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Multimodal discourse analysis in health communication: sketching out the field

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ABSTRACT

Background: Multimodal discourse approaches have only recently gained consistent prominence in health communication research. The theoretical and methodological underpinnings of each approach, and their contribution to the health communication domain, require further articulation. **Aim**: This article aims to sketch out the field, showcasing the methodological strengths and limitations of multimodal discourse approaches, and their potential contribution to health research. **Methods**: The article reviews four established and emerging multimodal discourse approaches used in health communication research. A comparative lens is taken, scrutinising each approach in terms of its theoretical underpinnings, methodological implications, and analytical constraints. **Findings**: Key points of convergence and divergence among the approaches are identified, with all approaches sharing a commitment to investigating multiple modes and their relationships in creating meaning within health research. The main point of differentiation lies in what each approach considers the unit of analysis: Systemic Functional Multimodal Discourse Analysis focuses on semiotic resources, Mediated Discourse Analysis on action, Conversation Analysis on conversational order, and Multimodal Critical Discourse Analysis on power and social structures. **Conclusions:** Future directions include a focus on materiality, the integration of emerging technologies, and the development of new analytical tools for investigating crisis communication. All these can offer deeper insights into health communication and enhance professional practices and patient outcomes.

KEYWORDS

Discourse analysis, health communication, multimodality, multimodal discourse analysis

BIOGRAPHY

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Introduction

Multimodal discourse analysis

Multimodal discourse analysis is an umbrella term for approaches examining how meaning is constructed through multiple semiotic resources (or modes), including, amongst others, verbal cues, gazes, facial expressions, hand gestures, images, spatial arrangements, and the use of objects. The concept of multimodality is rooted in the late 1970s, when scholars in social semiotics started paying attention to semiotic resources other than talk, such as gestures and images, exploring how interaction extends beyond spoken and written language (Halliday, 1978). This early work laid the groundwork for the systematic co-examination of modes and the establishment of multimodal discourse analysis in the late 1990s/early 2000s, when scholars increasingly recognised the complexity of meaning-making across different semiotic modes and started developing analytical frameworks to address it (see, for instance, Jewitt & Kress, 2003). A foundational – now classic – work is Kress and van Leeuwen's Reading Images: The Grammar of Visual Design, published in 1996, which articulated the need to consider multiple semiotic modes in discourse analysis and provided one of the first frameworks to do so. Multimodal discourse angles became more prominent with the rise of video recordings and the emphasis on analysing 'naturally occurring' data, as these provided the tools to capture the intricacy and nuances of real-life interactions and analyse them in a way that more accurately reflects how people use multiple modes of communication in everyday life.

There are various approaches to conducting multimodal discourse analysis, some of which I detail in turn below. A key principle underpinning all of them, though, is the interplay of multiple modes and the need to analyse them holistically. Well put by Bezemer and Jewitt (2010, p. 184), "the meanings realized by any mode are always interwoven with the meanings made with those other modes co-present and co-operating in the communicative event''. The idea that the different modes are interrelated and should be examined as a whole is also found early on in Goodwin and Goodwin (1992), according to whom talk, intonation, and body movements should be treated as elements that are integrated with one another rather than as distinct separate channels.

Despite multimodal approaches being on the rise, persistent analytical constraints have been noted, including systematising methods in multimodal research and creating 'stable analytical inventories' of multimodal semiotic resources (Jewitt, 2013); bringing various semiotic modes together under a cohesive analytical framework (Kress & Van Leeuwen, 2001); and integrating different tools and techniques for analysing multimodal interactions (Norris, 2004). Against this background, I consider the methodological affordances of each approach here, with a particular focus on their application in the health communication domain.

