuasive if the patient was accessing this health information independently, where access to the Internet or video screenings may be limited. However, if the target population had at least one mandatory viewing, and potentially more as their medical needs, and hence visits to the doctor, dictated, this health disparity would be reduced. Targeting the constructed environment of medical spaces such as clinics and refugee resettlement agencies helped provide the supportive social environment that fosters positive health behavior change.
Existing Imagery-based Interventions

Many public health interventions focusing on visual communication have been developed for a variety of target demographics and medical situations. In fact, a recent report issued by the U.S. Department of Health and Human Services showed that adults in the United States “regardless of their health literacy skills, were more likely to get health information from radio/television, friends/family, and health professionals than from print media” (United States Department of Health and Human Services, 2008). The remainder of this chapter will examine strategies that utilized static visuals, instructional videos or popular entertainment to communicate prosocial health messages.

Static visuals. As previously discussed, Maes, Foesenek, and Hoogwegt (2008) studied how literate and low-literate people differed in their understanding of visual health messages. In designing their own intervention, Maes et al. (2008) first reviewed the results of a variety of public health interventions that showed support for the effectiveness of images in improving comprehension, recall and compliance of health information. For example, British public health professors Hannah Brotherstone, Anne Miles, Kathryn Robb, Wendy Atkin, and Jane Wardle (2006) investigated the use of illustrations in improving understanding of the goal of cancer screening. They found that 57% of participants in the written information only group understood the primary aim of the test while 84% of participants in the illustration group comprehended the full message (Brotherstone et al., 2006). Similarly, Associate Director of the Effective Health Communication Program at Vanderbilt University, Sunil Kripalani, and several colleagues, developed and tested an illustration tool (“pill card”) to help low-literate patients with their medication schedules. Kripalani et al. (2007) found that image-based
instructions overwhelmingly promoted better understanding with 94% of participants reporting that the card helped them learn and remember important information about their medication.

**Non-linguistic interventions.** One contemporary image-based intervention that does not rely on language is healthcare providers' use of picture boards. These large plastic cards feature pictures of different ailments and injuries. Much like customers at a fast food restaurant may be able to point out the burger or fries they wish to order, patients who cannot speak English are able to point out their problem to responding paramedics, nurses, or triage physicians. Several emergency departments in New Jersey have successfully used picture boards to more quickly and accurately diagnose patients with limited English proficiency (Associated Press, 2007).

**Instructional videos.** The leading commercial producers of patient educational videos today are CAREMedia, Milner Fenwick, TeleHealth, Krames StayWell, and VideoMD. These companies specialize in providing healthcare institutions with DVDs or subscription-based online streaming videos that can either play on a loop in a waiting room or direct condition-specific information to a particular patient. These videos tend to be expensive, lengthy, and replete with medical jargon. These characteristics are at odds with health communication research because as behavioral sciences researcher Claudia Parvanta (2011b) pointed out, “effective health messages contain almost no technical terms or jargon and eliminate information that the audience does not need to perform the action called for in the communication” (p. 241). One can easily see that what the health communication community has deemed as necessary for effective communication, and what has been produced, are virtually opposites.
This being said, there is substantial research to support the theory that these videos have a positive effect on patient mental status and behavior, as long as the patient speaks the language of the video (Krouse, 2001). For example, cancer researcher Karen Syrjala and colleagues (2008) conducted a randomized controlled trial educating one group of cancer patients about pain control with a video and another group with the oncology clinic’s standard lecture. Their study found that the patients who learned from the video showed more improved pain management over time (compared with the control group) regardless of varying diagnostic and demographic variables. These encouraging results notwithstanding, there is a gap in the field of instructional video education research because non-English speaking patients are not currently being served by these existing videos.

In addition to improving viewer knowledge, health communicators have also found success in using videos to persuade viewers to adopt specific behaviors. For instance, public health educator Lee Warner (2008) and colleagues conducted a study with over 38,000 patients at sexual health clinics. One group watched a persuasive video on safer sex practices and the control group was exposed to a standard waiting room experience. Warner et al. (2008) found that patients in the intervention group exhibited significantly fewer sexually transmitted diseases than the control group over the next year. The results of this study were relevant to this dissertation’s intervention because while improved viewer knowledge was the primary goal of this project, an important secondary goal was providing persuasive modeling of appropriate patient behavior.
Edutainment

One burgeoning supplementary division in the larger field of health communication is entertainment-education, or *edutainment*. Kriss Barker (2005), Vice President for International Programs at Population Media Center, described this field as striving to “entertain and educate audiences in order to catalyze social change in a socially desirable manner” (p. 120). Examples of successful edutainment campaigns include films and videos, street theatre, variety shows, radio serials, and television programs.

Barker (2005) defined the most effective method of edutainment, the Sabido Method, named for its developer, Miguel Sabido, as a “theoretical model for eliciting pro-social attitudinal, informational and behavioral change through commercial television programming” (p. 114). During his tenure at Mexican television network, Televisa, in the 1970s and '80s, Sabido produced seven serial dramas, or *telenovelas*, featuring social or public health messages. His programs addressed challenging issues including family planning, adult literacy, sex education for adolescents, misogynistic gender roles, and homelessness. In 1986, Mexico won the United Nations Population Prize for its success in reducing population growth rate by 34 percent, a result largely attributed to the effectiveness of Sabido's soap operas on family planning, which were aired between 1977 and 1986 (Barker, 2005). Health communication scholars Arvind Singhal and Everett Rogers (1999) confirmed that, since its development, the Sabido method has been successfully used in over 200 public health interventions throughout the developing world. Edutainment practitioner David Poindexter (2004) noted that public health
campaigns featuring the Sabido method have been used in places as diverse as India, Brazil, Kenya, the Phillipines, China, Tanzania, St. Lucia, and Pakistan.

Sabido-style serial dramas are structured in a very specific way. First, these dramas are designed with a strong theoretical framework and rely heavily on the constructs of social cognitive theory (SCT). Because they are based on SCT, Sabido-style dramas feature plots based on the every day lives of typical viewers rather than featuring wealthy, upper-class characters. This strategy has facilitated an ease of identification between the viewer and the characters in the show. Audience members recognized versions of themselves in the fictional world of the telenovela. Viewers also easily identified with the characters' problems and their social and physical environments. Bandura (1977) insisted that this identification was a crucial element in promoting behavior change. Only when viewers observed modeled behavior demonstrated by someone like them were they likely to believe that they, too, are capable of performing that behavior. In this way, dramas designed using the Sabido method develop and sustain the constructs of social cognitive theory.

Sabido-style serials further foster observational learning by featuring characters who are easily recognizable as demonstrating the prosocial behavior, characters who obviously demonstrate antisocial behavior, and one character who changes slowly over time and experiences several setbacks along the way. These hesitations and problems are likely to reflect the kinds of issues viewers might face if they attempted to replicate the modeled behavior (including personal uncertainty or lack of support). Public health communicators Suruchi Sood, Tiffany Menard and Kim Witte (2004) suggested that this transitional character strives to overcome familiar obstacles and serves as a universally
recognizable archetype of the heroic struggle, demonstrating some of the transcultural applicability of Sabido-style programs (p. 128).

Public health professionals and mediamakers have also seen positive outcomes with edutainment other than serial dramas. Radio programs, 60-second TV spots, public theatre, comic books and even billboard campaigns have been effective in communicating health messages on a variety of topics in diverse areas. Efficacious campaigns have included transmitting safer sex practices through television drama in the Netherlands (Bouman, 2004), introducing family planning concepts through radio and television serials in Turkey (Yaser, 2004), using community theatre to teach new mothers about infant oral rehydration in Egypt (Abdulla, 2004), featuring storylines on HIV and AIDS prevention in primetime television drama in the UK (Cody, Fernandes & Wilkin, 2004), communicating safer sex practices to low-literate audiences in South Africa (Maes, Foesenek & Hoogwegt, 2008), and publishing comic books geared toward changing social norms for women in Bangladesh, India and Southeast Asia (McKee, Aghi, Carnegie, & Shahzadi, 2004).

The success of the above campaigns showed that public health interventions designed with a strong theoretical foundation can be very effective. Proponents of the Sabido method have theorized that the rigorous research undertaken before the media are designed is a critical component of the success of the resultant interventions. Also as Parvanta (2011a) noted, creating edutainment can be “a highly participatory form of intervention, with the target audiences directly involved in creation of the story lines and media products” (p. 185). This strategy points to a wider trend in public health research: participatory design.
Participatory Design

Participatory design in public health requires the involvement of a researcher’s target community in the design of the intervention. Psychologist Til Wykes (2014) reviewed the evolution of participatory design in health care research and found that user involvement:

- makes the results more relevant to the community which it is aimed to benefit. Moreover, in the new world of reduced research resources, it is also likely to save money, because research involving consumers in formulating the questions, and particularly how they are asked, makes the research more valid and the science likely to proceed at a quicker pace. (p. 24)

One example of an intervention utilizing participatory design is Kilanowski’s 2011 investigation of the preferences Latina migrant farmworker mothers had for health education materials. Her study found that this population preferred health education materials, especially videos, in color, with limited words in English or Spanish and did not like black and white or cartoon-style illustrations. She was then able to design educational materials for her target demographic so as to incorporate their preferences and suggestions. Kilanowski (2011) noted that the impetus behind her study was a belief that listening to her study participants “voice their preferences of instructional methods will lead to the design of health promotion interventions that may yield more positive outcomes” (p. 165).

This dissertation’s intervention and related study were designed to be collaborative and participatory in an attempt to allow the community that would potentially benefit from this research to contribute to its creative direction and experimental design. Chapter Six’s discussion on Research Design elaborates on this concept and its applicability to this dissertation in greater detail.
Summary

This chapter’s discussion on public health theory has presented only a select grouping of scholarly work as particularly relevant to this dissertation’s project. The theories examined here provided specific components of the theoretical foundation for this intervention as follows. Social cognitive theory and the extended parallel process model laid out the strategy for how to persuade viewers to adopt the advocated behavior (by bolstering self-efficacy beliefs by providing symbolic modeling and like models) while the ecological model directed the project’s motivation to provide institutional support (through mandatory screenings at health orientations and collaboration with resettlement agencies). Most significantly, Sabido’s method of edutainment provided the creative framework for the video’s structure, including positive, negative, and transitional characters, like models, and narrative storylines. The next chapter describes how the use of these theoretical constructs evolved during the filmmaking process and how successful they were in producing the intervention’s desired results.
CHAPTER 5

THEORY AND PRACTICE: THE VIDEO PRODUCTION RUBRIC AND SHOOT

The theoretical foundation of this study, laid out in previous chapters, provided the framework around which the rubric and video were designed. The overarching strategy behind this production guide was to create media that was more comprehensible to a culturally diverse viewership by excluding the use of some representations (such as verbal or written language, symbols, graphs or diagrams) because their meanings are arbitrary and culturally assigned, as discussed in detail below. Instead, this intervention focused on presenting procedures in as direct and uncomplicated a manner as possible. To reduce the tedium of such a straightforward approach, the video was structured as a narrative involving characters that model appropriate and inappropriate behavior, allowing for the occasional opportunity for physical comedy. This chapter lists each of the formal filmmaking strategies considered in this rubric (shot composition, editing, mise-en-scène, representation, and casting) and details the workability of these tactics during a film shoot.

Structure of the Video

Theoretical. Each formal strategy detailed in this rubric has been devised after careful consideration of theories from multiple areas of study including silent film theory, intercultural and visual communication, and health communication. The examination of silent film literature revealed theories of several writers who argued that filmmakers should capitalize on the visual nature of cinema to best bridge cross-cultural divides. Therefore, this video focused on presentation and demonstration rather than discussion or description. It included close-ups, graphic circles highlighting important elements and graphic X’s crossing out certain elements to help viewers see the information.

Next, this project assessed the work of scholars in visual anthropology and literature who maintained that all humans organized narratives in universal ways and that film, as a medium, was particularly capable of revealing the common elements of
humanity. This video was loosely structured as a narrative following characters through a clinic encounter – something that all viewers would also have to undergo. Some characters encountered problems or made wrong decisions along the way, but they transitioned and successfully achieved their goals.

The intercultural communication theories that were examined revealed two schools of thought: one endorsing cultural diversity and the other advocating similarity across cultures. However, recent research in both camps has suggested that humans are autonomous beings that may think and behave outside of cultural expectations. As such, intercultural communication should target what is shared across all humans, such as communication goals and universal human experiences. Therefore, this study’s video featured people of varying ethnicities and cultures confronting an identical situation and an identical goal: successfully navigating a clinic visit.

The next section considered theories on image interpretation and reviewed the results of studies comparing the readings of pictures by viewers from disparate cultures. Some studies showed markedly different image analyses while other studies revealed similar interpretations across different cultures. Literature discussed in Chapter Three indicated that increases in globalization, cultural hybridization and the worldwide ubiquity of classical Hollywood style cinema may be contributing factors for how and why humans are evolving toward a more common interpretation of moving images. This video utilized some aspects of the classical Hollywood style filmic language, noted as being designed to appeal to the widest intercultural demographic, while also remaining cognizant of cultural issues as detailed in this chapter.

The video was constructed based on tenets of health communication theory such as social cognitive theory (SCT) and the extended parallel process model (EPPM). Although producing a serial drama, as the Sabido method dictates, was outside the scope of this intervention, this video did include some of Sabido's format conventions such as providing like models and including positive, negative, and transitional characters.
Doing so ensured that the video provided opportunities for observational learning through symbolic modeling (as advocated by SCT), built in messages of self-efficacy (as advocated by SCT and EPPM), and included positive, negative and transitional models (as advocated by the Sabido method).

**Practical.** There were three specific clinic events that were shot for inclusion in the video: traveling to the appointment, registration, and interaction with healthcare workers. These clinic events were chosen for very specific reasons, and the pre- and post-screening feedback prompts were designed to dovetail with them as follows. The first scene featured a Middle Eastern male and female as they independently navigated the city streets of Philadelphia and arrived at the proper building. The female character continued inside, and navigated the lobby, elevators, and hallways leading to the Family Medicine clinic. This scene was shot in order to provide viewers with visual landmarks that could help them successfully reach the clinic building, and once inside, navigate to the correct office.

The second module of the video began as the camera panned past the Middle Eastern female who had just arrived and began following a Nepalese man and woman. The man attempted to register but had not brought the required identification or insurance cards and was turned away. Next, the woman registered, produced all the proper documents, and was able to complete the registration process. This scene was included because in many other countries, the standard protocol when visiting the doctor is to just sit and wait to be seen. However, this can prove dangerous and even fatal in the United States where registration is necessary to ensure that the medical staff members are aware that the patient is present and waiting. Therefore, this scene of the video was dedicated to detailing the registration process in the hopes of communicating this crucial information to viewers. An important component of registration is the presentation of identification, insurance cards and other documents. As such, the video focused heavily on these items
and included freeze frame close-ups of the required documentation with red graphic circles surrounding each item.

The final section of the video began as the camera panned to the next registration window, where a Burmese couple had just finished registering and walked into the waiting area. This scene followed a male and female patient as they navigated the Physician Assistant’s exam (height, weight, blood pressure and temperature) and then met with the doctor for the physical exam and feedback. The male patient displayed inappropriate behaviors several times, including snooping through the exam room drawers, walking the wrong way down the hallway, and objecting to elements of the physical exam. Incorrect behavior was indicated with a red graphic X across the screen. The female patient modeled correct behavior such as bringing prescription medicine from home and showing it to the doctor, and was rewarded with an appointment card for her next visit. The goal in including these scenes (and their corresponding feedback prompt) was to acquaint viewers with the typical procedures that would be performed during a standard clinic visit including, weight and height measurement, blood pressure and temperature measurement, palpation of the abdomen by the doctor, use of stethoscope to listen to chest and back, and use of otoscope to view inside mouth and throat, inside ears and nostrils. A secondary goal of this section was to display appropriate (and inappropriate) behavior in order inform viewers about the rewards and punishments of behaving in a prosocial or antisocial manner in the healthcare setting.

Therefore, the overarching goal of the video was to prepare viewers for their impending clinic visit by educating them about five specific topics: how to get to the space, what to bring with them, what to do once they arrived, what would happen throughout the visit, and how they should behave. Although there are countless other issues relating to the refugee healthcare encounter that should be addressed, such as encouraging patients to seek interpreters or inspiring them to ask questions if they are confused, these matters were beyond the scope of this intervention. Instead, this initial
study focused on experimenting with purely visual communication to demonstrate the answers to the five basic questions detailed above.

The video was shot on location at the Jefferson Family Medicine Clinic at 833 Chestnut Street in Center City, Philadelphia. All of the people featured in this video were non-actors. Phone translation was provided at the beginning of each actor’s shooting time to ensure that they fully understood and consented to acting in the video, and to answer any questions. The director and a senior NSC caseworker provided direction throughout the shoot. The English language proficiency of the actors was at a level where communication between cast and crew was not difficult. Cast member co-creators were all refugees who had already successfully transitioned from their home countries into the United States, with the help of Nationalities Services Center. This population was chosen for two very specific reasons: because they represented very diverse ethnic and national groups and could easily be recognized as like models as detailed in the rubric. Additionally, as recent immigrants, they had unique perspectives on what a newcomer might be worried or confused about, and as such, could be relied on to provide this insider information in an effort to try to address some of these issues in the video.

Both NSC staff and the researcher prepared all the cast members by explaining the function of the video and the actions that would be required of each person on their particular shoot day. Overall, the shoot went smoothly with only minor shoot-day issues occurring, as detailed below.

**Formal Strategies**

**Shot composition.** To improve comprehension, this video relied on realistic angles and points-of-view. Because of the creative nature of filmmaking, directors have experimented with new equipment and unconventional angles as soon as the technology became available. Over time, these experiments led to the creation of a visual filmic language. For instance, cinema studies scholar and former studio chief Steven Bach (2007) noted that low angle shots, where the camera was positioned below its subject,
pointing up at it, have long been used to indicate power and authority. One example of this shot composition in a classically composed Hollywood film is the “up the nose” hero shot characteristic of action films such as the *Indiana Jones* trilogy directed by Steven Spielberg. In these films, Spielberg often positioned the camera below Jones’ character (played by Harrison Ford) tilting up, resulting in a composition where Jones loomed large (and hence, powerful) in the frame.

Respectively, cinema scholars Janey Place and Lowell Peterson (1974/1996) observed that Dutch, or canted, angles began to symbolize psychological turmoil and instability, especially in the film noir of the 1940s and 1950s (p. 68). Exemplars of this type of shot composition can easily be seen in the 1949 film *The Third Man*, directed by Carol Reed. In this film, lead character Holly Martins (played by Joseph Cotton) was frequently filmed using canted angles, which created a disorienting effect for viewers, uniting them with Martins as he became increasingly entangled in the film’s world of murder, lies, and intrigue.

Additionally, sweeping shots filmed with cranes or wire-flown remote-controlled cameras are now standard in everything from action films to commercials to televised sports. The use of these kinds of angles and points-of-view have become a creative element of much of American media, especially Hollywood film and contemporary American television, however, these conventions could be potentially confusing for viewers not as familiar with these stylistic choices.

Many existing health communication videos used a patient point-of-view, which positioned the camera as the patient, and allows actors, playing physicians or other healthcare workers, to approach and interact with the camera. However, this type of shot composition can create an unwelcome power dynamic. Shooting from a low angle, where the doctor seems larger than life, looming over the helpless patient and camera, may reinforce fears the patient might be bringing with them into the medical setting.
Additionally, this video sought to demonstrate correct patient behavior, and so the shot composition needed to include both the healthcare provider as well as the patient. Therefore, this video featured the most unambiguous shot composition in this case: the bystander point-of-view. The camera was positioned so that the action was demonstrated for the camera and video viewer. This approach allowed viewers to get a sense of the space, the action, the players, and the correct behaviors, shot to mimic the perspective a human observer might have if he or she were in the room with the patient.

**Facial expressions and performance.** Evolutionary theorist Charles Darwin (1872) suggested that facial expressions that were associated with key emotions (smiling for happiness, scowling for anger) were not culturally learned but were biologically determined. A century later, psychologist Paul Ekman’s (1972) photographic study on an isolated tribe in New Guinea provided support for Darwin's theory. Ekman’s results showed that the Abelam, who had previously had no contact with Western societies, shared identical facial expressions with Westerners and other people around the world (Ekman, 2003). Although facial expression of emotion may be universal across cultures, a person's culture may determine under what circumstances one allowed him or herself to show these facial expressions. Ekman (1972) identified “management techniques,” strategies used to limit or countermand the process of universal facial expressions, resulting in exaggerated, minimized or concealed emotional displays (p. 225).

