

# Research on Knowledge Archaeology in the Discourse

## Transformation of China's Autonomous Health Communication

### Knowledge System

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**Abstract:** Health communication research, rooted in Western academic traditions, boasts a multidisciplinary presence within scholarly dialogue. Within the Chinese scholarly milieu, this field has progressively assimilated, adapted, and reshaped theories, fostering the contextualization of discourse categories and the invigoration of theoretical frameworks. This study adopts a knowledge archaeology approach, with a focus on hospital-related issues, to reconstruct the historical evolution of health communication discourse in China. The investigation reveals a shift in the Chinese discourse—from an initial politically-charged 'health propaganda' to a practice-oriented 'health education' emphasizing health intervention outcomes. Further evolution, spurred by new media advances and local medical system reforms, has seen this discourse morph into 'health communication,' a hybrid of political and professional elements. Establishing a localized academic knowledge system in health communication necessitates an emphasis on practical health communication domains, such as hospitals, a deeper engagement with regional issues, and the significance of cross-disciplinary research endeavors.

**Key Words:** Health communication, Knowledge archaeology, Independent knowledge system

## **Problem and Method**

Recently, Chinese health authorities have been actively advocating for medical institutions and healthcare professionals to deeply engage in health promotion and education activities, with an aim to play a central role in the continuous advancement of national health policies. The doctor-patient relationship and intelligent healthcare have increasingly become a public focus, with many hospitals practicing the concept of transparency and openness and actively carrying out health communication initiatives on social media platforms, effectively integrating into the mainstream of health information dissemination.

Despite such initiatives being promoted, research emphasis in the realm of health communication within Chinese hospitals appears to be weak. A historical review reveals that in the context of health communication research, hospitals have often been marginalized or featured only as a minor subject in discussions about news and initial health education. Faced with this research blind spot, we must delve into whether the presentation of hospitals is influenced by specific discourses and whether there exists the discontinuity of knowledge as indicated by Foucault, pointing urgently to the need to establish a robust discourse system. An in-depth analysis of the potential value of hospitals as a subject for health communication research will have a profound impact on the formation of a health communication academic system with Chinese characteristics.

To address these inquiries, it is crucial to comprehend the nuanced "hospital issue" in health communication research and to trace the trajectory by which hospitals emerge and gradually recede from scholarly focus, thereby uncovering the underlying mechanisms that drive this shift. Constructing issues within this sphere is a scholarly endeavor wherein health communication scholars conjure research inquiries and carve out investigative paths; such scholarly endeavors also constitute disciplinary discursive practices. Within the framework of Foucault's discourse theory, discourse analysis pays heed to the manner in which the scientific and technological realm, intertwined with everyday life, engenders and categorizes knowledge tangibly, with knowledge archaeology providing the tools for an empirical apprehension of this

process. Knowledge archaeology's essence rests on scrutinizing the "process of movement" underlying knowledge creation, instead of relying on preconceived frameworks for the subject of analysis. Hospitals' involvement in health communication is invariably linked to distinct social relations and actors, and the inherently interdisciplinary nature of health communication renders the mechanisms at play decidedly intricate. Constrained by the scope of an individual study, this research utilizes health communication academic literature spanning from 1987 to the present from the CNKI Chinese database as the primary focal point, adhering to knowledge archaeology's guiding principles. It dissects the evolution of hospital discourse inclusion, their eclipse, and subsequent resurgence in China's health communication scholarship. Through examining "statements"—the fundamental discourse units—the study fully acknowledges the influence of hospital discourse within the prevailing knowledge regime. It demarcates the boundaries of theoretical health communication investigation in China and deliberates on the import of hospital issues' resurgence for the establishment of a distinct Chinese health communication research knowledge framework.

### **Archaeology of the International Health Communication Research Discourse System**

Discussing the international academic community's basic discourse field regarding health communication research requires a focus on the United States, the birthplace of modern health communication studies. The origin of American health communication research can be traced back to the mid-20th century. The rapid development of urbanization in post-war America led to the deterioration of the working environment, the prevalence of infectious diseases, and unequal distribution of medical resources. These issues stimulated the development of various health promotion movements in the United States, with health education and medical sociology gradually becoming important academic fields<sup>1</sup>. The former regards non-profit hospitals as the main disseminators of health information, aiming to advocate patient participation in medical decision-making and promote communication

between the public and hospitals via the transmission of professional health knowledge. The latter, aiming to promote the equitable distribution of health resources, adopts a structuralist perspective to critique the deprivation of equal access to medical resources for the lower social echelons by the highly marketized American medical system<sup>2</sup>. Therefore, the related research marginalizes discourses on the authority of medical knowledge and individual agency, focusing instead on the relationship between hospitals and health insurance policies, government departments, and the socio-economically disadvantaged.