Multimodal discourse analysis encompasses a broad scope, extending across various fields where multimodal 'texts', in a broad sense, are prevalent, including the following:

- Education: classroom interactions, teaching materials, curriculum development, assessment practices

- Media studies: advertising, websites/digital platforms, news media, film and television
- Political discourse: campaigns, debates, protests
- Theatre and performance: stage interactions, stage design, audience interaction and engagement
- Health communication: doctor-patient and inter-/intra-team interactions, public health campaigns, crisis communication etc. – I elaborate on this strand in turn below.

Health communication and multimodal discourse analysis

Health communication has evolved into a distinct field over the last three decades, with its scope encompassing healthcare encounters, patient safety, health promotion, disease prevention, the management of health and illness, and the improvement of patients' experiences and quality of life (Jerome & Ting, 2022). Health communication scholars are interested in how the ways in which health-related information is communicated influences health behaviours, public health outcomes, and healthcare experience. Despite the focus on how such information is communicated, though, paradoxically, discourse approaches remain underemployed in the field of health communication, where monomodal approaches have been traditionally the norm.

When it comes to multimodal discourse approaches, the gap is even greater, with Brookes and Hunt's (2021) edited volume being one of the very few ones focusing exclusively on this matter, bringing together established and emerging discourse approaches on health communication. Multimodal discourses have only recently attracted attention in health/health communication research, including a range of contexts and topics, such as video recorded clinical consultations, the affordances of public health campaigns, multisemioticity in online health communities, health/illness social media discourses, and public health discourses. In this context, multimodal approaches have the potential to advance our knowledge and understanding of clinical practice (and thus patient safety), policy making, and the patient experience.

The recent COVID-19 pandemic in 2019 has impacted the field, leading to a surge in multimodal discourse analyses of public health campaigns. These analyses aim to understand the effectiveness of such campaigns in reaching diverse audiences and promoting public compliance with health guidance in crisis situations. Illustrative examples include Gill and Lennon's (2022) investigation of how the UK government has semiotically constructed and utilised fear in COVID-19 adverts, Al-Subhi's (2024) work on public health COVID-19 posters in Saudi Arabia, and Ope-Davies and Shodipe's (2023) work on COVID-19 online public health campaigns in Nigeria. The work conducted on multimodal discourses of COVID-19 significantly – and rapidly – advanced the field of multimodal discourse analysis, demonstrating how multimodal resources can influence public opinion, mitigate the effects of the pandemic, and contribute to public safety.

Despite this recent rise in multimodal discourse approaches, the methodological tools and distinctive features of each approach warrant further articulation, as does their contribution

to the health communication domain specifically. Building on this agenda, this paper delves into four established and emerging approaches, illustrating their theoretical underpinnings, methodological affordances, and analytical constraints.

Approaches to multimodal discourse analysis

I introduce here four multimodal approaches to health discourse, including both established and emerging ones. The list is not exhaustive – I return to this in the Discussion. These four approaches have been selected on the basis that they offer complementary perspectives for a comprehensive multimodal analysis of health communication. They cover a wide range of communicative aspects, from the micro-level of interaction to the broader discursive and social elements.

1. Systemic Functional Multimodal Discourse Analysis (SF-MDA)
2. Mediated Discourse Analysis (MDA)
3. Conversation Analysis (CA)
4. Multimodal Critical Discourse Analysis (MCDA)

A comparative lens is taken, scrutinising each approach in terms of its theoretical origins, methodological underpinnings, and analytical constraints. Emphasis is placed on the methodological implications of each approach and the practical application of theory, addressing foundational aspects (frequently used datasets, relevant contexts, methodological tools, key sources).

Systemic functional multimodal discourse analysis

SF-MDA is underpinned by a social semiotic approach, whereby the social interpretation of language and its meanings is extended to the whole range of modes of representation and communication employed in a culture (Kress, 2009; O'Halloran, 2008). Scholars working under such an approach are interested in how meaning is embedded within images and artefacts, including the study of speech, gestures, gazes, images, and writing (Bezemer & Jewitt, 2010). The Systemic Functional (SF) approach originates in Kress and van Leeuwen's (1996) and O'Toole's (1994) work and largely draws on Halliday's (1978) theory. Halliday's contribution lies not only in making visible the role of multiple semiotic resources but, more importantly, in foregrounding the interaction of these resources, viewing culture as ''a set of semiotic systems, a set of systems of meaning, all of which interrelate'' (Halliday & Hasan, 1985, p. 4).