Thirty-one years after Ekman’s study on the Abelam tribe, social psychologists Hillary Anger Elfenbein and Nalani Ambady (2003) demonstrated further evidentiary support for Darwin’s early claims. Their study found that basic emotions were recognized by individuals from many different cultural groups at a higher rate than random guessing.

The rubric for this video suggested that a reliance on close-ups, particularly those featuring facial expression, could be helpful in conveying information across different cultures. However, this study found that even if facial expressions were cross-culturally
comprehensible, it was much more significant that a person’s culture may dictate to what degree they exhibit emotion in facial expression. Also, because viewers gained no context clues from the audio of silent film, the actors had to convey all the necessary information with their physical performance. In discussing silent cinema, film historians Sharon Kleinman and Daniel McDonald (2000) noted that “the lack of spoken language was an advantage in that actors in the early cinema used body language and facial expression to their full impact” (p. 79). In this way, silent film actors compensated for the lack of verbal language with a visual language of facial expressions and gestures. Silent film scholar Paula Marantz Cohen (2001) noted that silent film performances “favored exaggerated, declamatory gestures – actors beating their breasts to denote grief or clenching their fists high in the air for anger” (p. 117).

However, this video did not feature trained silent film actors and so, cultural issues of emoting became evident. For example, Yash*, a man from Nepal, played the role of the male patient who does not bring the proper identification and insurance cards to the clinic and therefore, cannot see the doctor that day. Yash did a excellent job rifling through his wallet and pockets, searching for his cards, and then walking away when he was turned down. However, when he was asked to show disappointment in his face because his character was not successful, his expression did not change, perhaps because this kind of display is not always culturally appropriate. That is to say that the American film crew on set that day could not perceive any change. Perhaps his expression changed in a nuanced way that would be recognizable to other Asian cultures, but it was certainly not the exaggerated pout of frustration or scowl of disappointment that would be featured in a traditional Hollywood-style silent film.

Similarly, Htoo and Yamin, a Burmese couple, did not change expression throughout the duration of their scenes featuring the physical exam. Htoo’s character was

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* All names have been changed.
caught snooping through the drawers in the exam room, and even then, his face didn’t noticeably register emotion. When asked to demonstrate embarrassment or happiness, both smiled identically.

Interestingly, this exact issue is often present in actual medical encounters when non-English speaking patients smile in embarrassment or discomfort. These smiles tend to mislead health care workers into thinking that the patients are relaxed and comprehending when the truth is the exact opposite. An example of this kind of nervous laughter/smiling occurred during an examination scene in the video. In this instance, Htoo shied away from the otoscope, demonstrating negative behavior (refusal of procedure). As he leaned away from the doctor, he smiled broadly, displaying this kind of culturally specific nervous laughter, the implications of which are discussed in greater detail in Chapter Seven.

For these reasons, I chose not to focus heavily on close-up shots of faces because they did not reveal universally comprehensible information to the viewer about how to navigate the clinic encounter. Relying on the long take that showed the entire room allowed viewers to see the action and understand what was required in that situation. Though the rubric suggested that close-ups featuring facial expressions would play an integral role in conveying emotion, that theory was not borne out during the shoot. Close-ups featuring action, such as signing a digital signature pad at the registration desk, or close-ups featuring detailed props, such as insurance cards or street landmarks, remained an important part of the video because they illustrated concrete actions or items that will be useful for new immigrant viewers.

**Editing.** In the 1910s and 1920s, Russian filmmakers Lev Kuleshov and Vsevolod Pudovkin began experimenting with editing and juxtaposition in what would eventually become the foundation for Soviet montage theory. They intercut a single shot of an expressionless face with various other shots: a bowl of soup, a beautiful woman, and a child's coffin. After screening these sequences for audiences, Kuleshov and
Pudovkin found that viewers were impressed with the actor's portrayal of hunger, lust, and grief, respectively; although the filmmakers knew it had been the exact same expressionless shot the whole time. In other words, the emotional tone of a shot interpreted by viewers was manipulated by the shots immediately preceding and following it. Film editing scholar Ken Dancyger (1997), suggested that these findings, colloquially referred to as the Kuleshov Effect, began to show that the meaning gleaned from the juxtaposition of two shots was very subjective and interpreted differently from viewer to viewer (pp.14-16). Taken in the context of this project’s video, if two viewers of the same culture could interpret a shot combination differently, then two viewers of different cultures could certainly bring their own cultural contexts and interpretations to the viewing. Therefore, this rubric recommended that the video avoid intercutting as much as possible and abstain from using montage altogether.

Instead, this rubric advocated for the use of continuous tracking shots. Cinema studies scholar Ed Sikov (2010) explained that this type of shot allows the director to “unify both space and time by filming it in one continuous take – a long take” (emphasis in original, p. 29). Long takes often involve Steadicams or other stabilizing body mounts for a film camera. Although long takes can also be shot on a tripod or dolly, this video was shot primarily using a Steadicam-style rig. This rig rested on the shoulders of the camera operator, and because the speed and angles with which the camera and rig could move through space were only equal to the speed and angles that the human operator could move, these shots inherently mimicked human movement, making the resulting footage much more commonly understood.

Throughout the shoot, tracking shots worked well. In fact, some shots, such as one following behind a patient from the elevator bank through the main doors of the clinic and into the proper registration area, very accurately depicted the path a person must navigate in order to find their way to the correct clinic. Other tracking shots, particularly those following behind a patient navigating the Philadelphia city streets, did
not work as well. Despite the cinematographer’s best efforts and the use of an advanced Steadicam-style rig, the resulting tracking shots did not look smooth. For this reason, as well as the fact that extended tracking shots of a person walking were too long and boring, the plan to avoid intercutting was amended. Certainly this video did not include montages or rapid-fire editing, but it had to incorporate some intercutting. The revised goal, with regard to editing, was to rely on tracking shots as much as possible and to keep the minimal editing to the traditional invisible continuity-style popularized by classical Hollywood cinema.

That being said, the scenes following characters from the refugee resettlement agency to the clinic were cut from the final version of the video. Although some important information was presented in these scenes, including walking directions to the clinic, the importance of timeliness versus tardiness, and pedestrian safety, the edited scenes were too long to remain in the final cut. Rather than introduce a character at the resettlement agency and track along behind her through the streets of Philadelphia to the clinic, the video opened with this character approaching the clinic doors. The scene continued to allow her to navigate the lobby, elevator bank, and interior hallways of the clinic. Cutting the exterior scenes, but including the interior navigation, was a compromise between providing key directional information while also maintaining viewer attention and interest.

**Use of graphics.** In their study on visual interpretation among literate and low-literate South Africans, Maes et al. (2008), found that the most easily recognizable and correctly interpreted symbol was the prohibition sign (essentially a large X or a circle with diagonal line through it across something negative) (p. 166). Furthermore, social science researchers David Shinar, Robert Dewar, Heikki Summala and Lidia Zakowska (2003) studied recognition of ideograms used as traffic signs in different cultures (Israeli, Canadian, Finnish and Polish). Their results showed that a prohibition sign is so widely recognized across cultures, that a sign that aims to communicate prohibition of an action
and does not use an X or a circle with a diagonal line, was misinterpreted as the opposite of its intended meaning by 26% of respondents.

Although the above study relied on a sample comprised of people from rather developed and Western cultures, this dissertation attempted to test the use of these graphics with viewers from other cultures. When a shot in this dissertation’s video did zoom in or cut in to a close-up to highlight crucial information, often a red graphic circle ideogram appeared, surrounding the key element (see Fig. 1). Additionally, when a character demonstrated inappropriate behavior that should not be imitated, a large red graphic X ideogram appeared, crossing out the character and his action (see Fig. 2). These choices served to draw added attention to specific moments in the video that highlight important information.
Figure 1: Example of Use of Oval Graphic to Highlight Pertinent Information

Figure 2: Example of Use of Prohibition Cross to Highlight Negative Behavior
**Mise-en-scène.** The term *mise-en-scène* refers to every element visible within the frame of the film, including sets, costumes, props, shot composition, camera movement and lighting. This video refrained from using elements of mise-en-scène to make allusions or suggestions. Instead, this rubric recommended that the video should embrace the widely comprehensible style established by Hollywood producers hoping to appeal to foreign viewers, and it was shot using realistic, high key lighting and featured sets, costumes and props that accurately reflected the clinic experience a newcomer would face in Philadelphia today.

This strategy was adhered to throughout the shoot. The video was shot on location outside of the Nationalities Services Center building on Arch Street in Philadelphia, throughout the streets of Center City Philadelphia, outside the Jefferson Family Medicine clinic and inside the elevator bank, registration area, waiting rooms and exam rooms of the Jefferson clinic. The actual forms, computers, medical equipment and other props that would be used in the clinic were used in the video. Actors dressed in their own clothes and wore what they would likely wear to a clinic visit (including patients as well as medical personnel). Every effort was made to keep all elements of mise-en-scène as comprehensible, realistic and straightforward as possible.

**Representation.** Because representation obviously involves a sign or symbol system and its interpretation, it may seem obvious that representation should have been avoided in this type of video. However, much like the use of high or low angles has become so ingrained in Western filmic conventions as to become invisible, a discussion of what constitutes representation can only help this project's attempt to create a more widely comprehensible video.

All of the popular educational medical videos discussed earlier in this dissertation relied heavily on representations including graphs, charts, titles, and diagrams. Nearly every discussion of the human body in these videos was paired with an animated representation that diagrams the inner workings of a particular system. A vignette on
heart health undoubtedly featured the quintessential representation of the cardiovascular system with red lines indicating veins, blue lines indicating blood vessels, and, most likely, animated arrows indicating the flow of blood into and out of the heart. Countless videos included even more detailed – and abstract – representations that showed animated blood cells traveling through veins or germs attacking cells. Viewers raised with Hollywood-style imagery most likely grew up learning anatomy through these two-dimensional representations and could easily make the connection between the tangle of red and blue lines on the screen and its intended meaning: the network of veins and blood vessels in the human body. This connection is very culturally specific because it relies on high-context communication. To briefly revisit this concept, a high-context message contains little coded or explicit information and depends on the receiver to interpret it in terms of a specific context. Therefore, videos that feature such high-context messages run the risk of being far too abstract to be truly understood by patients unfamiliar with these symbols and representations.

Because of the very specific cultural education needed to properly interpret these kinds of representations, this project’s video did not include them. Instead, it attempted to present the information using a low-context, or direct and explicit method. This approach involved the straightforward Steadicam-style shots detailed above, following a patient through a procedure, and allowing the patient to demonstrate and the doctor to present how the medical interaction should unfold. In writing about transcultural film, David MacDougall (1998) suggested that “film could be said to leave representation behind and to confront the viewer once again with the primary stimuli of physical experience” (p. 267). This project aimed to provide the viewer with much needed information by presenting not only what procedure may be performed upon them but, how to behave both at the time and afterwards, for maximum health outcomes.

Throughout the shoot, this focus on presenting was maintained. The majority of all shots in this video were tracking shots following patients through their medical
encounters. In general, representational material was avoided, as the rubric advised; however, in each instance where representational material was included, efforts were also made to provide supplementary non-linguistic information. For example, while tracking behind characters navigating the hallway from the elevator to the clinic, the camera tilted up to capture the “Family Medicine” sign and a red circle graphic highlighted the words. This allowed viewers to see that a person should turn right when they get off the elevator and walk through the Family Medicine doors. However, this presentation included a use of the Roman alphabet and the English language. Viewers who were not proficient English readers may not have been able to comprehend the information visible on the clinic signs and so this shot may not have been as helpful to them.

To combat this problem, the Building Navigation scene was shot using three long continuous takes, following directly behind the patient character. This kind of cinematography allowed for “down time” when a character was waiting for the elevator or walking down a long hallway. Where some videos might cut away from this arguably dull footage and only present the action of walking through the door, this video did not edit out the intermediary moments. This breathing room allowed viewers the time to pick up other contextual clues. Keeping the long take of the character walking up to the Family Medicine doors, through the doors, and past them into the registration area provided viewers with a wide shot and several seconds of screen time so that other visual landmarks present in the space could be noticed (see Fig. 3).
Figure 3: Example of Use of Long Take and Wide Shot to Establish Visual Landmark

Casting. Existing instructional videos tend to feature detailed information, conveyed orally by a Caucasian speaker and shot in a medium close-up reminiscent of an American network newscast (hereafter termed a talking head). There are several problems with this presentation with regard to effectively reaching a diverse viewership. First of all, such a heavy reliance on verbal language alienates viewers who are not fluent in the language of the video. Consequently, even if the talking head tells an exciting story or details crucial information, it may seem boring or confusing to those who cannot comprehend the language. Secondly, if the video is instructional, this approach positions the white talking head as an authority figure directing what is to be done. In contrast, this project’s video featured diverse actors who more accurately represented the immigrant population to whom the video was targeted. As SCT predicted, viewers who saw
characters who looked like they did, were more likely to equate the character’s success with their own.

Because a project like this required a vigilant awareness of cultural issues, casting decisions took on a much more important role. Mediamakers who are unconcerned with or unaware of the implications of using like models may unwittingly cast a white actor to play the “correct” character and a non-Caucasian actor to play the transitional character. This approach may lead non-white viewers to equate success with the race of the character rather than with the correct behavior. However, this problem was not resolved by choosing actors of two different ethnic minorities to play the correct and transitional roles because it would have set up the same power dynamic, just with a different race in the successful position. Therefore, this video attempted to circumvent this situation as follows. Six different actors were cast for this video, a male and a female from each of three different ethnic backgrounds (Middle Eastern, Nepalese and Burmese). Viewers from each of the three ethnic categories mentioned above saw models like themselves demonstrating proper behavior in the medical setting and which may have improved their confidence in their own ability to do so as well.

A Caucasian female played the registration clerk, an African-American female played the Physician Assistant (PA), and a Caucasian male played the physician. These casting choices reflected the availability of cast members on the shoot day. The clinic was only able to provide someone to play the PA role, requiring the production team to fill in the roles of registration clerk and physician at the last minute. Because of the technical nature of the performances (not to mention insurance and liability), the people playing the PA and physician needed to have appropriate medical training. In retrospect,
I grimace at the fact that this video reinforces certain American stereotypes by featuring a white male doctor and a black female PA. However, filmmaking necessitates flexibility and these actors were the only qualified people available at such short notice. The ideal video would have featured multiple PA’s and physicians, representing various ethnicities and both genders. This is a lesson learned on the ground that will certainly inform the next video shoot: insist on providing your own cast members for every role, despite what may be convenient for the location.

Ethnic background was certainly not the only characteristic of actors that was clearly visible. Age, body type, and costume were just a few examples of other characteristics that came into play in seeking to cast like models. This was an admitted limitation of this project and one that future mediamakers attempting to create more transcultural media will certainly encounter. In an attempt to bolster self-efficacy by providing like models, how can mediamakers possibly represent all the different components of a potential viewer’s identity? The answer is that of course, one cannot. Just as with so many other aspects of this project, the goal here was not to create a perfect video that provided any possible viewer with a perfect like model to emulate. Rather, this project merely attempted to do better than current media in use in the United States. Just the fact that issues of race and representation and the notion of providing like models were considered already elevated this video to a higher level of cultural awareness and sensitivity than most current videos. This project was committed to considering these various factors and addressing them as much as possible in this first study. Each successive video that is created and tested will build on the knowledge gained from each
preceeding iteration and continue to refine the rubric, bringing mediamakers closer to creating transcultural media.

**Use of Humor and Storytelling**

Although a film featuring long takes that presents rather than represents may be very educational and understandable, it runs the risk of being impossibly dull and boring. No educational video can be helpful if its viewers sleep through it. Therefore, this project aimed to find other ways to make the videos entertaining and visually interesting, without sacrificing the transculturality of the piece. Other researchers have, also used this strategy of using entertaining, yet educational, media. For example, Leonard Kelly (1998) designed an intervention using silent comedic films from the early twentieth century to help deaf individuals improve their reading comprehension. He stated that he chose this medium because, “it had the potential for instructional effectiveness partly because it promised to provide subjects with an amusing experience in happy contrast to many traditional reading comprehension programs” (p. 220).

**Humor.** Using humor in this situation was quite tricky because humor can be very culturally specific. Any humor involving written language or verbal cues was obviously not applicable in this context, leaving physical comedy as a possibility. Relating humor to universal human experiences seemed like a useful way to integrate some levity into an otherwise stressful or anxiety-ridden situation. Some aspects of the human experience, like tripping and falling down, occur everywhere, in every culture, and could be included in this type of educational video. That said, a major goal of these videos was to show actors modeling correct patient behavior, making the slapstick comedy of a slip-and-fall joke a bit more difficult to include. Therefore, the best way to
incorporate physical comedy and behavioral modeling was to frame these educational vignettes as stories featuring two characters: one who did everything right and one who started by doing everything wrong and transitioned throughout the piece.

**Narrative structure.** This framing had an added benefit of making the information more digestible to those viewers coming from cultures with a rich oral storytelling tradition. Comparative literature scholar Jack Zipes (2012) suggested that across cultures, “informative tales were… told to mark an occasion, set an example, warn about danger…or explain what seemed inexplicable. People told stories to communicate knowledge and experience in social contexts” (p. 2). Contemporary instructional videos that feature talking heads, abstract representations, and no narrative structure have almost nothing in common with these kinds of oral tales. Therefore, a reliance on narrative storytelling helped bring this dissertation’s video closer to the learning style of the oral tradition.

A narrative structure may also contribute to an increase in the video’s overall persuasiveness, as suggested by the following theories. In the early 1980s, psychologists Richard Petty and John Cacioppo developed the Elaboration Likelihood Model (ELM) which suggested that, under different circumstances, people will engage in varying levels of issue-related thinking, or elaboration. By 1986, they published *Communication and Persuasion: Central and Peripheral Routes to Attitude Change*, which theorized that there were two routes of information processing: the central and the peripheral route. Information processed via the central route was subjected to heavy elaboration, meaning that the person logically considers the material and makes rational judgments based on the information. For Petty and Cacioppo, persuasive communicators seeking behavior
change (by way of attitude change) needed to access this central route, rather than the peripheral route, which was when information was not seriously considered and decisions were quickly made based on mental short-cuts such as stereotypes or perceived communicator credibility. Fifteen years later, health communication scholars Michael Slater and Donna Rouner (2002) developed an extended Elaboration Likelihood Model that added two theoretical concepts to Petty and Cacioppo’s original: engagement and identification. Slater and Rouner’s study showed that persuasive messages constructed in a narrative form (such as a serial drama, comic book, or other story-based format) were much more successful in changing attitudes than messages without narrative content. They theorized that viewers used much of their brain power (for lack of a better term) in the processes of engaging with a story, following a plot and identifying with characters, and as such, were not as able to counter-argue with persuasive messages (and were therefore more likely to be persuaded) (Slater & Rouner, 2002). In sum, these two persuasion theories posited that different circumstances trigger different levels of information processing, and understanding these triggers and targeting your communication to either engage or circumvent elaboration was crucial to the success of mediated persuasion.

This evolution in persuasion theory with regard to information processing can easily be linked to this dissertation’s video design. As discussed in Chapter Four, contemporary mass media public health interventions are notoriously dry and boring, usually featuring a medical authority reciting intimidating statistics and encouraging viewers to change their habits and seek more information on their own. Not surprisingly, these interventions have been largely ineffective. Therefore, this project’s rubric
recommended a narrative format, following characters through the clinic encounter, in an attempt to engage viewers.

**Practical application.** This video allowed the character that demonstrated incorrect behavior to transition over the course of the short video so that negative consequences were avoided and the goal of navigating the clinic visit was achieved. The incorrect behavior provided an opportunity for humor throughout the piece. The rubric dictated that in one section the male would model correct behavior while in the next section, the female character would model the correct behavior and the male transitioned. With this strategy, success in the clinic encounter would not be attributed to race or gender but only to the behavior of the actors. However, during the shoot, all three female actors voiced concern at the prospect of portraying inappropriate or negative behavior. They only felt comfortable demonstrating the correct actions. Meanwhile, the male actors adopted the incorrect roles with gusto, suggesting additional faux pas that their characters could commit and genuinely enjoying behaving badly. Ahmed from Syria thoroughly enjoyed pretending to stop for food several times throughout his walk to the clinic, and Htoo loved rifling through the exam room drawers and adjusting the table up and down. Despite my requests that a female co-creator play at least one incorrect part, the women in the video continued to insist that they felt uneasy in those roles and so we continued with the shoot with all the actors in the roles they felt comfortable playing.