With the enrichment of mass media practices and the development of various branches of communication studies, health communication practices and research were gradually incorporated into fields such as communication studies, education, and medical sociology. Against this backdrop, health communication as a discipline started taking form, with effect studies at its core and health promotion as its aim. During this period, "communication" was often seen as a means to achieve health education and promote medical reform, with an extremely unequal relationship between audiences and medical institutions as conveyors in academic discourse. The involvement of social psychology provided an opportunity to reconcile this contradiction. Influenced by the specific cultural context of the 1960s, American social psychology focused on the relationship between attitudes and behaviors, giving individuals a significant role in the communicative process with medical institutions. This not only gradually equalized interaction between individuals and hospitals, but also introduced important analytical frameworks to health communication, including the Theory of Planned Behavior and the Health Belief Model. From thereon, health communication gradually formed an interdisciplinary knowledge field, encompassing communication studies, medicine, medical sociology, and social psychology. The "Stanford Heart Disease Prevention Program" of 1971 is considered the beginning of modern health communication research<sup>3</sup>. It was also during this time that authoritative communication research organizations, such as the International Communication Association (ICA) and the Speech Communication

Association (SCA), began establishing various health communication research bodies. By the mid-1980s, with health communication practices like AIDS prevention represented worldwide, health communication had become an indispensable topic at various authoritative communication research conferences. During this period, health promotion agencies such as the "National Institutes of Health (NIH)" became the primary sources of funding for health communication research, and "scholars engaged in related fields primarily hailed from medicine and public health, communication studies, sociology, and education", among others.

From the perspective of the division within the discourse system, health communication research in the West, exemplified by the United States, can be broadly divided into two domains: "communication studies of health" and "communication studies in health." The former treats hospitals as the "background" of primary health activities and examines people's health behaviors and concepts through the lens of questions posed by communication studies. The latter views hospitals as "laboratories" for observing health behaviors, beginning with a consciousness of health issues and utilizing communication theories for health interventions and promotion. Under this discourse boundary, research in "communication studies in health" often excludes complex factors such as culture in the discursive representation of hospital topics, and the treatment of the relationship between audiences and hospitals is characterized by centralization, with a significant focus on applicability in research purposes, particularly emphasizing interventions for infectious diseases<sup>4</sup> and drug abuse<sup>5</sup>.

In contrast, research in "communication studies of health" places more emphasis on the role of practice, culture, and other diverse factors when discussing hospital topics. The subjects involved in the research are more varied, and the interactive relationship with hospitals is closer. This discursive tendency is most pronounced in studies of doctor-patient relationships<sup>6</sup>.

## **The Discourse System Evolution of Hospital Topics in Health Communication Research in China**

Health communication, like other imported academic concepts, has evolved to reflect local characteristics through its integration with the discourse fields of mainland China. Edward Said describes this process as "theoretical travel," suggesting that "the movement of ideas and theories from one place to another is not only a vivid fact but also often constitutes a precondition that makes intellectual activities possible."<sup>7</sup> Theoretical travel focuses on the evolution of core concepts within a discipline's knowledge system as it migrates across discourse fields. The differences between the starting point and destination of the theory involve complex interactions between the theory, political systems, culture, and other factors. Combining "theoretical travel" with the archaeology of knowledge provides an analytical framework for the discourse evolution of hospital topics in the localization process of health communication in China.

### ***Hospitals in Economic Development: The Rise of Health Education and a Functional Perspective***

The introduction of health communication is closely related to the socio-political changes in China. Before the reform and opening-up, health discourse in China was often linked with grand themes such as patriotism and revolution. In the 1980s, with the shift in the national work focus, the academic narrative on health topics gradually moved away from the discourse of class struggle, turning towards health education and promotion in the context of economic development. This historical transformation marked the beginning of a theoretical journey from health education to health communication. This process has three characteristics: "First, health communication was initially introduced by health education, not the field of communication studies; second, it was driven directly by international cooperation on issues like AIDS prevention<sup>8</sup>; and third, health communication research in China has long sought the legitimacy of its theoretical framework within the discourse system of health propaganda." Hospitals, as authoritative sources of health

information and primary communication institutions, have seen the evolution of related academic topics, becoming important objects to observe how Western theories adapt to the Chinese health propaganda discourse field.