Methodologically, as SFL views language as a social semiotic system, it provides the analytical tools to establish the 'grammar', or 'systems' underlying meaning making. Context-wise, SF-MDA is distinguished for its focus on visual imagery and its interface with language for the construction of meaning. Due to this emphasis on 'artefacts', this approach has been prototypically associated with the analysis of advertisements, video campaigns, films, and printed texts (textbooks, newspapers etc.). Kress and van Leeuwen extended Halliday's theory of SFL's three metafunctions – ideational, interpersonal, and textual – to multimodal discourse analysis:

- Representational Metafunction: Examines how different modes represent and construct the world, including participants, actions, and circumstances.
- Interactive Metafunction: Examines how modes are used to enact social interactions, express attitudes, and build relationships between the producer of a text and the audience.
- Compositional Metafunction: Examines how modes are organised to create coherent, meaningful texts, including aspects such as composition, layout, framing, and the relationship between different modes.

Prevalent concepts in SF-MDA are intersemiosis and semiotic cohesion: the former refers to the interplay between multiple semiotic resources, while the latter describes how system choices come together to make the text cohesive (O'Halloran, 2008).

In health research, studies explicitly positioning themselves under an SF-MDA approach are fewer, compared to some of the other approaches covered below (but many are informed by a social semiotic approach; I return to this in the Discussion). An early example is Iedema's (2001) study of a documentary about waiting lists and budget management at a Melbourne hospital. Drawing on the three metafunctions mentioned above, Iedema captured how certain modes have been used to favour clinicians' viewpoint (e.g., clinicians being level with the camera, while administrators being filmed from lower angles, connotating different degrees of power), illustrating how ''organizational, orientational and representational patterns and choices enhance and reinforce each other'' (Iedema, 2001, p. 193). Turning to more recent work, Yang (2017) drew on women's magazines in the US, examining the relationship between the visual and verbal elements in the portrayal of skin cancer: in her findings, two competing discourses were identified, with the verbal discourse highlighting the harmful effects of sun exposure, while the images promoted the attractiveness of tanning. O'Halloran et al. (2019) also focused on visual artefacts, demonstrating the affordances of SF-MDA via the analysis of the World Health Organization (WHO) Ebola webpage. Through the co-examination of texts, photographs, graphs, hyperlinks, and videos, they identified the textual, interpersonal, and ideational meanings in the website's subsections, underlining their intersemiotic connections. Their work provides a detailed, step-by-step guide to conducting SF-MDA, highlighting its methodological contribution to the field, which is the provision of a solid framework for holistically exploring how the three metafunctions (representational, interactive, compositional) work together to convey complex health-related meanings.

Turning to limitations, going back to intersemiosis, traditionally, scholars working under an SF-MDA approach have primarily focused on the interaction of language and images. Studies looking at the interface of other modes, particularly in health research, are sparser. This constitutes a criticism of the uptake of the approach so far, though, rather than an inherent limitation of its affordances. Another challenge is that, as it requires the identification and analysis of the meta-functions of different semiotic resources (and their interface), the analysis is multi-faceted and highly technical, rendering it a time-consuming and laborious process (Iedema, 2001; O'Halloran et al., 2019). Finally, due to the strong focus on grammatical systems, wider social aspects are sometimes neglected in SF-MDA analyses compared to the three other approaches reviewed below. This issue was highlighted by Ledin and Machin (2018), who critiqued SFL for its weak and somewhat superficial understanding of context, particularly in its application to written texts.