**Influence of Documentary Theory**

Though this dissertation’s video was a fiction re-enactment with a scripted scenario, the cinematic style dictated by the rubric was informed by documentary film theory. Documentary film historian Richard Barsam (1973) defined this genre in his
book, *Non-fiction Film: A Critical History* as follows: “non-fiction film is the art of re-
representation, the act of presenting actual physical reality in a form that strives 
creatively to record and interpret the world and be faithful to actuality” (p. 13).
In other words, Barsam argued that the documentary tradition sought to present the world 
to itself, in a creative way. This did not mean that documentary film needed to be dull 
and tedious and passively record action; it could (and should) be a creative art form. That 
being said, Barsam’s definition reiterated that non-fiction film should “present actual 
physical reality” and “be faithful to actuality.” This focus on reality and actuality is 
directly related to this rubric’s directive regarding representation and the principal 
cinematic style of the video. Although the video endeavored to creatively entertain 
viewers by including elements of storytelling and humor, its primary function was to 
“present actual physical reality” in a way that was comprehensible and helpful to viewers.
Again, it is important to stress that this project’s video was not a documentary film as 
these scholars define the genre, rather it was a fictional video that utilized some of the 
cinematic strategies of the documentary tradition to help present a realistic scenario.

A more contemporary documentary film historian, Jack Ellis (2005) studied the 
non-fiction genre in comparison to other types of film, specifically popular, narrative, 
that one aspect of the documentary film tradition that set it apart from other forms, is that 
“documentary is purposive; it is intended to achieve something in addition to entertaining 
audiences and making money” (p. 4). For Ellis, non-fiction film had a supplementary 
goal to inform, persuade or educate audiences about a particular topic. That notion was 
also a key component of the strategy of this dissertation’s video. Each filmmaking
choice, from shot composition to casting to editing, was deliberately selected with the primary goals of education and cross-cultural communication at the forefront.

To address the goal of cross-cultural communication, this rubric relied on a final theoretical tenet of the documentary tradition: the notion of illustration. As Ellis (2012) summed up in his most recent publication, *Documentary: Witness and Self-revelation*, the documentary’s “task is that of presenting reality, showing the world, explaining the world” (p. 8). For Ellis, non-fiction filmmakers aspire to use their medium to present information to their viewers. This documentation and revelation of “actuality” amounts to an exhibition of evidence or a demonstration of action. This emphasis on showing, rather than speaking, linked directly with the goals of this dissertation’s rubric and helped direct its focus. While planning the shot list, shooting the scenes, or editing the footage, I tried to remain aware of presenting. This required a constant cognizance of how the visual style of a documentary film, one that aspires to present and show, differed from a fiction film. If a fictional narrative film would likely cut out extra footage of a character walking down a dull hallway between two scenes of action, the documentary would be more likely to leave it in. Thinking in this way, helped me develop the idea of allowing for the “breathing room” that provided visual landmarks, as explained earlier in this chapter. And since this intervention’s video was silent, a reliance on illustration and demonstration was all the more important. If a traditional synch-sound narrative film would feature a registration clerk asking for insurance cards, this video needed to find a way to show that request being made, without relying on verbal dialogue.
Intercultural Observations

Cultural adjustments. One cast member, a Muslim Syrian woman, Yana, told the film crew that she needed to quit the project approximately ten minutes before her scene was about to start shooting. Both an NSC representative and I sat down with Yana to try to understand why she felt that she needed to quit and to see if she could be persuaded to continue. The NSC representative suspected that she was just nervous and needed some cheerleading. However, after five minutes of nervous laughter, Yana admitted that she wanted to participate very much but that her brother, who was de facto head of the family in the United States, would not allow her to be a part of the project. The NSC employee asked some follow up questions that revealed that Yana’s brother wished to protect his sister’s modesty because a Muslim woman would not display her face on television. Naturally, I was disappointed at the thought that I had lost my first cast member before shooting even started.

Yana was dressed in American clothing that day, including jeans, sneakers and a sweater, but also with a color-coordinated hijab covering the top and sides of her head and her neck. In order to satisfy both Yana (who very much wanted to be in the video) and her brother (who wanted to protect her modesty), the following agreement was struck. I changed Yana’s role to one where the camera would follow her navigating from the NSC office to the clinic’s registration desk and adjusted the planned cinematography to allow that we only shot her from behind or over her shoulder. In this way, her hijab protected her head and neck from exposure and the camera tracked along behind her as we demonstrated how to get to the doctor’s office.

At first, I was quite disappointed at not being able to rely on close-up shots and facial expressions as my rubric recommended. However, in retrospect, I began to wonder if Muslim viewers might be taken aback at the sight of an Arab Muslim woman, wearing a hijab, whose face was featured in close-up shots. The overriding goal of the video was to provide like models of correct and transitional behavior and provide information to
diverse audiences. Therefore, even if viewers only ever saw Yana in a three-quarter profile or from ten feet behind her as we walked toward the clinic, they were still learning how to get to the clinic. Not showing Yana’s facial expressions seemed like a sacrifice on the day of the shoot, but may have ultimately added realism and a sense of cultural awareness to the final video. Perhaps Muslim viewers will appreciate that we respected Yana’s modesty and did not feature her face.

As this anecdote demonstrates, creating intercultural media can be a complicated endeavor that requires patience, flexibility and a constant checking of one’s assumptions and biases. I went into that shoot with every intention of featuring this woman’s face, assuming that a reliance on her facial expressions would transcend culture and be widely understood. However, I had to quickly adjust my expectations and my plans to allow for the changes that Yana’s culture dictated, and perhaps have created a better, more respectful, and certainly more intercultural video because of it.

**Craft services.** All of the co-creator actors in this video were paid $50 each for their time. In the classic case of filmmaking, a large portion of that time was spent waiting in the green room while the crew got organized or another actor was shooting. To make this wait as enjoyable as possible, I provided many snacks and drinks. Anticipating a multicultural cast, the craft service table included traditional American items such as soda, cookies, muffins and sandwiches, as well as food from non-American cultures such as hummus and pita bread, fresh tropical fruit and green tea. Additionally, because some cast members were Muslim, only non-pork meats were served in the sandwiches. I considered this spread to effectively cover the spectrum of potential appetites backstage. However, when shooting was finished, I was amused and a bit dismayed to discover that all the hummus had been eaten, but none of the raw vegetables had been eaten with it. Only the American crew and few cast members (the doctor and the registration clerk) ate any of the hundreds of cookies, brownies, muffins or chocolate candies available. All of the other cast members (and their young children) found
everything to be far too sweet. Future mediamakers using diverse cast members may do well to ask their cast and crew in advance what food they prefer to avoid similar situations.

**Animation**

In an effort toward universality, it had been suggested that an instructional animation might be a better way to convey information compared with a live action video. Theoretically, one could avoid the problematic issues caused by casting certain races or genders in certain roles, by using animated characters that are not recognizable as a specific ethnicity (i.e., purple skin color) and could therefore stand in as the Everyperson. Though this strategy certainly has its merits, one of the driving tenets of the theoretical foundation for this project was the notion of a like model. As Pajares et al. (2009) reiterated, “model similarity is most influential for those who are uncertain about their performance capabilities, such as those who lack task familiarity and information to use in judging their self-efficacy or those who have experienced past difficulty” (p. 286). Because this project's video was geared toward that very group – those who lacked familiarity and information – the cast reflected the ethnic backgrounds of Philadelphia's immigrant community to fully take advantage of the opportunity of providing like models for observational learning. Additionally, because a primary goal of the video was to present viewers with a realistic portrait of the clinic setting aligned with documentary theory as discussed above, live action video was the preferred format because it provided the most accurate illustration of the clinic space, props and people.

**Summary of Rubric and Shoot**

This rubric was created to guide the production of media that was transcultural and more widely understood; however, throughout the shoot, some of the rubric’s strategies were abandoned or amended as the situation demanded. Initially, a reliance on showing human emotion through close-ups of facial expressions was considered to be an integral component of the transcultural capability of this video; however, this was not the
case during this shoot. The rubric’s suggested reliance on long takes and bystander points-of-view was utilized in order to prevent the possible disorientation or confusion that may result from using unorthodox angles. Overwhelmingly, this video did refrain from including representations, such as verbal language, symbols, graphs or diagrams. When representational symbols were included, additional visual context clues were provided to supplement the written language. The video was loosely structured as a narrative involving characters that model appropriate and inappropriate behavior and the characters were all played by people representing the ethnic groups likely to watch the video (therefore providing like models). However, the rubric’s directive to feature different genders playing the correct and incorrect roles was not followed. The main focus of the video – presenting procedures in as direct and uncomplicated a manner as possible – was successfully achieved.
CHAPTER 6
RESEARCH DESIGN, RESEARCH QUESTIONS, AND
DATA COLLECTION METHOD

Research Design

Sociologists Paul Atkinson and Martyn Hammersley (1994) remarked that “in seeking to understand human actions and institutions we [can] draw on our own experience and cultural knowledge, and through that, reach understanding based on what we share with other human beings, despite cultural differences” (p. 250). The research design of this dissertation was based on Atkinson and Hammersley’s notion that researchers can use their own experiences to tap into what is common across cultures. The first phase of this project consisted of scripting, shooting and editing the instructional video as detailed in the previous chapter. This phase represented the main function of this dissertation: the process of working with new immigrants to co-create visual media geared to provide information without verbal or written language. In an attempt to begin to examine the effects of this video, this dissertation conducted a second phase of research that involved investigating the comprehensibility of several elements of the video through small feedback groups as detailed later in this chapter.

**Research questions and predictions.** The primary research questions that guided the creation of this video and the evaluation of its clarity were the following:

RQ1: To what extent can instructional information be conveyed to a diverse new immigrant population through an image-based video?

RQ2: What sociocultural elements are particularly important to keep in mind in developing this kind of communication?

RQ3: Are there any elements of a visual language that can cross cultural barriers?

The prediction of RQ1 was that more individuals would answer the informational questions correctly after screening the video than before. This project also anticipated that some individuals would still answer incorrectly, indicating that perhaps the
information was not successfully conveyed. Because of the exploratory nature of this dissertation’s study, the researcher fully anticipated developing an imperfect video that would be improved through the feedback provided in the feedback discussions. However, it was the hope of this project that ideas and suggestions offered during the feedback sessions would begin to shed light on filmmaking strategies or other ways to bridge the cultural gap and improve intercultural communication.

The prediction for RQ2 was that representations of ethnicity/culture and gender were important to keep in mind in developing transcultural communication. As such, the video was designed to feature members of both genders and representatives from three broad ethnic categories navigating the clinic experience. It was hoped that inclusions such as these would result in viewer identification with characters and improved information conveyance. Including representations of other sociocultural variables such as age and class were outside the scope of this intervention, but could certainly be researched in future iterations of this project.

As for RQ3, this researcher was unsure if any aspects of a visual language could cross cultural and linguistic boundaries. However, the video was designed with a focus on common human experiences, with the hope that capitalizing on shared humanity would result in comprehension across a wide cultural spectrum. Additionally, the rubric detailed in Chapter Five itemized several filmic conventions hypothesized to be potentially transcultural.

**Theoretical Models**

Two conceptual models helped clarify the central issues and goals of this intervention and illustrate the theoretical frameworks that guided the rubric and video design (Theoretical Model for Rubric Design, see Fig. 4) and the intervention design (Theoretical Model for Intervention Design, see Fig. 5). These models differ in that the rubric’s model illustrates the various theoretical constructs that address the problem of viewer comprehension of a health education video, whereas the intervention model
addresses the problems faced in a clinic encounter. Both issues were relevant and required the consideration of this dissertation’s project.

**Theoretical model for rubric design.** This model details the potential issues facing a newcomer’s comprehension of a typical American health education video and itemizes the rubric guidelines, applicable theoretical tenets, and practical applications that address each issue. Each practical application is followed by specific filmmaking strategies designed to achieve the goal of the rubric’s directive. For example, one problem a new immigrant may have when viewing a standard educational video in the United States is low English proficiency. If the bulk of a video’s key information is delivered in a language the viewer does not understand, information comprehension is likely to be limited. To address this issue, the rubric recommended avoiding written and verbal language of any kind. Silent film theories detailed in Chapter Two, such as Dulac’s, Balázs’, and Arnheim’s advocacy for film’s uniquely visual nature inspired the practical application of capitalizing on cinema’s visual capability to show things that might usually be told. Therefore, the video featured specific formal choices, such as a reliance on close-ups that highlight details and the use of basic graphic X’s and circles to further draw attention to important information. See Fig. 4 for a complete illustration of each issue addressed in this project’s video by a theory-driven filmmaking strategy.
Fig. 4: Theoretical Model for Rubric Design
Theoretical model for intervention design. The second model presents the theoretical framework that guided the dissertation’s intervention design. This model itemizes some potential issues facing a newcomer’s clinic encounter, such as lack of knowledge about clinic procedures and protocol, and illustrates the strategies devised to address these issues. The model clarifies the applicable theoretical concepts that influenced the development of these strategies, as well as how these theories were practically applied in the video intervention’s design. The model predicts an outcome of increased viewer knowledge of clinic procedures, appropriate and inappropriate behavior, required documentation, healthcare setting protocol, and geography of the clinic environment as a result of viewing the video. These results were reflected in the feedback contributed by the study participants who viewed the intervention’s video, as detailed in Chapter Seven.
Figure 5: Theoretical Model for Intervention Design
Co-creation of Media and Qualitative Research

Communication researcher John J. Pauly (1991) argued that qualitative communication research sought to discover sources of meaning and that qualitative researchers saw “meaning, rather than effects, influences, functions, or information [as] the fundamental problem of communication” (p. 2). This focus on discovery positions qualitative inquiry as interested in interpretation or data creation. In other words, any information provided by participants in this study, during video production, throughout the screening process or in the feedback sessions that followed, combined into an overall picture of effective strategies for working and communicating with this demographic. As sociology professors and social science researchers Sharlene Nagy Hesse-Biber and Patricia Leavy (2006) noted, “qualitative knowledge is produced from a variety of rich perspectives on social reality” (p. 16). Therefore, qualitative methods were ideal for tackling the research questions of this project because the opinions of each individual contributed to the revision of the video intervention and refinement of the study design.

In preparation for conducting this dissertation, this researcher looked closely at another intervention with a similar sample and similar goals. In a 2013 study on the use of a tuberculosis education video, Mayo Clinic public health researcher, Mark Wieland, and colleagues, achieved encouraging results in a similar institutional space. In this intervention, Wieland’s team found that “tuberculosis disproportionately affects immigrants and refugees to the United States” and that this population frequents adult education centers (Wieland et al., 2013, p. 343). Therefore, they targeted newcomers in these spaces and used participatory feedback discussions data to inform the production of an educational video. Participants showed an increase in health knowledge and improved
self-efficacy after viewing the video, leading the research team to suggest that “adult education centers that serve large immigrant and refugee populations may be excellent venues for health education, and a video may be an effective tool to educate these populations” (Wieland et al., 2013, p. 344). This dissertation’s project attempted to replicate some of the design elements of Wieland’s intervention, such as participatory co-creation of media and targeting of participants through an adult education center, albeit on a much smaller scale.

The experimental video for this project was designed in collaboration with staff members of the Refugee Health department at NSC (who are in the unique position of liaising between U.S. healthcare providers and refugees from nearly 90 different countries) and with recently transitioned refugees from Syria, Iraq, Myanmar (Burma), and Nepal (who are in the unique position of having recently navigated the very events the viewers of this video will need to complete). The process was open and democratic and NSC consultants, as well as refugee co-creators and cast members, were encouraged to contribute ideas throughout the shooting process. This dynamic resulted in a finished product that addressed the educational needs of NSC, while also including the suggestions of the transitioned refugee co-creators.

While the initial goal of participatory media creation may be to create more collaborative products or enlist help with checking cultural biases, it may ultimately result in improved outcomes at the screening stage. This is because, as Parvanta (2011a) explained, “stockholders are stakeholders,” or “the greater the number of people who have a vested interest in an outcome, the greater the likelihood of its adoption” (p. 182). In other words, this kind of participatory media production facilitates goal realization not
only because the inclusion of community members legitimizes a project but because their unique insight contributes to an improved overall intervention.

As such, this dissertation’s project represented a hybrid of the participatory media techniques and collaborative intervention design strategy detailed earlier. Working together with newly transitioned refugee co-creators resulted in a final video that reflected the needs of the target viewership (participatory design) as well as their perspectives (participatory co-creation of media). While successful as an initial endeavor, future filmmaking projects could certainly benefit from expanding the participatory and collaborative components of both the intervention design and production processes, as detailed in the concluding chapter.

**Phase Two: Feedback Sessions**

The second phase of this dissertation centered on screening the video for small feedback groups to glean information about the video’s comprehensibility and clarity. The feedback process proved to focus primarily on ascertaining levels of information reception and did not intensely delve into issues of meaning-making and affective changes, such as reduced anxiety or improved self-efficacy. Although early designs for this project did include plans to gather this deeper level of data, that strategy proved to be outside the scope of this dissertation for reasons explained in depth in this chapter.

**Sample.** To study the ways non-English speakers gleaned information from an image-based video, this project employed criterion sampling to build its viewer group. Sociologist Michael Q. Patton (2002) defined this type of qualitative sampling as choosing “all cases that meet some criterion” (p. 243). The criteria for this study were non-English speakers, non-American or Western European, and persons who were
immigrating to the United States for the first time (and were therefore less familiar with the American healthcare system than a long-term U.S. resident would be).

This project partnered with NSC because its client base comprises families and individuals from over 90 countries, widely ranging in education and literacy levels. This group was chosen because NSC’s extraordinarily diverse refugee population represents an ideal sample for co-creating an educational video and evaluating its efficacy across multiple cultures, languages, and literacy levels.

Participants. To briefly review: two different groups contributed to this study. The first group, co-creators, was comprised of the cast members and collaborators who assisted in the production of the interventional video. The second group, viewers, screened the resultant video and participated in feedback sessions.

Co-creators. These individuals were refugees who have already successfully transitioned through NSC, had developed some English language skills, and had successfully navigated many healthcare encounters in the United States. They represented Nepalese, Burmese, and Syrian cultures so as to provide like models for viewers. They were selected with the help of NSC caseworkers because they were interested in contributing to a video project that could potentially help future refugees and were specifically qualified to do so. In other words, as recent immigrants to the United States, these participants were in a unique position to provide rich information about fears, confusion or misinformation that other newcomers may face.

Viewers. From NSC’s wide range of potential participants, individuals from certain cultures, specifically Nepalese, Bhutanese, Burmese, Sudanese, and Iraqi were included in the study. This selection represented a sample ethnically, economically and
educationally diverse from each other, but all with limited English language proficiency. Additionally, every participant had been in the United States less than two weeks at the time they participated in the study, resulting in a population particularly unlikely to be familiar with the American healthcare system. Additionally, nearly half of all participating newcomers were functionally illiterate in their own native language and had no English language proficiency at all, allowing for a diverse sample across demographics of age, gender, nationality, native language and literacy level.

A further motive for including Nepalese and Burmese participants was the unique perspective they offer as immigrants coming to the United States from refugee camps. Megan O’Brien, clinic liaison for NSC, commented that many of NSC’s Nepalese clients are ethnically Bhutanese but have lived in various Nepalese refugee camps for decades before moving to the United States (personal communication, March 20, 2014). Similarly, Burmese refugees sought asylum in camps in Malaysia before eventually relocating to America. As such, younger generations of these families ended up appropriating elements of their various host cultures into their own familial traditions. Children were often born in these camps and grew up speaking the language of the country where they were encamped, rather than the native language of their parents. This population presented an excellent demographic for testing an intervention designed to be comprehensible to a variety of cultures, since often each individual participant could claim at least two, if not more, cultures as their native background.

All viewers were new immigrants transitioning into the United States with the help of the staff at NSC. In addition to this population fulfilling all three of the criteria necessary for this study (non-English speaking, non-American, and less familiar with
American healthcare system), these clients were also valuable because they were all representatives of the exact population that this intervention hoped to help in the future. In other words, if elements of the video were confusing for more than one screening group of Burmese refugees (for example), those elements may need to be revised to create comprehensible media for other Burmese viewers to follow.