The appearance of the first AIDS case in mainland China in 1986 accelerated the introduction of health communication research. The "First Health Education Theory Seminar" held in 1987 systematically introduced the application of communication theory in health education, marking the formal inclusion of health communication theory focused on disease prevention and control into the health propaganda discourse system. In this process, hospitals were not only the main institutions for health education but also the key sites for health education practice. Health communication research on hospital topics mainly focused on application areas such as infectious disease prevention and environmental health improvement, with a discourse characterized by the "communication studies in health" research paradigm, emphasizing the introduction of content related to health education and promotion from Western health studies. The "marketing model" originating from health marketing became a research hotspot during this period.

Journalism and communication studies entered the field of health communication research later. Until the SARS outbreak, narratives in the field concerned with health communication primarily focused on effect studies and media business dimensions, incorporating themselves into the mainstream discourse of health propaganda through the measurement of health propaganda effects and strategy improvement. Within the discourse system of journalism and communication studies, "hospitals" are defined as the subjects of health propaganda. Meanwhile, hot topics in overseas research, such as doctor-patient relationships and organizational communication within hospitals, had not yet received attention from domestic health communication research. The Western theoretical system of health communication did not enter the mainstream discourse of health topics in China during this period.

### *Hospitals in the New Media Environment: The Emergence of Local Issues and the Discovery of the Communicator's Status*

The SARS (Severe Acute Respiratory Syndrome) outbreak represents a significant moment when health communication entered the mainstream discourse system in China. In the evolution of the health communication discourse system dominated by government authorities, China's health authorities summarized the experience from the SARS period and began to shift the dominant discourse in health issues from health propaganda to the more professional "health communication." Initiatives such as the "China Health Knowledge Dissemination Incentive Program" and the "First International Health Communication Seminar in China" symbolize the entry of health communication research into the mainstream academic field<sup>9</sup>, with a substantial increase in the volume of literature on health communication during this period. However, medical professionals, as important actors in health communication, not only failed to enter the mainstream discourse field of health communication research, but hospital topics also remained unhighlighted in this stage of research<sup>10</sup>. This defocus is the result of the division of the disciplinary discourse system of health communication research in China at the beginning of this century.

At that time, since China had not yet established a professional journal for health communication research, Chinese health communication researchers primarily constructed their discourse systems around two existing disciplines: medicine and health, and journalism and communication. In medical and health-related journals, the discourse on health communication focusing on hospital topics was highly concentrated on the role of hospitals in disseminating healthcare reform policies and implementing health education. Health communication was seen as a propaganda task attached to the medical context, and its disciplinary specificity was not recognized by the mainstream discourse in the medical and health academic field. Simultaneously, in journalism and communication journals, the discourse on health communication research intentionally demarcated itself from medical and health domains such as disease prevention and health education. Hospitals were mainly



viewed as entities in urgent need of exposure in mass media and were marginalized in issue setting. There are two main reasons for this phenomenon: firstly, during this period, Chinese health communication researchers primarily came from journalism and media industries, focusing the discourse on communication channels, audiences, and effects, while overlooking hospitals as communicators. Secondly, under China's party-controlled media system, the problem consciousness in journalism and communication research needed to align closely with the news propaganda practices of mainstream media and cooperate with the shift from health propaganda to health communication in discourse tone by relevant departments. As a result, the audience became the core research subject during this period, and hospitals were marginalized in topic setting.

In the decade following SARS, health communication in China developed rapidly and achieved significant results after entering the mainstream discourse field. Overall, however, government health departments, as key promoters, still regarded communication as a means of health education, with the disciplinary practice of "health communication" mainly reflecting "the use of mass communication means for health information delivery," that is, "mass health communication." Under China's medical and media systems, the government's discourse shaped the positioning of health communication research in the fields of medicine, health, and journalism, and communication. Acting as communicators, hospitals were regulated as propaganda executors and media reporting subjects within the diverse discourse systems of journalism and communication studies, medicine and health, and the government, thus becoming marginalized in the process of topic setting.