Mediated discourse analysis

MDA (also called ‘nexus analysis’) was established by Scollon and Scollon (Scollon, 2001; Scollon & Scollon, 2004), although many trace it back to Vygotsky (1981), who understood all action as mediated by cultural tools. MDA aims to bring together discourse, agency, and practice into what Scollon calls a ‘nexus of practice’, defined as ‘‘the intersection of multiple practices (or mediated actions) that are recognisable to a group of social actors’’ (Lane, 2014, p. 9). The unit of analysis in MDA approaches is social action and its complex relations with discourse – mediated discourse analysts are concerned with what people *do* with discourse, rather than just discourse itself. This social action, in turn, is always mediated by language, technologies, visual elements etc., which shape and are shaped by the social context in which they occur. In contrast to the social semiotic approach, in which visual imagery is often the primary focus, in MDA the starting point is (inter)action, which is broadly viewed as encompassing not only talk but also the use of artefacts, images, gestures and other semiotic resources, with all these being considered significant to the extent that social actors interact with them.

A key theoretical underpinning of MDA is that ‘‘the focus of mediated discourse analysis is not discourse per se, but the whole intersection of social practices of which discourse is a part’’ (Jones & Norris, 2005, p. 4): this distinguishes MDA from turn-taking approaches, such as CA (see following section). Compared to other multimodal discourse approaches outlined here, MDA is the least centred on language per se, without, at the same time, denying that language often plays the central role in interaction (Norris, 2004). Core concepts underpinning MDA are sites of engagement and historical bodies: sites of engagement place emphasis on context and are defined by Scollon (2001, p. 4) as a ‘‘window that is opened up through the intersection of social practices and meditational means (cultural tools) that make that action the focal point of attention of the relevant participants’’. Simply put, sites of engagement are all surrounding factors/conditions (tools, actions, events, place, time, participants) that render an action possible. Historical bodies, on the other hand, bring to the analytical fore social actors themselves, their familiarity with certain social practices, and prior experiences and knowledge.

In health communication research, MDA has not been employed as widely as other discourse approaches. Notable examples, however, include Jones’ (2014) work on the concept of risk in public representations of AIDS-HIV, illustrating the benefits of employing MDA compared to more traditional approaches. Murdoch et al. (2015) applied Scollon and Scollon’s (2004) framework to understand a particular social action – speaking about illness management – of a patient who was considered nonadherent to asthma medication. Their analysis of MDA’s three key elements (intersecting discourse, historical bodies, and interactional order) shed light on how, in talking about asthma management, patients negotiate ‘‘complex discursive spaces where they work to present themselves in ways in which they wish to be understood and judged’’ (p. 290). More recently, Landqvist and Blåsjö (2024) employed an MDA approach to explore communication professionals' experiences of COVID-19 and identify strategy changes. In their analysis of interviews and textual material (i.e., internal institutional documents), they illustrated how the individual (communication professionals), group (professional teams), and discourse (health and risk discourses) interact to convey crucial

information during a global health crisis. Methodology-wise, their work makes a significant contribution as it explicitly brings into the analysis the abstract concept of time – specifically, how temporal aspects play a role in interactions and ‘‘how people relate to time’’ (p. 518). Although time is central to MDA, it is often assumed and underdiscussed (for the materialisation of time in MDA see Scollon and Scollon, 2004). Other than the emphasis on temporal dimensions of health communication, a key methodological contribution of MDA is that, with its shift from an exclusive focus on language to a more consistent consideration of various tools (texts, technologies, artefacts), it allows researchers to understand how cultural, social, and institutional factors shape health messages.