As part of their standard orientation into the country, each new immigrant transitioning through NSC watches a PowerPoint presentation on health and safety, provided by NSC within two weeks of their arrival. Potential participants were approached by NSC caseworkers just before their mandatory health orientation and asked if they would like to be a part of this study and told that it would require answering some preliminary questions and then screening a short video and discussing it afterward. Screenings and feedback sessions were conducted successively in the same conference room at NSC’s office. A translator, interpreting via speakerphone, was present throughout all aspects of the study involving viewer participants.

**Voluntary participation.** Because language barriers were a significant hurdle in communication between the research team and participants, speakerphone translators and NSC caseworkers were essential partners in conducting this study. One specific area of concern for all involved was the notion of implicit coercion, especially because this study focused on a vulnerable population. In an effort toward truly *informed* consent, consent forms in a variety of languages, including Nepali and Arabic, were provided to literate participants and English consent forms were orally translated for those who spoke alternate languages or dialects or who were illiterate. Similarly, release forms for co-creators were translated via phone interpreted before filming commenced (although the
cast members and co-creators tended to have much higher English language proficiency than the viewers). All participants were asked (via translator) if they understood that the study was unrelated to the government and that their participation was voluntary and were given time to ask questions of the research team. However, as qualitative researcher Deborah Padgett (2008) elaborated, “researchers tend to occupy higher-ranking social positions and have institutional affiliations that can inspire feelings of coercion…thus even carefully obtained consent can become ‘deformed’ consent” (p. 66).

In the case of this study, refusal to participate, though rare, did occur occasionally. Some potential participants asked detailed questions about the study before signing the consent form, whereas others commented positively on the potential for the project to help future newcomers. As such, the research team, in partnership with NSC, felt reassured that participation in the study was voluntary. However, future iterations of this project may undertake more thorough methods, such as collaborating with a recently transitioned refugee in an ambassadorial role, to ensure that potential participants fully comprehend the voluntary nature of involvement, as detailed in the concluding chapter.

**Confidentiality.** Because of the sensitive nature of this study, it was made clear to all viewers that their answers and comments would be kept strictly confidential. After the consent forms were signed, no other identifying information was gathered or recorded. Participants were assigned pseudonyms based on their country of origin and year of birth and the research data was kept separate from the consent documents. Viewers were made aware that, with their permission, feedback sessions would be audio recorded and reassured that the recording would only ever be used by the researcher to ensure accuracy in transcribing their answers. Viewers and co-creators were treated in accordance with
Temple University's International Review Board, and IRB approval was obtained for all aspects of the study that involved human participants (see Appendices A, B, C, D, and E for consent forms and Appendix F for IRB approval).

**Screening groups.** All screenings and feedback sessions took place at NSC’s office in Center City, Philadelphia. NSC generally groups people together by native language for efficiency during the translation process. Almost always, these groups are also all members of the same extended family. Qualitative researchers David Stewart, Prem Shamdasani and Dennis Rook (2007) noted that homogeneous groups tend to communicate easier and with less conflict and heterogeneous groups tend to provide a greater diversity of opinions and generate more conflict. Because the goal at this early stage was to ascertain the video’s effectiveness in conveying information, there was no need to purposely create heterogeneous groups for diversity. Instead, allowing family groups to stay together likely resulted in increased comfort, reduced anxiety and more freedom to admit that something was confusing than if they had been in a group with strangers.

These family groups also tended to be small, usually between four and eight members, which qualitative researchers, such as Jenny Cameron (2005), have found to be an ideal size for encouraging discussion without limiting contribution time due to size (p. 162). Stewart et al. (2007) also argued that homogeneous family groups are more naturally cohesive than groups comprised of strangers, which is important because the more cohesive a group is, the more easily they communicate (even about sensitive subjects) and the more powerful the members feel.
Although each screening group was homogeneous, there was great heterogeneity between screening groups, with one family coming from Nepal, the next from Iraq, and the next from Myanmar (Burma). This method of controlling group composition to fit specific categories is called segmentation. As qualitative researcher David Morgan (1997) noted:

> segmented samples are closely tied to the emphasis on homogeneity in the composition of screening groups. It is this homogeneity that not only allows for more free-flowing conversations among participants within groups but also facilitates analyses that examine differences in perspective between groups. (p. 35)

In this way, data about the comprehensibility of the videos on diverse populations was ascertained without mixing members of different cultures or languages within the same screening groups and potentially causing anxiety or discomfort.

The video was screened for 10 groups, for a total of 28 participants, 16 male and 12 female, with ages ranging from 19-56. Native countries of participants included Nepal, Myanmar (Burma), Iraq, and Sudan. See Table 1 for detailed information on the composition of each screening group.
Table 1. Study Participant Demographic Data (Viewers)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Screening group</th>
<th>Country of origin</th>
<th>Native language</th>
<th>Gender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group 1</td>
<td>Nepal</td>
<td>Nepali</td>
<td>M</td>
<td>33</td>
</tr>
<tr>
<td>2</td>
<td>Group 1</td>
<td>Nepal</td>
<td>Nepali</td>
<td>F</td>
<td>28</td>
</tr>
<tr>
<td>3</td>
<td>Group 1</td>
<td>Nepal</td>
<td>Nepali</td>
<td>F</td>
<td>37</td>
</tr>
<tr>
<td>4</td>
<td>Group 1</td>
<td>Nepal</td>
<td>Nepali</td>
<td>M</td>
<td>44</td>
</tr>
<tr>
<td>5</td>
<td>Group 1</td>
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<td>Nepali</td>
<td>M</td>
<td>19</td>
</tr>
<tr>
<td>6</td>
<td>Group 2</td>
<td>Myanmar (Burma)</td>
<td>Burmese</td>
<td>M</td>
<td>32</td>
</tr>
<tr>
<td>7</td>
<td>Group 2</td>
<td>Myanmar (Burma)</td>
<td>Burmese</td>
<td>F</td>
<td>25</td>
</tr>
<tr>
<td>8</td>
<td>Group 3</td>
<td>Iraq</td>
<td>Arabic</td>
<td>M</td>
<td>28</td>
</tr>
<tr>
<td>9</td>
<td>Group 3</td>
<td>Sudan</td>
<td>Arabic</td>
<td>M</td>
<td>31</td>
</tr>
<tr>
<td>10</td>
<td>Group 4</td>
<td>Nepal</td>
<td>Nepali</td>
<td>M</td>
<td>43</td>
</tr>
<tr>
<td>11</td>
<td>Group 4</td>
<td>Nepal</td>
<td>Nepali</td>
<td>F</td>
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</tr>
<tr>
<td>12</td>
<td>Group 4</td>
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<td>Nepali</td>
<td>M</td>
<td>56</td>
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<td>Group 4</td>
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<td>Nepali</td>
<td>F</td>
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<td>Group 5</td>
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<td>Nepali</td>
<td>M</td>
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<td>Nepal</td>
<td>Nepali</td>
<td>F</td>
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<tr>
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<td>Arabic</td>
<td>F</td>
<td>46</td>
</tr>
<tr>
<td>17</td>
<td>Group 6</td>
<td>Iraq</td>
<td>Arabic</td>
<td>M</td>
<td>54</td>
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<tr>
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<td>Arabic</td>
<td>M</td>
<td>33</td>
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<tr>
<td>19</td>
<td>Group 7</td>
<td>Myanmar (Burma)</td>
<td>Kachin</td>
<td>M</td>
<td>22</td>
</tr>
<tr>
<td>20</td>
<td>Group 7</td>
<td>Myanmar (Burma)</td>
<td>Kachin</td>
<td>F</td>
<td>25</td>
</tr>
<tr>
<td>21</td>
<td>Group 8</td>
<td>Sudan</td>
<td>Arabic</td>
<td>M</td>
<td>35</td>
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<td>22</td>
<td>Group 8</td>
<td>Iraq</td>
<td>Arabic</td>
<td>M</td>
<td>35</td>
</tr>
<tr>
<td>23</td>
<td>Group 8</td>
<td>Iraq</td>
<td>Arabic</td>
<td>F</td>
<td>33</td>
</tr>
<tr>
<td>24</td>
<td>Group 9</td>
<td>Myanmar (Burma)</td>
<td>Chin</td>
<td>F</td>
<td>32</td>
</tr>
<tr>
<td>25</td>
<td>Group 9</td>
<td>Myanmar (Burma)</td>
<td>Chin</td>
<td>M</td>
<td>32</td>
</tr>
<tr>
<td>26</td>
<td>Group 9</td>
<td>Myanmar (Burma)</td>
<td>Chin</td>
<td>F</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Group 10</td>
<td>Myanmar (Burma)</td>
<td>Kachin</td>
<td>F</td>
<td>30</td>
</tr>
<tr>
<td>28</td>
<td>Group 10</td>
<td>Myanmar (Burma)</td>
<td>Kachin</td>
<td>M</td>
<td>33</td>
</tr>
</tbody>
</table>
**Pre-screening feedback.** Viewers remained in the same large room with other members of their family or orientation group while the translator and investigator obtained consent and explained the nature of the study. Pre-screening questions were designed to ascertain how much knowledge participants had about a standard American clinic encounter before the screening, so that only new correct answers after the screening could be attributed to the video’s successful communication. The initial plan for interviewing participants was to separate each person to be asked pre-screening questions privately, reconvene to screen the video and then ask post-screening questions privately. This arrangement was designed to provide a sense of security for participants who would be able to see, but not hear, their family members being interviewed, while also maintaining privacy. It was thought that this method would ensure a more accurate assessment of information transmission because participants were interviewed separately rather than in a group.

However, this method proved to be highly uncomfortable for viewers and was quickly abandoned in favor of keeping viewers together, and at ease, throughout the duration of the study. While some aspects of using NSC’s client population were highly desirable, it did require a great deal of flexibility and compassion. None of the viewers had ever traveled to the United States before. Their English language proficiency was very low. Several participants were functionally illiterate in their native language (let alone English) and a few were deaf. For these reasons, they were an ideal population with whom to test the comprehensibility of an image-based, silent video. However, they were also refugees seeking asylum in this country. They have likely witnessed unimaginable tragedy and been forced to abandon their homes. And despite their personal hardships, they still generously agreed to participate in a study geared toward helping future newcomers navigate the healthcare system. Once it became clear that separating husbands from wives, even if just to the other side of the room, unsettled and
upset the participants, the method was immediately adjusted to allow everyone to sit together.

This project was not the first to encounter this type of situation. In fact, geography researchers Jon Goss’ and Thomas Leinbach’s 1996 study with transmigrants in Indonesia set out to determine the value of using screening groups as legitimate means for gathering information from certain populations of people, including immigrants and citizens from developing nations, and found them to be much more successful than other qualitative methods. They discovered that “in some research contexts, due to both living conditions and cultural values, it often proves difficult to isolate respondents from spouses, children, neighbours, and/or relatives in order to obtain the privacy of a personal feedback” (Goss & Leinbach, 1996, p. 115). Communication scholar Thomas Lindlof (1995) further argued that qualitative inquiry “frames its subject as something to be learned about, through questioning and dialogue” (p. 131, italics added). By this, Lindlof (1995) suggested that the evolutionary and iterative nature of qualitative research was actually its strength and that “the looseness of interpretive inquiry design enables the researcher to correct mistakes and refit method to the authentic character of the phenomena” (p. 131). For this project, remaining flexible and amending the data collection plan to better accommodate the participants was absolutely necessary.

The first step of data gathering involved asking the pre-screening questions (see Appendix G for feedback session script). Once the interpreter translated the information, usually one or two people answered, rather than each individual person. Even asking the translator to tell the group that each person should answer did not markedly improve the response rate. There may be cultural reasons for this. Often in a group comprised of three generations, the male member of the middle generation would speak on behalf of the group. Asking female participants to answer directly often resulted in downcast glances and mumbles translated as “I don’t know.”
Once this phenomenon was observed, the investigator began conducting both pre- and post-screening sessions in a much more casual manner. After the initial answer was offered, almost always by a male family member, the investigator said “thank you, that is an excellent answer, does anyone else in the family have something else to add?” This approach was met with moderate success as it seemed to verify that the first answer was acceptable and open up the room to suggestions from others. Once this dynamic was established, the groups tended to speak more freely. Female members often contributed answers and the atmosphere in the room became one of the family working together to answer the questions, rather than being separated and interviewed by a stranger on their own. Information studies professor Linda Lederman (1990) suggested that feedback groups promote confidence between members and that “candor is permitted not only because members of the group understand and feel comfortable with one another but also because they draw social strength from each other” (p. 120).

While the viewers were much more comfortable with this arrangement, the study obviously suffered. Obtaining individual answers on knowledge questions is much more preferable to a group effort. Although this was not a quantitative study, and statistical data was not required, individual answers would have provided a much more accurate picture of the video’s ability to convey information. Chapter Seven’s section on the results of the study goes into greater detail on the participants’ answers and how they were still helpful in answering the research questions, despite the somewhat regrettable alteration in method. Despite this last minute change in data collection strategy, the resultant feedback sessions were successful, congenial and comfortable and the study was able to achieve a saturation of common themes.

**Video screening.** After answering the pre-screening questions, the family or orientation group screened the video, which ran for approximately 15 minutes. The video was screened in a semi-darkened room, on a laptop screen with viewers’ chairs gathered around. Viewers were offered bottled water and snacks. Throughout the screening, both
the researcher and one research assistant observed the participants. Investigators took notes on commentary between viewers, body language, facial expressions, and any other discernible nonverbal communication. This information was added into the feedback session data to obtain a fuller picture of the screening’s effects.

In this study, viewers saw this video as part of a mandatory health orientation but still may not have paid very close attention. There is some research, such as the work of medical doctor Yu-Feng Chan and colleagues (2008) that suggested that even passive viewing can result in information retention. In Chan’s study, passive watching of an informational video on stroke in the emergency waiting room improved patients' scores on a post-test when compared to a control group both immediately after watching the video and at one month after the viewing (Chan, Lavery, Fox, Kwon, Zinzuwadia, Massone, & Livingston, 2008). However, as this study was conducted with English-speaking patients, there is a gap in the literature where this study's intervention with non-English speaking populations may add to the knowledge of the field.

**Post-screening feedback sessions.** After the video was finished, the translator and investigator asked participants to answer the post-screening knowledge questions (see Appendix G for feedback session script) and then the group answered the more general feedback prompts. The pre- and post-screening sessions consisted of identical knowledge and comprehension questions, such as, “What should you bring with you to your doctor's appointment?” By comparing each participant’s pre- and post-screening answers, it was possible to determine how much information had been transferred through the video.

Other prompts aimed at ascertaining the effectiveness and entertainment value of the video were asked only post-screening. These feedback sessions focused on discovering what elements were most successful in communicating the intended message and if participants had any suggestions for improvement. Goss and Leinbach (1996)
suggested that small groups were an ideal method for gathering exploratory information because:

while the academic researchers conventionally must be concerned with the quality and quantity of information generated by a particular method, we believe that the main advantage of focus group discussion is that both the researcher and the research subjects may simultaneously obtain insights and understanding of particular social situations during the process of research. (emphasis in original, pp. 116-117)

This strategy set up a situation where the research subject was an active participant in his or her own understanding, which could be greatly encouraging. Because one of the primary goals of this research was the empowerment of this population through co-creation of media, the intervention was designed (and later amended) with a focus on investigator-participant equality, respect, and participatory methods.

Relatedly, this project was particularly interested in enlisting the help of this diverse group in teasing out what factors needed to be addressed in intercultural communication and beginning to discover what strategies were most effective in communicating across cultural barriers. To this end, the post-screening questions intended to ascertain what was confusing and what was clear in the video. These questions were designed to prompt a discussion of existing media that was confusing or other media that had been understandable or helpful. Ideally, the feedback sessions would even reveal what aspects of this video (or other media) had been cross-culturally comprehensible. Stewart et al.(2007) suggested that group feedback was also ideal at this stage because “live encounters with groups of people will yield incremental answers to behavioral questions that go beyond the level of surface explanation” (p. 13).

However, in the process of gathering data, it became clear that while small groups and feedback sessions should “yield incremental answers to behavioral questions that go beyond the level of surface explanation,” several variables need to be present. In order for participants to allow researchers access to the kind of rich data that was initially
sought in this dissertation, a relationship of mutual trust and respect must be developed and fostered. Development of this kind of rapport requires a constellation of appropriate circumstances including ample time to build such a relationship and the participants’ willingness and availability to collaborate. In the case of this dissertation, the circumstances were ideal for building a positive working relationship with the fully transitioned refugee co-creators as well as for investigating information transmission through the video with more newly arrived refugee viewers. However, the constrained time frame for data gathering made developing the comfort level necessary for more in-depth qualitative inquiry on meaning-making and ways of interpreting, outside the scope of this preliminary investigation.

**Research journal.** A potential disadvantage of qualitative inquiry is that researchers run the risk of projecting their own biases onto their subjects’ data. To combat this, researchers must engage in vigilant efforts toward reflexivity. This means that scholars must continually question their own place in the research process, what power relations exist, and what personal, emotional and political “baggage” they bring into the research environment, as well as any limitations of the research design. Proper self-reflexivity can result in richer data if scholars accept their biases and critically engage with them.

To this end, the researcher kept a detailed journal throughout all phases of data collection and analysis. This journal included notes taken throughout video production and editing, during screenings, during pre- and post-screening feedback sessions, and immediately following each session. These notes covered a range of topics such as the researcher’s view on viewer reactions, thoughts on possible improvements to the video, potential additional questions to be asked during feedback sessions, and any other notes on viewer behavior that might have provided information for the study. Also, after each screening session, the researcher met with her research assistant to review her thoughts on the screening and feedback session and discuss any issues or emerging themes. These
entries were subjective and not intended to document any kind of objective data. In this way, the researcher had a continuous, written record of her personal impressions and could be sure to check her biases and preconceived notions during the analysis process. This journal was also immensely useful in helping the researcher keep track of the ten different screening groups, recall details of the various interactions that took place in each session, and compare her impressions against those of the research assistant. Social scientists who acknowledge and reveal their role in the research process provide a supplementary dimension to their results, a reflexive analysis that adds insight into the multiple realities and power dynamics at play in a given setting. And because qualitative research tends to be interested in questions of personal realities and power structures, inclusion of this kind of subjectivity is all the more crucial.

**Saturation, Consistency, and Convergence**

This project was an exploratory study that aimed to start uncovering formal filmic conventions that may be more transculturally accessible to diverse audiences. This study sought saturation: the reoccurrence of the same or similar information over and over, leading the researcher to believe it to be somewhat typical. For example, in his textual analysis on the Great Chicago Fire of 1871, Pauly (1991) kept analyzing newspaper articles until “the persistence of certain themes, phrases, rhetorical tropes and plots across a variety of texts” led him to believe he had reached a full understanding of the discourses used to describe that event in its time (p. 19). Similarly, the responses in this study did not produce vast amounts of data or represent a larger sample of the population, but rather provided a collection of viewer opinions that were analyzed in the hopes of achieving a saturation of recurrent themes among the responses.

With regard to reliability, sociologist W. Lawrence Neuman (2003) advised that social scientists working in the qualitative paradigm seek both internal consistency (observations that are consistent “over time and in different social contexts”) and external
consistency (observations that are corroborated by “other divergent sources of data”) (p. 388). Researchers can increase the credibility of their studies through observing whether the same kinds of things tend to occur over and over again, or in different situations, or with different participants. If so, the researcher may suggest that this occurrence is not exceptional, but instead is typical of the situation.

To achieve internal consistency, this project screened this video for several different groups of viewers, representing several ethnic groups, native languages, and English language proficiency levels. This practice, described by communications theorists Clifford Christians and James W. Carey (1989) as “maximizing the comparisons,” refers to “a judicious choosing of several comparison groups… to improve the substance and explanatory power of our interpretations” (p. 366). This technique served as a qualitative equivalent for testing a hypothesis under diverse conditions, as empirical scientific inquiry dictates. However, only after screening the video for many more people than was possible in this dissertation, will researchers begin to see if the elements considered in the creation of this video were fully responsible for the results or not.