In the second decade of the new century, the development of new media technologies represented by social media has completely reshaped "the most basic life and life trajectory of individuals"<sup>11</sup>. The empowerment of media technologies on personal communication and expression has promoted the personalization of health issues and disrupted the one-way health communication system constructed by health propaganda departments and mass media. China's health communication research is

facing a reconstruction of its discourse system in the information technology era. At the same time, the mixed communication subjects in cyberspace have led to the prevalence of "pseudo-health communication"<sup>12</sup>, and the public has an urgent demand for high-quality health content. This means that the production of health content needs to be recognized by the authorities in the medical and health field on the one hand, and to fit the local health behavior context on the other. Against this background, hospitals have stepped out of the backstage of health communication and become independent producers and disseminators of health information by utilizing social media, and the hospitals as "communicators" have once again been the focus of health communication research<sup>13</sup>. In terms of topic distribution, medical and health journals focus on the innovation of public hospital health service models in the era of self-media and the optimization of content production incentive mechanisms in the era of self-media, while theories on hospital media use and disease prevention and control from overseas research have also been introduced for localized practice<sup>14</sup>. The journalism and communication field's attention to the role of hospitals as communicators has mainly focused on the content production and operation of hospital self-media platforms<sup>15</sup>, as well as the crisis public relations and opinion guidance effects of these platforms in public health emergencies, reaching a peak during the COVID-19 pandemic<sup>16</sup>.

Compared to before 2010, the hospitals as communicators are no longer facing the "audience" as a whole, but "users" with specific health information needs who can actively participate in the discussion and decision-making of health issues. The application of new media technologies has overturned the one-way discourse system aimed at health education, and health communication is no longer just a propaganda task attached to the professional medical field, but embedded in the entire process of medical services and has become an important communication practice for guiding public opinion in public health emergencies. However, overall, health communication research has not gone beyond the existing disciplinary discourse system in terms of its focus on the function of hospitals as communicators. Although

hospitals have entered the field of health communication research in the role of communicators, the discourse on related topics is still woven around mass communication and popular science education, and hospitals themselves have not become the focus of health communication research. It was not until "doctor-patient communication" entered the core field of China's health communication research that the discourse system centered on "mass health communication" began to show some changes.

China's health communication research did not start to focus on doctor-patient communication until around 2010. During this period, the frequent occurrence of violence against medical staff and incidents of killing doctors made the discourse system centered on mass health communication unable to effectively explain the complex doctor-patient communication practices in the Chinese medical context. The huge differences between the medical systems and cultural environments of China and the West made it difficult to directly apply the research frameworks and conclusions represented by the United States. In order to deeply answer this local issue, the health communication academia in China gradually recognized hospitals as practical domains with professional knowledge systems in their research on doctor-patient communication. "The doctor-patient relationship, as the 'interface' where social individuals and the social medical system intersect, has become an important window for examining the state of social medical and health services from a cultural perspective." Related research has shifted from the unidirectional promotion of "knowledge-trust-behavior" from the perspective of doctors, patients, and media, to the multi-dimensional interaction between people, culture, and technology. The return of hospitals in the roles of communicators and practical domains has shown that the discourse system centered on "mass health communication" in China is not uniformly unified, but is constantly attempting to break through and reconstruct the existing disciplinary system under the guidance of local problem consciousness. The rediscovery of the uniqueness and professionalism of hospitals as research objects reflects the efforts of China's health communication research to construct an

autonomous knowledge system for health communication under the local problem consciousness.

### **The Construction Context and Path of China's Autonomous Knowledge System Discourse in Health Communication**

#### ***Archaeological Knowledge of Discourse Field Shifts: The "Defocusing" and "Re-Focusing" of Hospital Topics in Health Communication Research***

"The object of archaeology is the unified body of ever-changing discourses, the different sets of discourse formation rules that govern and unfold in different discursive spaces<sup>17</sup>." "It is these rules that make it possible for the objects of statement to be presented in a certain specific, standardized way within a certain period."<sup>18</sup> Through the archaeological knowledge of the trajectory of hospital topics in China's health communication theory, from "defocusing" to "re-focusing", the discourse shifts of hospital topics reveal both the achievements and predicaments of China's health communication research in gradually constructing an autonomous knowledge system.