Turning to MDA's constraints, as was the case with SF-MDA, capturing the various semiotic resources and understanding their contribution to the performance of social actions can be methodologically challenging. Social actions are always mediated by multiple layers of discourse, tools, and technologies. The systematic analysis of the interplay between these mediators can be intricate. Defining analytical boundaries is also difficult, given the interconnectedness of social actions across different sites and times (Scollon & Scollon, 2004). Further, methodological challenges are identified in pinpointing the role of temporal aspects, which is inherent in the approach. Such challenges include the need to embed the temporal sequencing in the analysis (i.e., a focus on how visual elements unfold over time) and challenges in data representation, as researchers often rely on annotation software (like ELAN) to code the timing and duration of multimodal elements accurately. Finally, I mentioned earlier how a rich insight into the sociocultural context and interactants' previous experiences is a prerequisite for MDA work: access to this background knowledge, though, often goes hand in hand with in-depth ethnography, which can pose significant challenges in terms of getting access, ethical considerations, and time constraints, particularly in clinical contexts, where ethical issues are – and should be – always at the forefront of research considerations. Conceptually close to MDA, as it also centres on interaction, is CA, which is introduced in turn below.

Conversation analysis

CA was first established as a sociological method in the 1960s, originating in ethnomethodology (Garfinkel, 1967; ten Have, 2012) and the work of Sacks, Schegloff, and Jefferson (e.g., Schegloff & Sacks, 1973), with its philosophical basis grounded in phenomenology (Giorgi, 1985). It is concerned with the sequential organisation of 'talk-in-interaction', with its guiding principle being that interaction exhibits ‘‘order at all points’’ (Sacks, 1992(I), p. 484). The preferred and more frequently used datasets in CA approaches are audio and video recordings of 'naturally occurring' interactions, while the micro-analytic approach has been marked by the detailed Jeffersonian transcription system (I expand on multimodal CA transcripts below). As this is a well-established discourse approach, the rest of the discussion focuses on CA's contribution to multimodality.

Although MDA and CA share a commitment on multimodal interaction, CA is a turn-taking-based approach, whereby talk is still considered the primary unit of analysis. An early interest in other-than-talk aspects of interaction under turn-taking approaches is traced back at least to the 1970s. Goodwin (1979), for instance, examined the role of gaze in interaction, analysing gaze direction as indicative of the recipient's attention to the speaker, and argued that an

utterance cannot be conceptualised as a unit apart from the situated occasion of its production. Similarly, Schegloff (1984, p. 273) illustrated the ways hand gestures ‘‘are organized, at least in part, by reference to the talk in the course of which they are produced’’, acknowledging that word production is accompanied by aspects such as posture, gesture, facial expression, preceding talk and voice quality.

The CA tradition has been influential in integrating various semiotic resources into the field of discourse analysis, conceptualising early on spatiomaterial aspects and the interactional context itself as interactively achieved. A more consistent interest on the role of the body in interaction is traced around 2001 by Nevile (2015), who used the term ‘embodied turn’ to refer to the point when the body attracted social scientists’ – and particularly conversation analysts’ – interest in the study of language and social interaction, as well as the spatial and material environment in which the interaction occurs. Similarly, Mondada (2016) introduced the ‘visual turn’, within which action is conceptualised as ‘‘situated, indexically organized, and specifically shaped by, as well as shaping, the social and material context in which it happens’’ (p. 339). More recent advancements in multimodal CA make a case for expanding the field to encompass multisensorial practices, such as touch, smell, and taste: for Mondada (2019, p. 60), this interactional conceptualisation of multisensoriality ‘‘invites us to deepen our understanding of what makes embodied details accountable, within their fine-grained multiple temporalities, and how they contribute to the publicly intelligible shaping of actions’’.