In discussing data analysis, Hesse-Biber and Leavy (2006) noted that all qualitative research should employ triangulation with the goal of reaching “convergence” (p. 65). To achieve this, researchers should employ different methods, data sources, theoretical or political perspectives, or researchers in approaching the same question. Convergence has been attained when these different methods discover the same results (Hesse-Biber & Leavy, 2006, p. 65). This project attempted triangulation by testing the video on varying data sources (diverse groups of viewers) and allowing a second researcher to observe viewer behavior and responses throughout the screening and discussion process.

In an additional attempt toward convergence of themes, a research assistant reviewed the unedited data from screening/feedback sessions and analyzed the data
independently from the primary investigator. However, researcher triangulation was not necessarily achieved in this case, as the primary investigator asked another female member of her doctoral cohort to assist in data gathering and interpretation. Although approaching the study from different research traditions (the researcher is a filmmaker and the assistant is an educator), their cultural and generational similarities represented a limitation in the design of this study. That being said, the assistant is a competent researcher trained by a doctoral program, and her background knowledge of qualitative research methods made her an excellent research assistant.

**Data Analysis Plan**

Feedback session data was transcribed from the audio recording with observational data added to each screening group’s notes. The constant comparative method of data analysis was applied to the gathered data to identify recurrences of themes by two qualitative researchers, both of whom had studied qualitative research in their doctoral programs. Education professor Sharan Merriam (1998) described the constant comparative method as involving the researcher starting “with a particular incident from an feedback” and comparing it with “another incident in the same set of data or in another set” (p. 159). These comparisons continued throughout the data collection process, allowing researchers to observe emerging commonalities, as well as informing the remaining data collection processes. In this way, researchers could revise and adjust the feedback prompts or other aspects of the data collection method (as described above).

Gathering and analyzing this data contributed to the fine-tuning of the video and generated ideas about what formal filmmaking strategies were useful across diverse cultural audiences. This analysis began to identify which dimensions were most important to take into consideration when creating intercultural media. On one level, this video was created in order to more effectively communicate specific information to this diverse population. Although members of one culture or language group may have found the video clear and understandable, others may have been confused by certain elements,
therefore comparing across cultural groups helped clarify if this was occurring.

**Intercultural Research**

Intercultural communication scholar Richard Brislin (1976) argued that a significant issue in conducting intercultural research was developing a measurement instrument for one culture and using it for another. This flawed method resulted in researchers scoring the second culture against the norms established by the first culture, which generated distorted data. To combat this problem, this project did not use surveys, questionnaires or other more quantitative-based instruments in order to avoid applying an American style of measurement to members of non-American cultures. For this project, small screening groups that included the services of translators allowed participants to describe their thoughts in their own words and in their own native languages. They were not asked to choose an answer from a pre-written, potentially ethnocentric questionnaire, but instead were allowed to answer in exactly the words they wanted to use.

Using this kind of qualitative research method positioned the subject and researcher as equal participants in the construction of knowledge. Because Western scholars interpret data through their own Western epistemological framework, that perspective certainly colors their interpretations. Allowing subjects’ to include their own interpretations and contributions simultaneously diminished the authoritative voice of the researcher and added a necessary, unique, alternative point of view to the research results. However, despite being designed to result in deep, descriptive responses and constructive criticism, the feedback groups for this study often revealed only informational data and complimentary commentary. Potential causes for and solutions to this particular problem are further detailed in the next section.

**Summary of Research Design**

The methods employed in this dissertation were particularly suited to specific aspects of the study and were not as useful in other phases. These strengths and limitations are discussed in detail below in an effort to critically assess the success of the
overall project, as well as allow future researchers to benefit from this on the ground experience.

The cooperative nature of film production contributed to a friendly and collaborative environment between the research/filmmaking team and the transitioned refugee co-creators who played patients in the video. This positive working relationship facilitated access to privileged information from the co-creators on ways to improve the video and make it more cross-culturally comprehensible. This collaborative relationship and concerted effort brought the resultant video production experience closer to the truly egalitarian co-creation of media that was a primary goal of this research.

Additionally, the recruitment of newly arrived refugee viewers for the screening phase of this project provided an extremely ideal population for testing the video’s ability to convey information, specifically because the participants had been in the U.S. for less than two weeks and had limited English language proficiency and familiarity with American healthcare protocol. Also, they were all scheduled to visit a doctor for their mandatory health screening within a day or two of participation in this study. Therefore, screening the video for them before this visit was crucial in order to accurately assess their pre-visit knowledge of American healthcare, as well as provide them with the knowledge that may have helped them feel better prepared for their forthcoming clinic visit.

However, the viewer group was not an ideal population with whom to engage in in-depth focus groups or delve into issues of cultural influences on meaning-making. Their recent resettlement required a relatively full schedule of orientations, clinic visits, and appointments. As such, the circumstances of this population were not conducive to both reaching them before they had personally experienced an American clinic visit, and having the time to build the trusting rapport necessary for in-depth interviewing. As Chapter Seven elucidates, this particular population requires a significant investment in
relationship-building before researchers can expect to collect deep data, such as constructive criticism or a discussion of fears or stereotypes.

Qualitative inquiry tends to be iterative and can be described as “an ongoing interplay between theory and methods, researcher and researched,” rather than a finite undertaking with a clear beginning and end (Hesse-Biber & Leavy, 2006, p. 5). In this way, the video functioned as a research tool to further explore intercultural communication research in this context and only began to tease out what elements needed to be addressed or avoided. The next chapter delves into the issue of study design with regard to the participant sample in greater detail and presents options for how to remedy this limitation in future versions of this study.
CHAPTER 7

RESULTS, ANALYSIS, AND DISCUSSION

This final chapter encompasses the results from all feedback sessions as well as an analysis of what these data mean in terms of the research questions and goals of this dissertation. This section then concludes with a discussion on what was learned through this process, both theoretically, about the process of transcultural communication design and ways that theories introduced in previous chapters influenced the overall outcome of this research, as well as practically, what these efforts have taught the researcher about the co-creation of media and the employment of qualitative research methods with this particular demographic.

Results

As described in the previous chapter, the language-free video was screened for ten groups of viewers. Participants were gathered around the speakerphone and laptop computer, usually seated at a conference table, with the researcher sitting near the phone, taking notes. Participants represented four different cultures (Nepalese, Burmese, Iraqi and Sudanese) and spoke six different native languages (Nepali, Burmese, Arabic, Sudanese Arabic, Kachin, and Chin). This chapter details their responses to pre- and post-screening questions, as well as the more casual feedback prompts. Thematic trends that emerged in the analysis are described in each of the following sections.

Pre- and post-screening questions. Participants were asked three questions before the screening began:

1. What should you do when you first arrive at the doctor’s office?
2. What should you bring with you to the doctor’s office?
3. What are some things that will happen during the clinic visit?

These three questions were specifically designed to dovetail with the information provided in the action of the instructional video.

A note on terminology. Often participants responded to various questions by
mentioning their “food stamp card,” which may seem strange to the average reader. However, when a refugee first arrives in Philadelphia and is eligible for social services, all of these benefits, including health insurance and food stamps can be accessed through one universal benefit card. Two versions of this Access card are highlighted in the video because many newcomers use the Access card as their insurance card for the first 90 days after they arrive in the United States. After that, they are enrolled in Medicaid and their Medicaid card becomes their insurance card.

Some participants also mentioned an I-94 card. This is a form used by the United States Border Control for foreigners being admitted into the country with a nonimmigrant visa. It is an acceptable form of identification for those new immigrants who have not yet obtained a valid state ID or other government-issued photo identification card.

**Screening question #1.** This question asked viewers to predict what a patient should do when they first arrive at the doctor’s office. A few common themes emerged across all ten screening groups: wait patiently, talk to the doctor, and show important documents. The dominant answer tended to be that a person should wait patiently to be seen. For example, in a group of Burmese viewers, Thawsitt responded “just wait for the doctors.” This pre-screening answer is consistent with anecdotal information provided by both NSC caseworkers and other medical personnel who were informally consulted in preparing this project.

Some viewers showed an awareness that a patient needed to wait in line in order to be seen. For example, Kouanda in a Burmese screening group, indicated that “first we have to take the ticket number. When they call out the number, we have to go to that place.” Similarly, Sudanese man, Matak, said “you must take a number and wait until they call your number.” These responses indicate some familiarity with the notion that one must wait to be called to the registration desk, however, taking a number is not usually the case in American clinics. Other participants displayed some pre-screening knowledge that a patient will need to register and then wait. For instance, Burmese man,
Kyaw, answered, “we show them our appointment paper and then we wait about twenty minutes and then the lady at the counter will call us and ask some other information.”

Some viewers’ responses tended to detail what a patient should do when first encountering the doctor, rather that what to do when one arrives at the clinic. These answers may indicate a lack of awareness of the registration and waiting room processes or may indicate that the participant misunderstood the question. For example, Omar in an Iraqi screening group, answered “say hello to the doctor,” when asked what he should first do upon arriving. Similarly, Bishal in a Nepali group, answered “once you reach the office, you have to tell them the reason why we came. Each person has its own issues, such as dental, vision or special needs.” For these viewers, comparisons with post-screening answers helped to clarify if they understood that one must check in before seeing the doctor.

The third theme that surfaced was the idea of presenting certain documents in order to be seen by the doctor. Some viewers were more specific and had more information on exactly which documents they needed. For instance, Sameer in a Nepali group answered only “give papers,” while Bina, a female participant in another Nepali group, said that “first when we get to the doctors, we should show insurance card and IDs.”

Post-screening answers to Question One were encouraging, but by no means ideal, and some showed no improvement at all. For example, Thawsitt, the same man from the Burmese group who answered “just wait for the doctors” before the screening, answered “wait a while” after the screening, suggesting that the need to register was not communicated to him through the video. Other respondents had more positive results. In a Nepali group, female viewer, Manna, responded “wait for the doctor” before the screening, and answered “give the papers” after the screening. When prompted for a bit more information, she clarified, “give papers at the desk,” clearly indicating that the first thing a new patient should do at the clinic is approach the desk and deal with paperwork.
before waiting for the doctor. Similarly, Bishal in another Nepali group did not have a pre-screening answer, but after watching the video, he replied, “when there, tell them we come here for a visit.” Again, this answer provided some evidence that the video was successful in conveying the notion that one needs to check in or register when arriving at the clinic. Hadiya and Omar, a married couple from Iraq, initially answered that one should greet the doctor first, and post-screening, they both contributed answers that you should “go to the waiting area” and “they will ask for your food stamp and ID card.”

**Screening question #2.** Overall, the results from the second question (“What should you bring with you to the doctor’s office?”) were the most encouraging. The scene paralleling this question featured two patients, one male and one female. The male patient did not bring the proper items and was turned away from the registration desk and not permitted to see the doctor. The female patient did bring the correct items (photo identification, social security card and health insurance or Access card) and was rewarded by continuing through the registration process. Throughout the rest of the process, the female patient is seen signing papers and also signing a digital signature pad. Inclusion of the signature scenes was designed to alert viewers that they will need to sign documents at check-in, as well as familiarize them with the digital pad.

Pre-screening answers tended to be inexact and general. Many participants had no answer for this question and said, “I don’t know.” Some viewers had vague answers revealing some knowledge that documentation was required, but did not know exactly what was required, such as Burmese woman, Thiri, who said, “appointment card”, or Nepalese man, Sameer, who answered, “papers.” Some participants, such as Bishal from Nepal, revealed familiarity with one correct item, but not all of them. He said “we heard you must bring insurance card.” Others had more detailed information, but still not a complete list. Burmese man, Gouba, answered, “if we have a list of medications, we have to bring that, and then also a record of all immunizations, picture ID and other papers.” One screening group of Arabic speakers pooled their knowledge. Iraqi couple
Omar and Hadiya replied, “I-94 if no ID, and insurance” and Sudanese man, Hassan, chimed in with, “also food stamp card.”

Post-screening, nearly all viewers could clearly list the three items illustrated in the video. Sameer, improved greatly on his initial answer of “papers,” post-screening. He quickly replied, “health insurance card and ID” and then paused for a moment, as if searching for the words, and said in English, without the translator, “social card, social security card” and then smiled at me. Other participants correctly identified two of the three, which would certainly be enough to register at the clinic, such as Thiri: “ID and Medicaid.” Here, “Medicaid” refers to the health insurance card for Medicaid recipients.

For the viewers who arrived at the study with existing knowledge, post-screening answers revealed an increase in the level of detail. For example, Nepalese man, Raju, answered, “ID, insurance card, and I-94. Need for children and family,” before the video. Afterwards, his answer was, “I-94, Access card, social security card and state ID and food stamps.” In this case, the Access card and the food stamps card are the same, and the I-94 is only necessary if a patient doesn’t yet have a state ID. However, Raju did amend his pre-screening answer to include “social security card,” which is encouraging. Similarly, Gouba, whose initial response included immunization records and other items not mentioned by any other respondents, also provided a more detailed answer post-screening. He replied, “we first submit our health card and other medical cards and then we also need to put down our signatures.” Here, Gouba did not repeat the itemized list he offered pre-screening, but reiterated that a patient needed several medical cards (that he had already named) and offered the additional information that a patient would need to sign on a digital signature pad.

**Screening question #3.** This question asks respondents to detail some procedures that may occur during the physical exam. When questioned before the video screening, many viewers answered in vague terms such as Nepalese man, Prakash: “examination” or Burmese woman, Thiri: “medical records.” Some respondents, such as Burmese man,
Thawsitt, answered, “nothing at all” and many, such as Iraqi man, Omar, replied, “I don’t know.” Among those who offered specific answers, a primary theme of following physician instruction emerged. Nepalese man, Raju, responded, “we have to tell the doctor exactly your problems, and then according to what the doctor instructs, you must follow up.” Some participants, such as Asim, a man from another Nepali group, revealed an awareness of the medical feedback, but not the physical exam. He answered, “the doctor might ask about our health history and might give us some medications,” and his wife, Shirisha, added, “the doctor will get the information and we have to work according to the advice of the doctor.” Similarly, Kouanda from Burma answered, “the doctor will ask questions about health in general and then also about specific medical problems and we will answer all the questions and then the doctor will start checking up and examining. And then based on what the doctor finds, we will be given medication prescription as needed.”

Post-screening, viewers had only slightly more detailed or more correct answers than they provided pre-screening. For example, Nepalese man Bijay answered “I don’t know” before the video, and “examination” after watching the video. Similarly, Burmese woman, Thiri, initially answered “medical records” in response to what happens during the exam, and post-screening, she replied, “doctor inquires things that he needs to know.” Although the post-screening answers show improvement after screening the video, respondents did not often give examples of potential procedures.

That being said, there were a few cases where viewer responses improved. For example, before the video, Nepalese participant, Asim, said “the doctor might ask about our health history and we tell him and he might give us medication.” After the screening, he answered, “go to the doctor room, sit down, doctor does the checking, and writes a prescription for us to get the medication.” Although Asim did not offer details of the exam, he did reveal an awareness that a patient must sit and wait for the doctor and that there will be an exam before the doctor gives you any medication. The best
improvement was seen in Iraqi participant, Omar, who initially answered, “I don’t know” when asked about the exam. Post-screening, he replied, “what we saw is that they will weigh you and measure your height and look at your blood pressure and temperature and then you will wait to see the doctor.”

**Feedback prompts.** The feedback sessions included questions on elements in the video that were clear or confusing, suggestions for improvement and a discussion on the potential for language-free videos to be helpful in this or other contexts. Some common themes emerged across the diverse groups, as detailed below.

**Clarity.** The dominant theme across all ten groups with regard to clarity was that the video clearly demonstrated what documentation a patient should bring to a clinic visit. As was evidenced in the post-screening questions, many group members answered like Sudanese man, Hassan, “what cards are necessary,” or Burmese woman, Thiri: “it is clear what we need to bring to the visit” or Nepalese man, Raju: “from the video it is clear what to take to the visit. These papers are necessary.” A secondary trend in answers centered on the physical exam. For example, Burmese participant Kouanda replied, “what was clear was what we need to take away, the items we need to take away. And then we were clear about what the doctor examined us about.”

**Confusion.** When asked what was confusing in the video, many groups, such as Group 2 from Burma, said “nothing,” which, while complimentary, certainly suggested a desire not to embarrass the researcher. Fortunately, other groups’ members did not have the same issues offering criticism. Manna and Sameer, a married couple speaking on behalf of their Nepalese group said, “We did not understand most of the things in the video and there was no sound. It was just action and we were not understanding a lot of things.” Because this feedback session occurred on the first day of data collection, this specific criticism was easily addressed in future discussion groups. Going forward, the researcher or assistant were certain to introduce the video, very specifically, as containing no words and only action. Initially, it was thought that discussing the strategy of the
video (i.e., this video has no words in it so that speakers of all languages have an equal chance of understanding it) might pollute the results or introduce a bias of some kind. However, if viewers were confused by the format of the video (no sound) from the very beginning and spent the screening time wondering what had gone wrong with the sound, rather than actually paying attention to the visuals, then it was certainly worth introducing the video with more detail. Once the study introduction language was amended, no other groups mentioned confusion at the lack of audio.

The dominant theme that emerged from this question centered around a scene featuring a female patient showing the physician her prescription medication from home and receiving an appointment card for her next visit (see Fig. 6 and Fig. 7). Kouanda, from a Burmese group, said, “What was confusing is that there was a card involved in this and we were given back a little slip of paper concerning that card. We don’t know what the card is.” Similarly, Burmese couple, Thawsitt and Thiri, asked, “what was in the bottle the woman gave the doctor?” and Iraqi couple, Omar and Hadiya, also inquired “why did the woman give medicine to the doctor?”

In retrospect, this confusion is likely due to the lack of a close-up shot featuring the prescription bottle and the disjointed connection between a medication scene and the appointment card scene. A revised incarnation of the video might reorder the exam room scenes so that viewers do not see the prescription bottle and the appointment card back to back, and mistakenly think they are related. If the video included a close-up shot of the doctor opening the bottle, looking at the medicine inside, and giving it back to the patient after taking some notes, the message may have been more effectively conveyed. And, though the video did include a close-up of the appointment card, the card was written in English, which was likely unintelligible to most viewers. This aspect of the video, and its resultant confusion, represented a failing on the part of the study. A primary tenet of the video rubric was to avoid using language and a suitable visual representation of the idea of an appointment card was not developed.
Figure 6: Still Shot of Female Patient Showing Prescription Medicine To Physician

Figure 7: Still Shot of Appointment Card
Suggestions for improvement. The next question asked viewers if they had any suggestions that could improve the video. Eight of ten groups replied that the video did not need improvement. This result may have reflected a hesitance to embarrass the filmmaker, as with the confusion question. However, two groups did offer suggestions, resulting in some very interesting data. Both groups felt that the characters displaying incorrect behavior could be improved, albeit in different ways, as detailed below. And although only two groups mentioned these characters, members of every group displayed nonverbal cues indicating potential disapproval or amusement during the scenes that featured inappropriate behavior.

Modeling incorrect behavior. In the video, there were two characters who clearly performed incorrect behavior: an elderly Nepalese man, Yash, who did not bring the correct identification and insurance cards and was turned away (see Fig. 8 and Fig. 9), and a young Burmese man, Htoo, who snooped around the exam room and refused certain procedures (see Fig. 10). The elderly man’s story ended quickly. He did not have the proper cards and he did not gain entrance to the clinic. Htoo, however, transitioned throughout his scenes. If he started off going the wrong way down a hallway, he realized it, and turned back around. When Htoo objected to the doctor palpating his abdomen, the doctor took a moment to demonstrate on his own abdomen, the patient acquiesced, and the exam continued on as it should. The Sabido method, detailed in Chapter Four, predicted that this kind of transitional character would demonstrate missteps that a potential patient may have and then show how the character overcame the problems and displayed correct behavior.
Figure 8: Example of Demonstration of Incorrect Behavior

Figure 9: Example of Demonstration of Punishment for Incorrect Behavior
When asked how the video could be improved, married Nepalese couple, Sameer and Manna, both took a few minutes explaining their answer to the translator who interpreted their remarks as, “I think that the person who is doing the wrong thing, they should learn a lesson and try not to do those things. I think that will improve that video.” A follow up question asked if the older character that did not bring his cards and is turned away represented a better example of a character learning a lesson. Manna replied, “I think that was a mistake, they should not forget the card when they go to the doctor’s office.” Similarly, a Nepalese man in another screening group, Raju, said, “we saw in the video the patient not doing good, using the materials. He has to be disciplined and follow instructions.”