After decades of development, China's health communication research has formed a relatively stable discourse system with internal differences and discontinuities. Since the introduction of the theoretical concept of health communication to China, its discursive representation has always been embedded in China's health propaganda and health education system, seeking survival space within the international academic discourse field and the existing disciplinary system in China. "Mass health communication" research aimed at health propaganda and health education has become the mainstream, and hospitals have been normatively represented in this discourse system as static physical spaces or subjects executing communication tasks. "The stability of the discursive configuration in the discursive space is made possible by the internal system of rules that deals with differences and discontinuities<sup>19</sup>." China's health communication research not only has a relatively stable discourse system under China's health propaganda system, but also presents openness and development in the process of international exchange and integration into the new

media environment. With the increasing exchange between China and the international health communication community, the research topics of China's health communication have been connected with the mainstream academia abroad. The rise of local health issues such as medical reform and doctor-patient communication has led to the differentiation of previously essentialized health communication research objects such as the concept of health, the audience, and hospitals into different professional fields.

The development of new media technologies has further promoted the change of the "mass health communication" centralized discourse, and the research path of health communication has gradually shifted from the passive response of the communicator's mindset to the multi-narrative and two-way communication under the dialogue mode<sup>20</sup>. International exchanges have brought about theoretical updates and developments, and local issues have become the basis for the negotiation and dialogue between foreign theories and the local discourse field. The development and popularization of new media technologies have also accelerated the transformation of the discourse style of health communication<sup>21</sup>. China's mainstream health communication discourse field, centered on "mass health communication", has incorporated the academically displaced and discontinuous discourse into the real environment of China's medical and media development, transforming the disruptive discourse practices into the driving force for enriching and developing the existing discourse system, and constructing a stable field that accommodates diverse discourse forms.

***Questions, Principles and Paths: The construction of China's health communication discourse system in the new media environment.***

Health communication research in China has yet to establish its academic standing on a global scale, and its depth and professionalism are often questioned by the outside world. The depth of research lies in the comprehensive and in-depth response to the subject matter. In the context of China, the development of health communication is constrained by a reliance on Western theories, with a lack of deep

reflection and innovative research inquiries into local practices, causing hospital-related research to remain on the periphery. Professionalism is not only reflected in the boundaries of disciplines but also in the lack of platforms for disciplinary exchange. China has not yet established specialized journals for health communication; research publication is mostly confined to the existing disciplinary boundaries of the medical health and communication fields, leading to significant disciplinary barriers. This exacerbates the fragmentation of relevant topics within multi-disciplinary fields, impeding systematic and in-depth discussions. Disciplinary walls also disperse the strength of health communication research, making it difficult to construct a knowledge system with clear boundaries, and thus affecting a profound understanding of local issues. The current trend of information technology development presages the emergence of a people-centered modern knowledge system, which necessitates the creation of an integrative knowledge system of health communication discipline to deepen the problem-solving capacity in China and globally.

The construction of an independent knowledge system for health communication research in China must be based on Marxism and closely tied to the socio-cultural background and the actual development of China's health and sanitation industry. Health communication research will provide insights for public health issues in China and the world through theoretical and methodological breakthroughs achieved by creating a more autonomous, inclusive, and professional academic environment. There are two key directions to achieve this goal: First, to strengthen the understanding of localized practices in the fields of China's extensive health practices, health industry development, and media digitalization trends, identifying the core contradictions and key problems in health communication research. Second, to break through disciplinary obstacles, promote the creation of professional journals, and enhance interdisciplinary cooperation, with the aim of building a multi-disciplinary health communication discipline system that is oriented towards promoting human development.

## Conclusion

Developing a localized theoretical framework for health communication studies in China represents the dual necessity of theoretical localization and global dialogue. This study employs an archaeological knowledge analysis method to trace the knowledge production and theoretical evolution of health communication theory since its introduction to China over the past decades. The research aims to reveal the challenges faced by the Chinese health communication academic community: the lack of problem awareness towards local reality and existing interdisciplinary communication barriers. We believe that "only by deeply rooting ourselves in the fertile soil of Chinese society and creatively constructing original ideas and theoretical systems can we exert influence in the global academic dialogue. To break through the professional and depth limitations of health communication research in China, future efforts should focus on localized problem awareness, promote multi-domain perspectives and interdisciplinary collaboration, explore the research subjects of health communication more finely and profoundly, and meanwhile advance the construction of an independent knowledge system for health communication studies.

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