Zooming in on the healthcare context, multimodal CA work has primarily focused on healthcare teams’ interactions and doctor-patient interactions so far, unpacking diagnostic processes, the delivery of care, epistemic claims, and the performance of leadership and teamwork within teams. Illustrative work includes Heath et al. (2018), who examined the ways in which materials are passed by the scrub nurse to the surgeon in the operating theatre, viewing this process as a ‘‘collaborative production of complex tasks in and through bodily action and interaction that reflexively reconstitutes the occasioned sense and significance of material objects and artefacts’’ (p. 298). Their study is a valuable example not only because it illustrates a detailed multimodal CA, but also foregrounds the role of objects in embodied interaction and draws on real-life video recordings of surgical procedures – an increasingly rare dataset nowadays. Remaining in the realm of operating theatres, Mondada (2014) analysed a chief surgeon’s instructions addressed to his assistant during a surgical operation, demonstrating surgical practice as a collaborative achievement which relies on finely tuned embodied coordination between staff members. Mondada is a key advocate of multimodal CA, with this (and her other) work sketching out what a systematic micro-analysis of embodied interaction looks like. Note, also, that since the early 2000s, Mondada has been developing her own multimodal CA transcription conventions, a highly technical system, which is now used by many CA scholars (Mondada, 2018). Turning to doctor-patient interactions, Fatigante et al. (2021) drew on video recorded oncological visits to examine the contribution of patients’ companions in the consultation. Their findings illustrated that the companions’ roles were ‘‘the contextualized results of complex temporal, sequential, multimodal and multiparty arrangements of all participants' actions’’ (p. 19). CA’s focus on the micro-level is one of its key methodological strengths: by thoroughly examining how participants take turns, manage interruptions, and display responsiveness, researchers can identify effective communication strategies, rendering CA a rich methodological approach, particularly valuable in understanding the nuances of doctor-patient interactions.

Turning to key challenges, I already alluded to CA's highly technical multimodal transcription system. Although these systems allow the annotation of many semiotic resources, including gestures, gazes, movement in the material space, use of objects etc., they also make the transcription process extremely slow and tedious. The lack of standardisation in transcription conventions for multimodal data further adds to the complexity. Another issue is that it can become resource-intensive, which limits its accessibility: video recordings require advanced recording equipment, while specialised training and sometimes software (e.g., ELAN) are sometimes a prerequisite for the transcription. Moreover, it has already been noted that CA mostly relies on audio and video recordings of naturally occurring interactions: in healthcare settings, potential medicolegal implications (see, for instance, the National Health Service's rising litigation costs in the UK), new legal standards, and strict data protection principles (e.g., the UK General Data Protection Regulation/GDPR principles) have made such access incredibly difficult (for a discussion see also Mesinioti, 2021).

Multimodal critical discourse analysis

The last approach reviewed here is MCDA, one of the emerging approaches. MCDA integrates the principles of CDA and multimodal analysis and integrates principles from the SF-MDA approach; I further elaborate on the porous boundaries between these approaches in the Discussion. As is the case with all CDA approaches, it is underpinned by a strong focus on circulating ideologies and social processes/structures along with the examination of linguistic forms (cf. Fairclough's framework, 1995). MCDA is interested in how the various semiotic resources relate to their contexts of production and consumption, as well as the broader sociocultural context in which they take place (Machin, 2013). What distinguishes it from the previous approaches is its explicit focus on how the social context, namely, issues of power, ideology, and social justice, is communicated and perpetuated through various semiotic resources. Machin (2016) notes how, in MCDA, discourse is always present in the sign at all levels, and the sign, in turn, shapes the 'ideological consciousness'.

Methodologically, at the core of MCDA is the concept of recontextualisation, which refers to the process of taking elements (such as participants, processes, or settings) from one context and adapting or using them in a different context. This process often includes abstraction, addition, substitution, and deletion to transform and repurpose these elements to fit new contexts (Machin, 2013). In essence, MCDA examines how semiotic resources are utilised in the recontexualisation of such elements, and why certain meanings are transformed when resources are moved across different contexts.