**Physical exam.** One Nepali screening group mentioned confusion regarding the female patient’s lack of physical exam. Married couple, Bishal and Birsha, asked, “why
the doctor only examined the man and not the woman?” During the video’s shoot, the physician’s assistant (PA) and the physician examine both male patient, Htoo, and female patient, Yamin. However, during editing, the researcher felt that information about the exam, specifically what procedures viewers could expect to encounter, was communicated effectively using just one character’s exam scene, not both. Htoo made many mistakes and demonstrated incorrect behavior many times, while Yamin was a model patient who behaved perfectly throughout her exam. Since Htoo’s scene contained more information, notably, what to expect as well as what not to do, his scene remained in the final cut. The Sabido method would not recommend this course of action – it insists on presenting incorrect, correct and transitional characters. However, to reduce the total running time of the video, the researcher sacrificed the inclusion of the correct character, hoping that the demonstration of the transitional character’s exam would suffice. And though only one group seemed confused that the female patient was not examined, nine of ten groups failed to list elements of the physical exam in their post-screening answers.

Perhaps a future iteration of this video will intercut between a male and female patient’s exams and discover if intercutting between different scenes is less confusing than omitting one exam scene altogether. Possibly showing the elements of the physical exam being performed on more than one patient would result in improved post-screening answers regarding what happens during the exam.

**Helpfulness of video.** The final feedback prompt inquired if a video like this, with no words and only action, was helpful to viewers in giving them new information. After seeing participants’ general reluctance to offer constructive criticism, the researcher now feels that this question was far too narrow and did not encourage honesty. This type of question may have influenced participants to give positive feedback in order to avoid interpersonal conflict with the filmmaker. The results showed that very few viewers had negative remarks about the helpfulness of this video. Kouanda from Burma said, “we
will consider it [the video] as enlightening and giving us knowledge and information.” Nepalese man, Raju, said, “the video seemed helpful to us and we get some information from it, so it is quite informative,” while Shirisha, a young woman from Nepal, said, “you have my blessing that you made this video. This video taught us a lot to do and how to do it.”

Some viewers were less complimentary. Manna, the Nepalese woman who offered criticism about the transitional character’s recidivism, replied that the video, “was able to help a little bit,” suggesting that she did not think the video was very effective. However, nearly all groups responded positively to this question, leading the researcher to reconsider the phrasing. The question was intended to ascertain if a video like this one, without audio, could be helpful in conveying information. It was not designed to ask if viewers found this particular video helpful (as other discussion questions would have procured that information already). Future studies should replace this fourth question, as it was misleading and ineffective.

Details. One interesting trend that emerged throughout the feedback process was the accuracy of answers surrounding specific details of the clinic encounter. Several times throughout the video, close-ups of important items such as insurance cards, signature pads, registration forms, and the like, were used to highlight the items’ significance. Often a red, graphic oval also appeared onscreen encircling the item of consequence. Encouragingly, viewers often cited these exact items in their post-screening responses, indicating that extra attention has been paid to these small details (the exact goal of the video). For example, Kouanda from a Burmese group, answered Question #1 by saying “we first submit our health card, our medical card. We need to put down our signatures.” This answer contrasted sharply with his initial response involving taking a ticket number. Similarly, Asim from Nepal initially answered that he should bring his I-94 card to the doctor’s appointment (which is not necessarily accurate). However, after the screening, he quickly recited the documents one needs to bring: “ID,
I-94, insurance, social security and food stamps.” Although he was still mistaken in thinking he should bring his I-94 if he had an ID, his post-screening answer revealed that the freeze frames highlighting the circled cards were educational enough to allow him to learn this detailed information and recall it after the screening.

**Observations**

**Nonverbal communication.** Other observations made during the screening were helpful in learning more about what elements were particularly interesting to viewers. For example, members of a Nepali group “tsk-tsked” when Yash was turned away for not having his cards, indicating disapproval. Burmese man, Thawsitt, laughed during this scene and commented in his native language to his wife, who nodded her agreement. Immediately following Yash’s dismissal, an elderly female character, Amita, attempted to check in and produced the proper cards. For the Nepali group who “tsk-tsked” Yash, Amita’s correct behavior was met with head nodding and “ah”s. Thawsitt laughed again when the registration desk character gave a “thumbs up” gesture to Amita when she produced the proper cards.

**Humor.** One goal of this project was to create an instructional video that was not merely a boring demonstration of procedures and protocol. It was thought that characters displaying incorrect behavior could add some humor and levity to the film, while also conveying important information on what not to do. Observation of viewers during the screening provided some evidence that they found the video amusing. For example, Iraqi couple Yusef and Sabeen chuckled throughout Htoo’s examination scene, especially when he rummaged through the drawers and tried out the otoscope on himself. Yusef made eye contact with the researcher, smiling and shaking his head, each time Htoo did something inappropriate. Sudanese man, Matak, snickered and shook his head when Htoo turned the wrong way down a hallway and when he turned on the exam room sink. Similarly, Burmese man, Kouanda, and wife, Swimon, chatted and laughed as Htoo walked the wrong way down the hallway, sat on the garbage bin instead of the exam table.
and poked around the exam room. Kouanda and Swimon laughed loudly when Htoo shied away from the doctor’s otoscope. Burmese couple Thawsitt and Thiri also laughed during Htoo’s antics, especially when he repeatedly sat up, objecting to the abdominal exam, and moved away during the otoscope exam. When the doctor demonstrated that the otoscope was not painful (by touching the tip of it with his own finger a few times, see Fig. 11), and Htoo acquiesced to the exam, both Thawsitt and Thiri smiled and sat back in their chairs a bit, seeming to relax.

Figure 11: Example of Physician Demonstrating Safety of Instrument

Despite these scenes’ comical nature, viewer responses revealed that information was conveyed through them as well. For example, when asked what was clear in the video, Burmese couple Mahnin and Gouba both offered answers gleaned from humorous scenes. Gouba said, “you should follow the instruction of the doctor.” Then, Mahnin added, “and one thing is while the doctor is out, we are not supposed to touch the things in the room.”
All this being said, intercultural humor was a very tricky thing to achieve or measure. It is possible that the laughter I observed was not laughter at a humorous situation, but a more culturally specific kind of laughter generated out of being uncomfortable. Though I have observed this phenomenon outside of this study in several situations, it did not seem like uncomfortable laughter to me (or the research assistant). Also, the laughter at incorrect behavior was observed in groups comprised of people from Nepal, Burma, Iraq and the Sudan, leading one to suspect that it may be more universal and less culturally specific. However, several viewers also chuckled when Yash was turned away for not bringing his insurance card and identification with him. This scene was designed to show incorrect behavior being punished and was not intended to be a humorous element of the video. Therefore, perhaps some viewers may have laughed because they felt uncomfortable that Yash had failed in his attempt to see the doctor.

The notion of uncomfortable laughter is worthy of discussion because it can be highly culturally specific and difficult to interpret correctly. One such example of nervous laughter occurred during the filming of Htoo’s exam scene with the physician. In one shot, Htoo shied away from the otoscope, as if he was nervous that it would hurt him (see Fig. 12). This performance was the actor’s choice. The director only indicated that the patient should initially refuse the procedure, listen to the doctor, watch his demonstration that it was safe, and then acquiesce. Htoo added in the nervous laughter and smile that could certainly be misunderstood by American healthcare workers as lighthearted joking or even disregard for the exam. Including this kind of laughter was appropriate in this instance because Htoo, representing a recently transitioned new Nepalese immigrant, was demonstrating the culturally specific behavior that would likely
be recognizable to other new Nepalese immigrants. However, future transcultural researchers and mediamakers should consider new ways of addressing this curious intercultural issue. One idea might be to include a scene where a healthcare worker reacts unfavorably to nervous laughter, which is likely to happen in a real-life healthcare encounter. This kind of scene would allow for a post-screening discussion on culturally specific laughter and its potential misinterpretations.

Figure 12: Example of Culturally Specific Uncomfortable Laughter

Use of graphics. The use of basic graphics (oval encircling highlighted items, X crossing out incorrect behaviors) was an experimental aspect of this study. Therefore, the research team paid careful attention to viewer behavior whenever these graphics were onscreen. Several times throughout the video, important details were freeze framed and a red oval graphic faded in, encircling the item, and then faded out as the action continued. Examples of items circled include, the number in the elevator indicating which floor you
should exit onto, the sign above the clinic indicating which door you should enter, and the various cards a patient should bring to registration. Viewers in seven out of ten groups leaned in to pay closer attention to details that were highlighted in the video by a graphic circle.

One screening group was comprised solely of an Iraqi couple, Omar and Hadiya. During the consent process, when it became clear that researchers would ask pre- and post-screening questions, Hadiya removed a legal pad from her shoulder bag and began taking notes as soon as the video started. Both Hadiya and Omar leaned in to see the different cards the patient brought to the clinic, encircled onscreen, and Hadiya hastily wrote notes on her pad. When an action was crossed out, many viewers nodded in agreement or pointed it out to their family members. Members of all three Nepali screening groups and both Arabic-speaking groups leaned toward the screen when circle graphics appeared and members of every single group commented to each other during scenes featuring graphics. Burmese man, Kouanda, said “bad” in English, the first time the graphic X appeared onscreen (when Htoo was rummaging through the exam room drawers). Observation of these verbal and nonverbal cues led the research team to suspect that particular attention was being paid during scenes that included on-screen graphics.

Analysis

Primary Outcomes

Information transmission. RQ1 investigated to what extent instructional information could be conveyed to a diverse new immigrant population through an image-based video. The most encouraging results for this question pertained to the communication of information about what documentation to bring to the clinic visit. Responses from pre- and post-screening questions on this topic showed a marked improvement in knowledge, with nearly all viewers able to list the required items post-
screening. Additionally, the feedback prompt concerning clarity also revealed that many viewers found the scene concerning registration (and documentation) particularly clear and informative. The notion that patients must check in at a registration desk was also effectively communicated to viewers, although with slightly less success than the need to bring certain cards.

Other aspects of the clinic visit were less successfully communicated. Very few viewers listed procedures that were components of the clinic exam. However, additional research will need to be conducted to ascertain if this video is able to provide at least some level of familiarity with procedures (leading to a potential alleviation of fears, as detailed below).

Sociocultural cognizance. RQ2 was interested in what sociocultural elements were particularly important to keep in mind when developing transcultural media. The video was designed with an awareness of gender and ethnicity. The initial rubric called for different genders to play the positive and negative roles, which was not adhered to during video production. However, no viewers offered any feedback that indicated confusion about why the male characters were always misbehaving as compared with female characters. At least for this study, merely including both genders as participants in the clinic visit seemed to be sufficient; viewers did not seem to notice that men illustrated all the negative modeling.

However, viewers were confused by an editing decision that cut the majority of the female patient’s exam in order to reduce the total running time of the video. Some viewers thought that this omission meant that only the male patient was actually examined and interviewed by the doctor, and the female patient was somehow short-
changed. This finding suggested that future versions of the video must allow equal exam
time to members of both genders in order to effectively communicate that men and
women will be equivalently examined during a clinic visit.

Three ethnicities (Syrian, Nepalese and Burmese) were also represented by the
cast members of the video. No viewers commented on the presence or absence of any
particular ethnicity or race. Preliminary research for this study showed that viewers
responded positively to images of their compatriots onscreen (the researcher observed
Nepalese viewers smiling and pointing at a still image of a Nepalese man, in traditional
dress, being examined), but this kind of observation was not replicated in the actual
study.

Future research could include a specific feedback prompt about the presence or
absence of a character of the viewer’s cultural group. Alternatively, another iteration of
the video could include Caucasian American characters as well as members of these
specific ethnic groups to explore the ways viewers respond to these representations.
Other sociocultural elements, such as class, could also be represented in a more
noticeable way to see if they influence viewer comprehension.

**Transcultural filmic elements.** Because the world is changing and paradigms
are shifting, discovering elements of a filmic language that could communicate across
cultural and linguistic boundaries was especially important and apropos. A few filmic
conventions were largely successful across all ten screening groups, providing support for
the notion that these particular elements may be transcultural.

**Straightforward visual illustration.** The scene featuring registration with
identification and insurance cards was the most successful section of the video. Because
of the overwhelming improvement in viewer responses and their enhanced ability to list the required documentation, it seemed that straightforward visual illustration of inanimate objects was fairly transcultural. Relatedly, the use of oval graphics to encircle critical information and the prohibition cross to strike through negative behaviors was nearly universally understood. This finding supported the notion that direct demonstration of negative behavior could be transculturally understood as unacceptable, if accompanied by the X graphic.

**Transitional and negative characters.** One aspect of the video that was not as cross-culturally successful was the inclusion of transitional and negative characters. Although the Sabido method clearly advocated for interventions to include positive, negative and transitional characters navigating the same situation, this video attempted to show positive and negative characters in one situation (registration), and a transitional character in another situation (physical exam). This strategy was met with mixed results. While most viewers communicated an understanding that the transitional character, Htoo, was demonstrating negative behavior, members of two Nepali-speaking groups voiced confusion or concern over this character. Thus, the strategy of including a transitional character, without his positive and negative counterparts must be more closely investigated.

The Nepalese participants who criticized Htoo’s character said, “I think that the person who is doing the wrong thing, they should learn a lesson and try not to do those things.” A Nepalese man in a different group agreed that “the patient not doing good, using the materials…he has to be disciplined and follow instructions.” It could be
coincidental that those participants who found fault with this character happened to identify as Nepalese, but the situation certainly bears further scrutiny.

For these two Nepali-speaking groups, the notion that Htoo was transitioning throughout the scenes and learning how to navigate the system, was not effectively communicated. They felt that Htoo’s behavior was inappropriate and he did not appear contrite enough. They seemed to be disappointed in this character. During the screening, members of these groups shook their heads in disapproval and commented in their native languages to each other. Many viewers in other groups smiled, chuckled, elbowed their family members, or smilingly shook their heads during these scenes. They seemed to understand that Htoo’s actions were incorrect and yet, they enjoyed watching his misbehavior. A larger study with more viewer-participants might reveal if most Nepalese viewers would agree with those in this sample, that a character displaying incorrect behavior “needs to learn a lesson,” or if it that result was coincidental in this case.

**Viewer preferences.** This study resulted in an improved understanding of new immigrants’ needs and preferences with regard to instructional material, as well as shedding light on the potential uses of silent videos. According to the feedback generated out of this study, viewers from Nepalese, Burmese, Iraqi and Sudanese cultures were all able to glean instructional information from a language-free video. Viewers from all four cultures showed the most knowledge acquisition with straightforward visual illustration, while scenes designed to be humorous or featuring transitional characters tended to be interpreted differently across cultural groups. Based on the observations noted during the screenings, people across all four groups paid special attention to shots featuring circle or X graphics, as evidenced by leaning in or tapping neighboring viewers to take note. All
this being said, this dissertation did not aim to tailor the visual communication to better reach a specific ethnic group, because members of the same culture may interpret images or prefer specific communication styles differently. Therefore, this project only sought to discover if the video was comprehensible to new immigrants from varied cultural backgrounds.

**Potential Secondary Outcomes**

The primary outcome identified in this study was an increased knowledge of procedures and protocol. Observing a like model navigating the healthcare experience, from registration through discharge, was able to impart some crucial information to viewers. Additionally, an awareness of what tests may be performed and what behaviors are expected could contribute to changes in viewers’ cognitive and affective mechanisms as detailed below. Although examining these potential changes was outside the scope of this dissertation, future research could certainly investigate this video’s effect on viewers’ expectations of the medical encounter and pre- and post-screening levels of anxiety, self-efficacy and feelings of fear or uncertainty. Accessing this kind of data will require that researchers build a trusting rapport with viewers before attempting to ascertain information on how their cognitive and affective mechanisms may have changed. However, investigating these issues is certainly a worthwhile endeavor because of the abundance of encouraging outcomes that may be achieved if the video is successful in positively influencing these mechanisms, as detailed below.

*Cognitive mechanisms.* Viewing this video could affect a person’s cognitive mechanisms in several ways, in addition to the acquisition of new knowledge. Understanding typical hospital procedures and protocol could help adjust a patient’s
expectation of the medical visit. Furthermore, viewing this video could increase a person’s knowledge of the benefits to taking medical advice and following physician instructions. This would allow patients to better participate in the decision-making process because they would have an improved understanding of the benefits of proper preventative medicine. It also increases their ability to properly care for themselves or their children by increasing their knowledge of physical exam administration, follow-up procedures and other preventative care strategies. Finally, patients with an understanding of how to navigate the healthcare system as well as the importance of preventative self-care, may be more likely to visit a doctor when necessary, rather than waiting for their situation to worsen.

**Affective mechanisms.** A 2010 review of health education developments over the past 50 years showed that the development of “patient education in hospitals was the result of the realization that hospitalized patients’ distress was increased by a lack of information about the nature of their condition, its likely course, and the available treatment options” (Hoving et al., p. 277). From a practical standpoint, NSC uses their own health orientations not just to provide their clients with information on forthcoming exams, but also to help alleviate stress and anxiety they may feel because they are unsure of what procedures lie ahead of them (Megan O’Brien, personal communication, March 20, 2014). Therefore, it was theorized that this dissertation’s video intervention may result in changes to several affective mechanisms including a reduction in anxiety and an increase in self-efficacy beliefs.

There is a possibility that many newcomers may approach the American healthcare system with preconceived notions based on faulty information. These rumors, as well as
other negative peer or familial norms can exacerbate fears and anxiety, which problematizes the patient's encounter with healthcare providers. This project theorized that an educational video screened during mandatory health orientations could provide an alternate reality to some of the rumors patients may have heard from outside sources. Journalism professors Suzanne Hawkins and Robert Pingree (1988) suggested that the reality constructed by television can have a strong influence on a person's beliefs, but that “messages different from those of television, coming from a heavily used or relied on source could provide sufficient disconfirmation” (p. 355). This notion suggested that mediated messages may be just as powerful as personal sources. In the case of this project, the relationship is reversed. Perhaps the video can provide the sufficient disconfirmation to the inaccurate information provided by personal sources. And if so, an instructional video, given the right circumstances, could effectively undo some of the damage done by erroneous gossip and speculation.

Though it may be very difficult to overcome negative prejudices installed by many stories over time, this video at least presented an alternative reality that could begin to chip away at those ideas. Additionally, this version of the video actively addressed the problem of newcomers fearing the hospital, because it included a character that was also uncertain and afraid. This character, Htoo, displayed his anxiety through hesitation and refusal of procedures. However, in one example, after the physician demonstrated that the otoscope was not painful, the patient learned this new information, used it to transcend his fear, and began modeling ideal behavior. Bandura (2009) suggested that this type of demonstration could positively influence viewers because “fears and
intractable phobias are ameliorated by modeling influences that convey information about coping strategies for exercising control over the things that are feared” (p. 102).

Armed with new knowledge, viewers may be less likely to feel overwhelmed by their situations and avoid or deny reality (as the EPPM predicts). Management scholars Jennifer Whitson’s and Adam Galinsky’s 2008 study showed that when people feel out of control, their ability to make sound decisions and judgments is impaired (p. 117). As Whitson explained, “feelings of control are essential for our well-being – we think clearer and make better decisions when we feel we are in control” (as cited in Shermer, 2010, p. 30). As such, viewers who know what to expect, may have an increased sense of their own efficacy and feel better prepared to face the challenges a clinic visit may present. A patient’s belief in their own self-efficacy is essential in order for them to admit that they may be at risk, and undertake advocated behaviors toward improved health.

Once efficacy beliefs have been fostered, patients with low English proficiency and low health literacy may be able to more effectively communicate in their medical encounters. Additionally, these patients may feel more confident in asking questions or requesting an interpreter to ensure that discharge instructions, medication dosing and other medical information is accurately received and processed. These changes will lead to an improvement in overall patient health because patients who understand their healthcare options can take a more active role in their patient-provider communication and their own healthcare.
Discussion

Study Design

While the aspects of this dissertation’s study related to video production and the assessment of the video’s conveyance of information were largely successful, some other features of the study design could benefit from retooling.

Use of qualitative methods. One of the primary strengths of using open-ended interviews or focus group discussions is the ability to let the dialogue unfold naturally. Doing so allows participants the freedom to discuss issues, rather than just answer questions, and may lead to unforeseen discoveries and unexpected data. In the case of this dissertation, unstructured feedback prompts were initially included in the study design in order to allow viewers time to expound on aspects of intercultural communication that may or may not effectively speak to them. However, these prompts rarely resulted in lengthy discussions, and as the study evolved, my primary objective shifted from data-gathering to learning more about how to accommodate and communicate with this community.

