



Editor's Note

Vol. 4 No. 2 (2026): Embodied Mediations: Health Communication at the Intersection of Experience, Technology, and Governance

Health communication scholarship continues to evolve at the intersection of embodied experience, technological transformation, and the politics of care. This issue assembles nine original contributions—six research articles and three reviews, that collectively probe how health meanings are constructed, contested, and circulated across diverse contexts. From the intimate phenomenology of pregnancy to the algorithmic logics of AI medicine, from the narrative architecture of global health campaigns to the information avoidance patterns of aging populations, these studies trace a coherent intellectual arc: one that moves from the micro-politics of individual bodies to the macro-structures of mediatized governance, while insisting on communication as both the medium and the stake of health equity.

At the nexus of narrative and global health governance, Zhai, Cui, and Tao subject WHO Film Festival entries to rigorous narrative analysis, isolating the formal elements—character identification, emotional arc, visual rhetoric—that determine whether health messages translate across cultural boundaries or dissipate in transmission. Ma and colleagues' meta-analytic synthesis tackles a quieter but equally consequential phenomenon: why older adults systematically avoid health information. Their structural equation modeling exposes a complex calculus of cognitive overload, self-efficacy deficits, and fear management that demands communication strategies fundamentally different from those designed for information-seeking publics.

The reviews extend these empirical investigations into theoretical and historical terrain. Han's engagement with mobile communication risk governance, Liu's rethinking of digital clinics through a communication-centered lens, and Yang's analysis of science communication challenges in the mediatized age collectively argue that health communication must move beyond message optimization to interrogate the very infrastructures—platforms, algorithms, institutional protocols—that shape what can be said and heard. Hu's historical review of mental health discourse in modern China and Yang's survey of women's health deshaming research further demonstrate that health communication is always already entangled with power: who gets to name illness, who bears the burden of stigma, and whose voices are amplified or silenced in public deliberation.

Spanning phenomenology and meta-analysis, autoethnography and algorithmic critique, these contributions underscore the field's methodological pluralism and its deepening commitment to what we might call situated intervention, research that refuses the false choice between theoretical rigor and practical impact. Whether examining the body as cultural text, the clinic as digital interface, or the campaign as narrative system, the authors assembled here share a common conviction: that health communication, at its most transformative, does not merely transmit information but reconfigures the relational, institutional, and technological conditions under which health becomes possible.