In the health context, datasets employed so far are health campaigns and public health announcements, health-related advertisements, newspaper and magazine articles, and health information websites. Studies demonstrating MCDA include Gill and Lennon's (2022) recent work on COVID-19 information adverts, which articulated how the government attempted to ensure compliance through implicit and explicit fear-evoking semiotic interactions. An MCDA approach is also consistently taken in Brookes et al.'s ongoing work on discourses of dementia: Brookes et al. (2018), for instance, examined representations of dementia in national newspapers in the UK, with their detailed analysis revealing how various semiotic strategies were employed for the discursive construction of dementia as a dreaded, devastating, and agentive disease, while patients were represented via discourses of loss and victimhood. More

recently, Putland et al (2023) also took an MCDA approach for the examination of ideologies circulating dementia in Artificial Intelligence (AI)-generated images, with their findings illustrating a lack of visual diversity and the reproduction of prominent visual discourses, such as a biomedical focus on dementia. Their innovative, for our field, focus on AI-generated images could pave the way for future research: this is further unpacked in the Discussion. MCDA's methodological affordances allow the investigation of implicit power structures and ideologies across multiple semiotic modes, which, in the field of health communication, has the potential to ensure that communication materials promote equity and avoid reinforcing stereotypes or biases.

What can be particularly challenging in MCDA is that it presupposes a solid understanding of circulating ideologies and underpinning social structures: robust comprehension of the sociocultural context is thus a requirement. Methodology-wise, another issue is that, given that a) MCDA is still evolving, and b) there is significant methodological plurality within CDA approaches, there is no single, standardised methodology for conducting analysis, leading to significant variation within the field (cf. Wodak & Meyer, 2015). This is not necessarily a weakness of the method, but it can be daunting. Moreover, it has already been mentioned that a key aim of MCDA is to uncover how multimodal texts are embedded within broader social practices. The relationship between these texts and social practices is never one-to-one, though, making the task of analysing how each mode both reflects and shapes these practices particularly challenging. There have also been some criticisms of MCDA, and, more broadly, CDA, for being too 'selective' and 'partial' (for a discussion of this and other limitations, see Machin & Mayr, 2012). Finally, issues of reflexivity and researchers' beliefs are important considerations in (M)CDA approaches: although this is always the case in discourse approaches, CDA's focus on issues of power and researchers' interpretation of the sociocultural context, which constitutes an integral part of the analysis, amplify this.

In the next and final section, I summarise these approaches, before outlining ongoing developments in the fields of multimodal discourse analysis and healthcare communication, suggesting avenues for future research.

Discussion

I presented above four key multimodal discourse approaches employed in the healthcare context and health communication, focusing on their theoretical origins, methodological implications, and analytical constraints and limitations. In reviewing these, I took a comparative lens to illustrate key points of convergence and divergence. This information is summarised below, in Table 1. It is worth noting that this was not intended to be an exhaustive list of discourse approaches used in health communication: other, less established, approaches include Visual Discourse Analysis (VDA), which is concerned with visual elements of health campaigns, social media, etc. (Albers, 2013; Traue et al., 2019), and Multimodal Narrative Discourse Analysis (MNDA), which has been so far used for the analysis of patient narratives in digital health platforms, online forums, and blogs (Liang, 2019).

Multimodal approach	Underpinning approach	Focus	Key advocates/ Illustrative examples	Frequently used datasets in health communication research	Analytical constraints
Systemic Functional Multimodal Discourse Analysis	Social semiotic approach	Artefacts/visual imagery (and the ways meaning is constructed in those)	Iedema (2001); O'Halloran, (2008); Jewitt et al. (2016)	Health campaign advertisement; healthcare websites and online platforms; patient educational videos and applications	Currently limited to the interaction of language and image; requires a multi-faceted and highly technical analysis; broader social context is often overlooked
Mediated Discourse Analysis	Action-based approach	Social actions (discourse is considered part of those)	Jones & Norris (2005); Scollon (2001); Scollon & Scollon (2004)	Video recordings of clinical encounters; institutional documents; health policy implementation documents	Difficulty in defining analytical boundaries; requires deep background knowledge
Multimodal Conversation Analysis	Turn-taking approach	Talk (and its situated performance)	Mondada (2016, 2019); Heath et al. (2018)	Video recordings of face-to-face and online clinical encounters, consultations, and healthcare teams' interactions	Resource-intensive; highly technical transcription system; no consensus on transcription conventions
Multimodal Critical Discourse Analysis	Power/social justice-based approach	Ideologies/social structures (and their relationship to semiotic resources)	Brookes et al. (2018); Machin (2013); Machin & Mayr (2012)	Health policy documents; advertisements; public & social media health campaigns; health communication materials in crisis situations	Requires solid understanding of circulating ideologies/sociocultural context; significant methodological plurality