This research originally aimed to explore notions of meaning-making and discover how diverse audiences interpreted visual imagery. However, throughout the process of data collection, I learned that I first needed to establish some foundational knowledge on how best to connect with a population as vulnerable as newly arrived refugees. The switch from isolated individual interviews to a more communal feedback session described in Chapter Six is an example of how the study design was amended to ensure that this group of people felt comfortable and respected. Certainly, there were ways that unstructured qualitative interviewing could have been more successfully used
with this group, and those methods may have resulted in rich data that addressed questions of how diverse groups interpret visual information. However, the particular population investigated in this dissertation, having lived in the United States for less than ten days upon joining the study, was perhaps not the best group to glean this information from. These people were exemplary subjects for a study investigating the video’s capability to convey information because they had such limited experience with the American healthcare system before their participation in the project. In that regard, this study succeeded in acquiring an ideal sample from which to gather data. However, this group was not as well-suited to some of the other goals of this project.

One initial objective of this dissertation, learning more about meaning-making and image interpretation, was sidelined in an effort to foreground an exploration of how to make this population of newly arrived immigrants feel comfortable in a research setting. Specifically, I learned how to make them at ease in the research space (allow them to remain with their family group) and how to access opinions of individuals in addition to the paternal head of the family (acknowledge his comment as valid and open up the room to further discussion). I also suspect that identifying myself as the video’s creator contributed to my participants’ hesitation to provide constructive criticism, and as such, have developed a strategy for potentially avoiding this problem in the future (work with a research team who handle some of the qualitative data-gathering duties). This knowledge will be crucial in the future life of this project.

**Public health intervention design.** In preparation for designing this dissertation’s intervention, I reviewed several studies and articles describing public health interventions that utilized some of the behavior change theories used in my project.
Because these theories, specifically SCT and EM, are so broad and contain so many interrelated constructs, many of these published studies were designed utilizing only a few of the tenets advocated by the theories. As such, I too chose to focus solely on the constructs most applicable to the goals of the intervention. For example, this project relied only on the SCT concepts of self-efficacy, observational learning and symbolic modeling in its intervention design.

However, throughout this dissertation process, I learned the value of employing a theory or method in its entirety, rather than cherry-picking specific tenets that seemed particularly useful for the project. For example, in relying on the Sabido method in designing my video, I experimented with foregrounding one character type (transitional) over others (positive and negative) in an effort to reduce the overall running time of the video and avoid the repetition of information (two patients navigating nearly identical physical exams). This trial was met with mixed results and unnecessary confusion. Additionally, because the scope of this study did not allow for it, I did not structure my intervention as a serial, which is a major structural element for successful Sabido-style programs. Researchers planning to conduct public health interventions featuring Sabido-style serials conduct extensive formative research in the planning stages of their intervention. This research helps the team understand the health problems of the target community, how best to work those problems into the plot of the serial, and what kinds of characters to include to provide like models. Future iterations of this video intervention could widen the scope of the project and attempt to include more of the theoretical constructs of the Sabido method to see if this change results in more effective communication. Screening a new version of the video that featured a more balanced
display of positive, negative and transitional characters for Nepali-speaking groups could
shed light on whether Nepalese viewers, as a group, prefer negative behavior to be
explicitly punished onscreen, or if this dissertation’s finding was merely coincidental.

**Potential study design revisions.** Perhaps the best plan for the next iteration of
this research involves seeking out newcomers, testing the video as I did here, and then
following up with the participants after they have had several months to adjust to their
new lives. At the follow up meetings, once a comfortable rapport has been established,
and the initial shock of such a drastic life change has begun to subside, questions of
image interpretation and meaning-making can be better surveyed. The use of
unstructured qualitative focus groups will be most useful here because this methodology
focuses on asking open-ended, exploratory questions that yield descriptive data. These
issues are complex and demand an appropriate length of time to properly explore. In
retrospect, it seems clear that an hour-long meeting in the middle of an already stressful
day, filled with orientations and appointments, was not an ideal setting for a leisurely
discussion on ways various cultural groups interpret imagery.

One reason building a trustworthy rapport is so important in future studies is to
ensure that the pre- and post-screening questions are not interpreted by participants as a
real exam that they need to pass. Although every effort was made to reassure this
dissertation’s subjects that the research project was unaffiliated with the U.S. government
or other authoritative agency, it was possible that viewers did not fully grasp the
voluntary and educational nature of the study. One potential strategy for establishing a
good working relationship with future participants could be recruiting the help of a few
recently transitioned refugees to serve in an ambassadorial role. This group of co-
creators proved to be extremely helpful in this dissertation’s intervention – both as actors in the video as well as experts in what aspects of the clinic encounter may be particularly unfamiliar to newcomers. Enlisting their help in developing rapport with future participants could prove invaluable.

Once a congenial rapport is developed, perhaps viewers will feel comfortable enough to offer constructive criticism regarding the video design. This kind of comfort level was not achieved with the sample used in this dissertation. For example, many of the feedback prompts designed to elicit constructive criticism, were met with nothing but enthusiastic praise. One reason for this response might be that viewers felt uncomfortable offering criticism when the creator of the video was present. It was made clear during the consent process that the research team was independent of NSC, the United States government, or any other authoritative body and that the video and questions were merely being used to help create better videos for speakers of all languages. However, if something was confusing, admitting that directly to the creator of the video could result in interpersonal conflict, embarrassment on the part of the participant and loss of face for the filmmaker. In retrospect, I think leaving the room and having an assistant ask for constructive feedback may have yielded more useful results.

**Cultural Sensitivity**

Overall, nearly every aspect of this project, from shot composition, editing choices, and phrasing of feedback prompts, to food choices for actors waiting in the green room, was carefully considered with regard to transcultural appeal and comprehension. Despite these efforts, there remained much room for improvement. During video production, although I tried to avoid culturally specific representations, there were some
details that went unnoticed on the day. For instance, during shooting, I was thrilled that the NSC caseworker acting in the film thought to use, what at the time, seemed like strong non-verbal cues, such as a “thumbs up” gesture to indicate that the patient had done the correct thing in bringing her insurance card (see Fig. 13).

Figure 13: Example of Use of “Thumbs Up” Gesture

It was only during editing that I realized that a thumbs up was not culturally universal and could even be construed as negative or insulting in some cultures. Of course, anecdotally, I had heard that some cultural groups saw this gesture as offensive, but during shooting, I was more focused on communicating visually, and so I interpreted the actor’s use of the gesture as an excellent way to convey approval without words. I did not consider its intercultural significance.
Worldwide marketing expert Roger Axtell suggested that a thumbs up gesture is offensive in Australia, while University of Sydney professor Frank Tipton, insisted that it was a sign of approval as it is in North America (Axtell, 1993, p. 48; Tipton, 2008, p. 9). This contradiction further illustrated the hazards of using culturally specific body language in transcultural media. However, even when I was actively attempting to avoid culturally specific references, it was extremely difficult (maybe impossible) to divorce myself from my cultural comfort zone enough to be entirely aware of how images, actions, and gestures may be interpreted by people from other cultures. Future researchers and filmmakers should still aim for cultural sensitivity and awareness and design their interventions and videos to be as cross-culturally comprehensible as possible. The next section details some of the challenges to cultural awareness and suggests some strategies for improving one’s own sociocultural cognizance and self-reflexivity.

**Personal cultural perspectives.** One of the most important lessons I learned about the process of communicating across cultural barriers concerned the difficulty (or likely impossibility) of distancing yourself from your own cultural perspective enough to see things from someone else’s point of view. A requirement in the creation of cross-cultural media is an understanding of and critical engagement with your own viewpoint as well as an awareness of the countless other perspectives of your media’s viewership. This attempt to see yourself (and your biases, preferences, and assumptions) from the outside, like many other aspects of this project, is easier said than done. It requires a constant, vigilant self-reflexivity and necessitates that you filter all of your creative decisions through a critical lens. You must *look* for instances where you are assuming something is cross-culturally understandable or easily interpreted, or you will not see
them. The above section mentioned my enthusiasm of a cast member gesturing with a “thumbs up” as an example of a time when I did not check my assumptions, but there are certainly other instances as well. Critical self-awareness and questioning your own cultural perspectives are skills that can be developed with practice, over time.

**Scholarly collaboration.** But, because film is a collaborative art, there are alternative methods to improving the cultural awareness, and hence, intercultural effectiveness, of media creation. One way involves including scholars from other cultural backgrounds into the design and production of your intervention, or seeking a convergence of ideas through researcher triangulation, as discussed in Chapter Six. As mixed-methods researchers Jennifer Greene, Valerie Caracelli, and Wendy Graham (1989) explained, convergence through researcher triangulation can only be achieved by using researchers “different from one another with respect to their inherent strengths and limitations/biases” in order for the validity of the study to genuinely be increased by the triangulation (p. 266). In other words, a researcher who asks a colleague to interpret her data in an effort to employ researcher triangulation is only increasing her study’s validity if that colleague’s viewpoint, value system or theoretical foundation is significantly different than her own. That way, her colleague’s strengths will complement her own, with a goal of reaching a consensus between disparate points of view. This strategy is reflected in the writing of Brislin (1976) who advocated for collaboration with international colleagues in intercultural communication research (p. 220). He argued that this kind of alliance would result in the formulation of culture-specific items as well as “core items” that are cross-cultural with an ultimate goal of “discovering important, central facts about human behavior” (p. 227). In the case of transcultural media design,
rather than using different researchers to analyze the same data in an effort toward a convergence of themes, researcher triangulation would seek to canvas various researchers’ opinions on questions of research design as well as creative filmmaking choices. Theoretically, this would provide the project with a multiperspectival foundation and would reflect the cultural views of varied individuals.

*Community collaboration and participatory media production.* Another method by which transcultural mediamakers and researchers could help mitigate their own cultural influences is through participatory co-creation of media with their intended viewers. As discussed earlier, this method involves recruiting members of the intervention’s target demographics and enlisting their help in media design. Doing so would require a significant investment in time because a researcher would need to build a comfortable rapport with these community members before he or she could expect them to freely contribute ideas and constructive criticism. It would be essential that these collaborators felt comfortable pointing out instances when the primary researcher’s cultural assumptions were influencing the media creation. In this way, there could be no “primary researcher” but, instead, a research team of diverse, equal contributors.

While this dissertation did engage in an initial attempt at participatory co-creation of media (by hiring a diverse all-refugee cast who contributed many creative ideas to the overall production), future attempts could certainly benefit from recruiting another group of culturally diverse advisors to collaborate on all aspects of media production, including shot composition, casting, and editing. Doing so could begin to address the theoretical perspectives of scholars like Mendelson and Burnett, who contended that image interpretation was always influenced by a viewer’s cultural standpoint. If these theories
are correct, then it stands to reason that media produced by a multiperspectival creative team would represent varied cultural norms and be more likely to be interpreted by viewers as the production team intended.

**Cultural interpretations of visual information.** As mentioned in the section on visual communication theory in Chapter Three, visual communication via mass media is problematic when the target audience is culturally and linguistically varied. A primary source of this issue is that viewers and producers bring their cultural baggage to a reading or creation of visual media and, as such, communication is always complicated by the influences these cultural impressions have on interpretation. Therefore, learning more about the interpretation of visual information, as a mediamaker or a researcher, is fraught with difficulty. The transcultural mediamaker is tasked with the mission of discovering ways to transmit a single message to a wide-ranging viewership despite culturally specific ways of reading imagery. Similarly, the social science researcher must develop strategies for accessing information from viewers on interpretation, but as this project revealed, accessing that data is also challenging because viewers are not any better able to see themselves from outside their own cultures than researchers are. Though viewers may easily be able to offer insight into how they interpret imagery, it seems unlikely they will readily offer up reasons for why they interpret visual information in a specific way or how their culture may have influenced their reading. In summary, the topic of culture’s influence on the interpretation of visual information is complicated for both the mediamaker and the researcher, and can likely only be tackled over time in a series of carefully designed, theoretically-driven studies undertaken by a diverse and collaborative team.
Paradigm Shifts

Some of the literature discussed in Chapter Three indicated that intercultural communication theorists were beginning to notice that reliance on tidy compartmentalization of people based on culture did not result in quality research. Similarly, public health practitioners are beginning to see that blanket interventions that aim to change attitudes and behaviors across a diverse human population are no longer appropriate. Pharmacists Jessica Vargas, Christina Dang, and Vaiyapuri Subramaniam (2011) reported that the U.S. Department of Health and Human Services expects healthcare providers to “be knowledgeable about cultural differences and their impact on attitudes and behaviors” (p. 32). However, requiring clinicians to “be knowledgeable” sounds good from afar, but does not offer concrete suggestions for how to be more culturally competent or sensitive. In fact, Cindy Brach and Irene Fraser (2000), health policy researchers at the Agency for Healthcare Research and Quality noted that “while there is substantial research to suggest that cultural competency should in fact work, health systems have little evidence about which cultural competency techniques are effective and less evidence on when and how to implement them properly” (p. 181). This statement points to a problem that is no closer to being solved today: the American healthcare system needs to adjust to better serve its culturally diverse patient population, but an enactable solution has yet to be found because blanket interventions and communications are largely ineffective with such a varied group of people.

Intercultural and public health theory also currently converge at this point of realization: academics can no longer consolidate humans together in broad cultural groups and apply theories and interventions to them in general. Therefore, goals for
intercultural communication and public health persuasion must shift accordingly. Systematic cataloging of people into cultural groups does not result in effective communication because even within cultures, people can be vastly different. This change forces researchers to recognize that their audiences, for both intercultural communication efforts and public health campaigns, are increasingly heterogeneous, even within cultural groups. As paradigms evolve, communicators may realize that one jargon-laden video featuring a talking head speaking English is not going to effectively communicate to all people. And as Harner (2011) reiterated:

> the rapid influx of non-English-speaking groups into the United States provides a good example for a need of cross-cultural training at all levels of healthcare interaction…the first step toward meeting this challenge is to recognize and address cultural differences before jumping to conclusions about understanding, diagnosis, or intervention. (p. 322)

So, while intercultural and health communicators alike agree that improved cultural competency and communication is the necessary next step, they, like the American healthcare industry, have not yet reached a consensus on how to best communicate with diverse groups.

**Tailored communication.** One way that public health practitioners currently attempt to communicate to specific groups is through the use of culturally tailored health interventions. This approach assumes intracultural homogeneity and designs health communication messages according to perceived preferences of the target demographic. For example, Jennifer Hunter (2004) and colleagues from the Southwest Center for Community Health Promotion saw positive results using tailored communication through a *promotora* (or community health worker) to persuade women along the U.S. – Mexico border engage in routine chronic disease prevention. Similarly, Mayo Clinic researcher
Linda Larkey (2006) found that modifying health communication messages to include elements of social support helped improve the incidence of cancer screening among Latina women by 39%.

Ways that researchers alter interventions to more effectively reach diverse cultures vary, but one example is seen in the work of behavioral sciences researcher Dr. Donald Calsyn and colleagues (Calsyn et al., 2013). These authors found contrasting results in a safer sex education program among men from different ethnicities and subcultures (Caucasian participants had significantly better outcomes than minority participants). A follow up study pilot-tested a culturally-adapted version of the same health campaign in an attempt to better reach Hispanic and African-American men (who showed insignificant improvement with the broad intervention). The program was adapted to:

share a stronger focus on understanding how each man's cultural and socialization experiences contribute to his past and current sexual behavior. The focus on the importance of culture is sufficiently broad in [the intervention] that each participant can bring into the session the aspects of his culture that are important to his sense of self. (Calsyn et al., 2013, p. 897)

Calsyn and colleagues’ second intervention, designed to appeal to cultural differences, showed significant improvement in results from minority viewers.

While these recent studies were promising, they represented efforts to develop interventions to specifically target one key demographic using specialized communication geared to precisely speak to them. However, all too often, target audiences are either comprised of culturally and linguistic diverse people, or the members of one specific cultural group are not as homogenous as communicators would like to believe. Therefore, this dissertation’s research presented an alternative strategy to
reaching diverse audiences. This intervention was not geared toward communicating information according to viewers’ perceived cultural preferences, because not all members of a specific culture communicate, interpret, or understand in the same ways. Instead, this project experimented with capitalizing on commonalities across cultures as a foundation for intercultural visual communication. This particular strategy was especially appropriate in the case of this dissertation because many of the research participants identified as one ethnicity or culture, but had lived their entire lives in a refugee camp in another cultural area. As such, these subjects certainly brought unique perspectives and interpretations to the viewing, and their preferences and interpretations would likely be different from those of other viewers of the same culture.

To summarize, this dissertation recognized the increasing cultural and linguistic diversity of the patient population of the United States, as well as the diversity within these cultural groups. Therefore, rather than attempting to tailor communication as the public health interventions mentioned above did, this project’s strategy involved capitalizing on commonalities across cultures, shared by all humans, to transculturally convey information.

**Contribution of Research**

**Contributions to literature.**

**Non-linguistic interventions.** This study may provide new information on the potential for language-free visual media to educate and convey health information to linguistically diverse audiences. Much of the research cited in this dissertation represented scholarly efforts to educate patients using various types of English language media. Though these studies were largely successful in communicating health
information, the strategies and interventions they employed did not serve patients with low English proficiency (LEP). This dissertation’s study showed promise that an entirely visual intervention could effectively demonstrate health information to non-English speakers. Therefore, this project may contribute toward filling a gap in the existing body of literature, and hopefully encourage future researchers to experiment with visual media in designing interventions for LEP or linguistically diverse audiences.

Support for existing theory. This research, and future iterations of the video and feedback sessions, could also provide additional support for social cognitive theory, Witte's Extended Parallel Process Model, and the Sabido method of edutainment. Also, because this project experimented with utilizing some, but not all, of the tenets of the Sabido method, it may help future edutainment scholars and creators in their efforts to create Sabido-style media. Of course, a study with a larger sample is necessary before any generalizations can be made, but this study’s findings showed that featuring a transitional character without the accompanying prosocial and antisocial foils, resulted in confusion among some viewers.

Practical contributions. As mentioned in the introductory chapter, this research fills a gap in the current public health communication field that relies primarily on clinical interaction and written materials to disseminate health information. The standard of providing printed health materials remains dominant despite the numerous aforementioned studies itemizing the low literacy rates of Americans and new immigrants. This issue illustrates a critical disconnect between the public health need and the health communication field: health information is not being provided in a format that is comprehensible to the people who need it most.
Of course, one could argue that interpersonal interactions in a clinical setting may supplement the low rate of information comprehension a low-literate or LEP patient may have after viewing printed health materials. However, that argument has many flaws. First, a reliance on clinical interactions assumes an individual is already a patient, or at the very least, has already sought medical attention, and is therefore in the system and accessible to clinicians, social workers, or other healthcare professionals. But, as this dissertation has discussed, many newcomers may avoid clinic visits altogether for a variety of reasons, and so these individuals’ understanding of written health materials would not be assisted by discussion with a healthcare provider. Another flaw in the clinical interaction paradigm is the notion of interpreter availability, as discussed in Chapter One. As hospital budgets’ DSH compensation shrinks in the wake of the Affordable Care Act, it seems highly unlikely that financial allocation for translation services will rise to meet the demands of increasingly linguistically diverse patient populations. What is much more likely is that healthcare providers and educators will need to find an inexpensive, convenient, and effective way to communicate health information to a heterogeneous group of individuals.

This intervention provides a potential link between the public health need (transculturally-comprehensible health information) and the healthcare community’s goal (more informed and educated patients). This dissertation’s rubric and video presented an innovative method that may satisfy this demand for a means of communicating a single health message to a culturally and linguistically varied audience. Although imperfect, this video did fill an existing void in today’s public health communication field in that it
successfully conveyed health information to viewers across a varied spectrum of literacy levels, languages, education levels, socioeconomic levels, and cultural backgrounds.

**Connections with Scholarship**

This intervention developed as a progression from the theories offered in Chapters Two, Three and Four. Each of the scholarly opinions or social science studies discussed in this dissertation provided a specific contribution to the design or theory behind this project’s resultant video. As such, this video illustrates a public health communication intervention that is not only theory-driven, but has been designed after consideration of a wide range of theories from the fields of visual communication, silent film, intercultural and transcultural communication, education, and public health persuasion. This section revisits some of that scholarship in a discussion of how a reliance on these theories evolved throughout the project’s progression, and how practically applying these ideas helped answer broader questions about visual communication in general.

**Communicating with visuals.** Reconsidering the theories examined in preparing this dissertation’s intervention proved helpful in analyzing what this study demonstrated about the process of communicating with visuals.

**Effect of silence.** One interesting observation generated out of this study was the effect of truly silent media on viewers in today’s media landscape. This dissertation’s video not only abstained from including synchronized sound in the form of dialogue, but also excluded the use of sound effects (such as elevator doors opening or footsteps in a hallway), background noise (such as waiting room chatter or phones ringing in the registration area) or background music. For viewers accustomed to contemporary visual media presented with sound, the effect of completely silent visuals can be quite striking.
(see feedback offered earlier in this chapter for a discussion of viewer comments on the video’s lack of audio). It was theorized that producing a video with no sound of any kind would be beneficial in two specific ways: first it allowed educators to screen the video for viewers without worrying about providing audio equipment (such as headphones or speakers), and secondly, it would allow viewers to focus all of their attention on the visuals, rather than be (potentially) distracted by the din present in a typical clinic setting.

The effect of this silence on a viewer’s attention and comprehension, as well as the challenges it presents for mediamakers, harkens back to the writing of the silent film scholars presented in Chapter Two. For instance, Münsterberg’s writing, specifically *Photoplay*, criticized the inclusion of sound in film as an unnecessary distraction and predicted a future where filmmakers were proficient enough cinematographers that they could harness film’s visual potential and authenticity to tell stories without relying on “linguistic crutches” (Münsterberg, 1916/1970, p. 199). Similarly, Dulac (1925/1978) argued that cinema’s “educational and instructive power” lie in its visual nature (p. 39). Arnheim (1933/1957) concurred with Münsterberg’s and Dulac’s position on film as a visual art, but all three scholars criticized the inclusion of synchronized sound in film because they feared sound would pollute cinema and reduce it from a legitimate high art to a sideshow attraction. Their arguments aimed to encourage future filmmakers to capitalize on film’s visual capabilities to ensure the progressive evolution of cinema as an image-based art form and prevent its amalgamation with theatre or literature.

In the context of this intervention, the anxieties these scholars voiced about the corruption of cinema by the advent of synchronized sound technology are applicable in interesting ways. Although not arguing for cinema’s unique place in the pantheon of
high art, the work of this dissertation added to these scholars’ apprehension that a reliance on “linguistic crutches” would lead to inferior filmmaking that did not take full advantage of film’s potential to visually communicate. Since the time of Münsterberg, Dulac, and Arnheim, popular film has become inextricably linked with synchronized sound and narrative and, as such, silent film is no longer a significant part of the contemporary media landscape. As a result, filmmakers in general, and public health visual mediamakers in particular, rely heavily on audio components (such as music, sound effects and spoken dialogue) to complement the visuals of their media. Beyond that, one could easily argue that the verbal information presented in typical contemporary public health videos represents the bulk of the transmitted information. So, in that case, the visuals are merely aiding the audio, rather than primarily communicating messages.

In other words, these silent film scholars’ fears were realized and, by and large, the contemporary cinematic environment is dominated, not just by synchronized sound film, but in the case of public health videos, by visuals that are subordinated to audio. This intervention’s video sought to reconsider the theories of these scholars by disconnecting the audial and visual components of contemporary mediamaking and allowing the visuals to do the talking, as Münsterberg, Dulac, and Arnheim envisioned. The process of planning a shot list for a purely visual video required a thorough reassessment of many of the lessons one learns in American film schools because the current cinematic paradigm is so completely reliant on accompanying audio components. This dissertation’s resultant rubric encourages future transcultural mediamakers to thoroughly consider ways to communicate information to viewers without providing them with the assistance of any audio context clues. To do so requires that
cinematographers plan each and every shot to include the maximum visual information within the frame and editors must allow shots to run for longer than is usually standard so that viewers have time to absorb all of that visual information. As Arnheim’s (1933/1957) examination of Charlie Chaplin films discussed, silent cinema is entirely capable of communicating even complex situations without the use of words, it just requires a creative employment of film’s *visualness*.

**Use of public health theory.** In reflecting on this dissertation’s goals and outcomes, I was struck with the realization that there is a significant difference between a public health intervention that achieves real world success and one that sees positive results in a clinical setting but cannot be duplicated in actuality. In other words, studies that test the effectiveness of an intervention in a controlled environment may provide helpful data, but do not predict the effectiveness the intervention may achieve outside the lab. This predicament is likely explained by the multiple levels of influence that operate on a person’s ability to be persuaded and to enact an advocated behavior.

This paradox is addressed by the Ecological Model, which was utilized in this dissertation’s intervention design. To briefly review, the EM recommends addressing multiple zones of influence, such as a participant’s social and physical environment and the public policies and laws under which they reside, in order to effectively persuade a person to adopt an advocated behavior. Public health interventions that are designed to persuade people on an individual level the dangers of smoking, or the benefits of a healthy diet, have, for the most part, been successful. Most Americans are aware of these things, however the health of our country does not reflect these advancements. If the current American healthcare paradigm places the responsibility of healthcare with the
individual, then by that rationale, individual education should solve the problem. However, this is not usually the case because a host of other factors may conspire to keep well-meaning, informed individuals from adopting advocated health behaviors.

In working on this project, I began to appreciate that an intervention geared toward changing behavior (not just improving awareness) must address broader environmental elements such as access or economics and should also investigate cultural values that may influence someone’s decision regarding the advocated behavior. In the case of this dissertation’s intervention, creating a transculturally comprehensible video would not be useful if the target demographic did not have free and convenient access to screening it or if the behaviors the video advocated conflicted with viewers’ cultural values. While the aspect of access was addressed by this dissertation’s intervention design (the video has become a part of new refugees’ mandatory health orientation), the in-depth research necessary to investigate the influence viewers’ cultural values may have on enacting prosocial behaviors was not undertaken. As discussed in Chapter Four, designing an intervention that utilizes the EM is a much more daunting task than the average intervention that only aims to change individual awareness or attitude. It requires a substantial amount of demographic research in order to accurately address all of the social and environmental factors that potentially influence participants. However, the overall failure (or minimal success) of public health interventions that do not factor in these influences was incentive enough for me to reconsider the existing paradigm in favor of a broader, more environmentally-focused theoretical foundation. As such, future research I conduct on this topic will continue to rely on the EM and will expand to
include the in-depth demographic research necessary to produce an intervention that is likely to see success in real world situations.

**Future Research**

As other sections of this chapter have already considered ways that the study design can be amended to potentially achieve better results, this section will focus on different research questions that can be explored with this existing video and different incarnations of this video that could be produced and studied in the future.

**Use of this dissertation’s video to explore other questions.** As discussed earlier in this section, future studies could use this dissertation’s video to explore culturally specific ways of interpreting imagery, however an ideal study sample must first be cultivated as described above. Additional research could also include screening this video for viewers from cultures not included in this dissertation to discover if information conveyance results differ with these other groups. Future studies could delve deeper into the ways viewers identify (or not) with members of their own ethnic or cultural groups, ways different individuals respond to positive, negative, and transitional characters, and how viewers feel about negative behaviors being punished (or going unpunished) within the narrative of the video. All of this data would help contribute to a developing collection of information on ways that culturally diverse viewers perceive, understand, and relate to visual media and can be used to help mediamakers create more transculturally comprehensible and persuasive public health communication efforts in the future.

Another interesting idea is for researchers to create videos on new topics using this dissertation’s production rubric to begin to study the effectiveness of the rubric’s
guidelines. This kind of project could be very enlightening for transcultural researchers because each new mediamaker would bring his or her own filmmaking experiences and cultural influences to the production which could potentially contribute new insights into formal strategies that could prove to be transculturally comprehensible. As advocated earlier, a collaborative effort on the part of a diverse team of filmmakers, community stakeholders, and other co-creators could lead to more transculturally comprehensible media. Ideally, projects like these would lead to a collective, evolving rubric of filmmaking tactics geared toward effectively communicating visual information to diverse audiences.

**Potential revisions to the video.** There are many ways that this dissertation’s video could be revised or redesigned altogether that could provide interesting insight into how best to use moving images to communicate information and persuade viewers to adopt advocated behaviors. SCT (and by extension, the Sabido method) strongly advocate for providing viewers with like models that foster identification however, gender, race, and culture are not the only identificatory factors to which viewers may relate. Future incarnations of this video could attempt to represent other sociocultural factors, such as class, age, body type, or marital/familial status in different ways to begin to study the ways viewers connect with different kinds of like models.

Another potential revision involves a stricter adherence to the tenets advocated by the Sabido method. As discussed earlier, this dissertation’s intervention experimented with featuring a transitional character without the accompanying positive and negative character foils, which resulted in confusion for some viewers. Future transcultural mediamakers could produce a longer, more comprehensive video series, structured as a
serial (as the Sabido method recommends), that includes all three character types to study how the effect of those videos differ from the effects seen in this dissertation’s sample. One could also test the use of background music to see if different kinds of audio affect information conveyance or visual interpretation.

Conclusion

As an exploratory study, this project achieved several of its goals. Although not every aspect of each objective was attained, some new and interesting data was generated and the results of this dissertation were encouraging. It effectively demonstrated the potential of language-free visual media to convey information across cultural and linguistic boundaries. It also contributed new data regarding the usefulness of elements of SCT, EPPM, and the Sabido method of edutainment for use in transcultural public health communication. Perhaps most importantly, the process of creating the rubric, shooting and screening the video, and analyzing the viewer feedback revealed thought-provoking ideas about the potential uses for transcultural video, as well as the possible pitfalls mediamakers should try to avoid.

It is not surprising that this project was unsuccessful in producing a flawless video or study. This first iteration of the video failed to effectively communicate aspects of the physician feedback including discussions of prescription medication and future appointments. Because these two events tend to be language-reliant, additional research is necessary to discover if it is possible to communicate information about these elements of the clinic visit without using words. Despite these shortcomings, the video did successfully convey information on documentation requirements, and showed moderate success in communicating exam procedures and correct patient behavior. And though the
study design failed to acquire significant constructive criticism or insight into culturally specific ways of interpreting imagery, it was able to generate ideas on how best to access that kind of deep data in the future.

Above and beyond the collection of data on which elements were clear or confusing, was the extraordinary experience of co-creating media with viewers. A primary goal of this project was to enlist the help of this diverse group in discovering what elements were most comprehensible in intercultural communication. These new refugees, who may have felt that they were requiring help from others at every step along their journey to their new home, were able to contribute necessary insight to this project. Their assistance was requested and their opinions were sought. Every suggestion they made was carefully considered and will undoubtedly be incorporated in future incarnations of this video and study. As such, this study represented an important first step in participatory transcultural media creation in partnership with the increasingly diverse patient population of the United States.
References


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APPENDIX A: ENGLISH CONSENT FORM TO BE ORALLY TRANSLATED

SHORT FORM WRITTEN CONSENT DOCUMENT
FOR SUBJECTS WHO DO NOT SPEAK ENGLISH

Title of the research study: Without words: The use of an image-based instructional video to convey information to culturally diverse audiences

Name and Department of investigator: Deborah Cai, Ph.D. (faculty advisor) Strategic Communication Department and Rachel Jones (doctoral student) Media and Communication

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about (i) the purposes, procedures, and duration of the research; (ii) any procedures which are experimental; (iii) any reasonably foreseeable risks, discomforts, and benefits of the research; (iv) any potentially beneficial alternative procedures or treatments; and (v) how confidentiality will be maintained.

Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; and (vii) how many people will be in the study.

If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

You may contact Rachel Jones at (617) 959-5556 at any time you have questions about the research.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

_________________________________                ____________________
signature of participant                            date

__________________________________________________
signature of legally authorize representative             date

__________________________________________________
signature of witness                                      date
APPENDIX B: MANDARIN CHINESE CONSENT FORM

版本#：21707

针对非英语母语的调查对对象的简短书面同意书

研究题目：无文字：使用图像教学影片为不同文化北京的观众传达信息

研究人员姓名及学院：Deborah Cai，博士（首席指导教师）策略沟通学院，以及Rachel Jones（博士研究生）传媒学院

您将会被要求参与一项研究课题。

在您同意之前，研究人员必须要告知您（i）这项研究的目的，流程以及研究所需的时间；（ii）任何实验性质的流程；（iii）任何研究中可以遇见的危险，不适，以及收益；（iv）任何可能的有效替代操作和治疗；（v）调查的保密性将如何维持。

如果适合，研究人员还要必须告知您关于（i）如果意外发生您将会得到的任何可能的补偿及相应治疗；（ii）不可预见危险的可能性；（iii）研究人员终止您的参与的情况；（iv）任何您需要承担的费用；（v）您终止继续合作的后果；（vi）何时会通知您研究中的新发现，这些发现有可能影响您继续参加研究的意愿；以及（vii）多少人会参与此项调查。

如果您同意参与研究，您将会得到这份文件复印件，并且署名，以及研究的书面总结。

如果您对这项研究有疑问请随时致电 Rachel Jones，电话号码为 (617) 959-5556。

您参与这项研究是自愿的，所以如果您拒绝参与或决定终止合作将不会带给您任何不良后果，也不会对您的利益带来影响。

签署这份文件意味着，您已经被口头告知关于研究以及上文提到的信息，并且您自愿参加此项研究。

_________________________________          ____________
参与者签名                                             日期

_________________________________
法律承认代签人签名

_________________________________
见证人签名

TENPLE UNIVERSITY IRB APPROVED
APPENDIX C: SPANISH CONSENT FORM

DOCUMENTO DE CONSENTIMIENTO POR ESCRITO DE LA FORMA CORTO PARA PERSONAS QUE NO HABLAN INGLÉS

Título del estudio de investigación: Sin palabras: El uso de un vídeo educacional basado en la imagen para comunicar la información a audiencias de diversas culturas

Nombre y Departamento de investigador: Deborah Cai, Doctor en Filosofía (consejero docente) Departamento de Comunicación Estratégico y Rachel Jones (Estudiante de doctorado) Medios y Comunicación

Se está pidiendo su participación en un estudio de investigación.

Antes de aceptar, el investigador debe informarle sobre (i) los objetivos, procedimientos y duración de la investigación; (ii) cualquier procedimiento que sea experimental; (iii) cualquier riesgo razonablemente previsible, incomodidades y ventajas de la investigación; (iv) cualquier procedimiento alternativo potencialmente beneficioso o tratamientos; y (v) cómo se mantendrá la confidencialidad.

Donde sea aplicable, el investigador también le debe decir sobre (i) cualquier compensación disponible o tratamiento médico si alguna lesión ocurre; (ii) la posibilidad de riesgos imprevisibles; (iii) circunstancias en las que el investigador puede poner fin a su participación; (iv) cualquier costo adicional para usted; (v) lo que pueda pasar si decide dejar de participar; (vi) cuando le dirán sobre nuevas hallazgos que pueden afectar su buena voluntad de participar; y (vii) cuántas personas estarán participando en el estudio.

Si decide en participar, le deben entregar una copia firmada de este documento y un resumen escrito de la investigación.

Se puede poner en contacto con Rachel Jones al (617) 959-5556 en cualquier momento que tenga preguntas sobre la investigación.

Su participación en esta investigación es voluntaria, y no ser penalizado o perderá beneficios si se niega a participar o decide no continuar en la misma.

La firma de este documento significa que el estudio de investigación, incluyendo la susodicha información, se le ha descrito a usted oralmente, y que se compromete voluntariamente en participar.

____________________________________________________________________________________

Firma del Participante
Fecha

____________________________________________________________________________________

Firma del Representante Legal (si aplica)
Fecha

____________________________________________________________________________________

Firma del Testigo
Fecha
APPENDIX D: NEPALI CONSENT FORM
APPENDIX E: ARABIC CONSENT FORM

 unnamed:noun_darasa

بabhāti:

Without words: The use of an image-based instructional video to convey information to culturally diverse audiences.

جوائز (منطقة) الإدماج إلى مجهر متنوع الثقافات.

اسم وادارة الباحث: د. د. كات (مستشار الامتحان) إدارة التواصل الاستراتيجي ورابنت جونز (طالة الدكتوراه) وصال الإعلام والواصل.

أنت مدعو للمشاركة في دراسة بحثية.

قبل أن توافق، يتعين على الباحث أن يلتقي على (1) العرض من البحث وإجراءاته ومحتواه (2) أي إجراءات تجريبية (3) أي مخاطر ومصادر إرثاج وفورد للبحث موثقة بصورة موثقة (4) أي إجراءات أو وسائل علاج بديلة يحمل أن تكون مفيدة (5) كيفية المحافظة على السرية.

حينما يطلب، يتعين على الباحث أيضا إطلاعه على (1) أي تعويض أو علاج متأخر في حالة حدوث أصابة (2) احتفالات المخاطر غير الموقعة (3) الظروف التي قد يكون فيها الباحث مشارك في (4) أي تكليف إضافي تجاهها (5) ما يحدث في حال قررت التوقف عن المشاركة (6) التوقف الذي سيتم إطلاعه فيه على النتائج الجديدة التي قد تؤثر على رغبتك في المشاركة (7) عدد الأشخاص المشاركين في الدراسة.

إذا وافق على المشاركة، يتعين إعطاءك نسخة موقعة من هذا المستند وملخصا كتايبا للبحث.

بمكتبة الاتصال براننت جونز على هاتف رقم 555-5555 (777) في أي وقت في حالة وجود أي استفسارات عن الدراسة البحثية.

مشاركة في هذه الدراسة طوعية، وليس تعرض لأي عقوبات أو تفتيش أو فوائد في حالة رفض المشاركة أو اتخاذ قرار بالتوقف عن المشاركة.

التوقيع على هذا المستند يعني أنك قد حصلت على وصف تفهيما للدراسة البحثية، بما في ذلك المعلومات أعلاه، وأنك توافق على المشاركة طوعا.

 outspoken: توقيع المشاركة

التوقيع

التوقيع

التوقيع

التوقيع من المشاهد

التوقيع (إن الطالب)

التوقيع

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التوقيع

TEMPLE UNIVERSITY IRB APPROVED
APPENDIX F: IRB APPROVAL DOCUMENT

The IRB approved the protocol 21707.

If the study was approved under expedited or full board review, the approval period can be found above. Otherwise, the study was deemed exempt and does not have an IRB approval period.

Before an approval period ends, you must submit the Continuing Review form via the eRA module. Please note that though an item is submitted in eRA, it is not received in the IRB office until the principal investigator approves it. Consequently, please submit the Continuing Review form via the eRA module at least 60 days, and preferably 90 days, before the study's expiration date.

Note that all applicable Institutional approvals must also be secured before study implementation. These approvals include, but are not limited to, Medical Radiation Committee (“MRC”); Radiation Safety Committee (“RSC”); Institutional Biosafety Committee (“IBC”); and Temple University Survey Coordinating Committee (“TUSCC”). Please visit these Committees’ websites for further information.

Finally, in conducting this research, you are obligated to submit modification requests for all changes to any study; reportable new information using the Reportable New Information form; and renewal and closure forms. For the complete list of investigator responsibilities, please see the Policies and Procedures, the Investigator Manual, and other requirements found on the Temple University IRB website: http://www.temple.edu/research/regaffairs/irb/index.html

Please contact the IRB at (215) 707-3390 if you have any questions.
APPENDIX G: FEEDBACK SESSION SCRIPT

Without words: Feedback session script
[to be read aloud in English and translated live or via speakerphone as necessary]

Thank you all for participating in this research project. I am not affiliated with any company or government. This project is purely to help us make better videos for speakers of all languages.

One of these workers will ask you a few questions about a doctor visit, then we will show you a short video with no words, and then we will talk about the video and see if it helped you learn some information about a clinic visit.

There are no right or wrong answers. Everything you say is anonymous and will only be used to help make better videos in the future.

Pre-screening questions:
1. What should you do when you first arrive at the doctor’s office?
2. What should you bring with you to the doctor’s office?
3. What are some things that will happen during the clinic visit?

Post-screening questions:
1. What should you do when you first arrive at the doctor’s office?
2. What should you bring with you to the doctor’s office?
3. What are some things that will happen during the clinic visit?

Discussion prompts:
1. What was confusing in the video?
2. What was clear in the video?
3. Do you have any suggestions to improve it?
4. Do you think a video like this, with no words, is helpful?