Table 1. Established and emerging multimodal approaches to discourse analysis.

Undoubtedly, all four approaches share common ground, particularly in their commitment to the following two key principles: a) the consideration of multiple modes and the ways these modes interact to create meaning, and b) the contextualisation of the modes – emphasising the importance of analysing them within their situational context (considering what, who, and how). As they are based on the same key principles and often share methodological tools, datasets, and challenges, a clear-cut presentation of each approach is not straightforward: this highlights the porous boundaries within the field as our thinking evolves, along with the potential for combining various approaches. As an illustration, many scholars working in MCDA, including Brookes and colleagues, as well as Gill and Lennon, situate their analyses within the social semiotic tradition, particularly drawing on Kress and van Leeuwen's seminal Reading Images. A key difference, however, is their starting point: in introducing the

approaches, I drew attention to their units of analysis, which are the semiotic resource, in SF-MDA, action, in MDA, conversational order, in CA, and power/social structure in MCDA.

Although challenges specific to each approach were outlined above, there are broader issues persisting across all multimodal approaches. One of them is terminology, which is used inconsistently, with authors often coming up with their own definitions: this can be partly linked to the fact that multimodal approaches are used for the examination of a wide range of contexts and topics. The various 'turns' used to mark the transition from a conceptualisation of interaction as primarily verbal to one that encompasses a range of semiotic resources – such as embodied, multimodal, spatial, visual, material, and mobile turn – is a case in point (cf. Nevile, 2015). Another common denominator when considering challenges in multimodal discourse approaches is the concept of 'mode' itself: although, analytically, we try to isolate modes, in practice, this is unfeasible. Modes interact in elaborate ways and the produced meaning is always more than the sum of the isolated modes (see Machin, 2016, for a discussion). Finally, another criticism pertinent to all multimodal approaches is the fact that, with semiotic resources being dynamic, fluid, and contextual, it is difficult to build 'stable analytical inventories' of multimodal semiotic resources (Jewitt, 2013): as such approaches gain ground, however, scholars increasingly develop and refine methodologies to better capture and categorise these evolving resources, thereby enhancing the robustness and applicability of multimodal analysis.

Future directions

In sketching out the field, it became evident that multimodal discourse approaches have, in general, prioritised certain modes: gazes, gestures, and images have been more thoroughly studied, while issues of materiality remain underrepresented, and are still viewed as peripheral in the field of discourse studies, which remains a primarily logocentric field (De Fina & Georgakopoulou, 2020). Recent work on intra-professional communication in health emergencies, for instance, has started viewing the use of material zones of the emergency room as a discursive strategy for doing teamwork and leadership (Mesinioti et al., 2023), which is a prosperous field for further multimodal research. Going even further, I briefly mentioned earlier how Mondada (2019) made a case for multimodal approaches to consider other senses, such as smell, touch, and taste: if this will be picked up more widely by discourse analysts, is yet to be seen.

The integration of emerging digital technologies in healthcare is set to propel our field forward. The use of multimodal discourse analysis in digital contexts is a rapidly evolving field, looking at how digital affordances (e.g., hyperlinks, interactive elements, multimedia) contribute to meaning making. Advancements are already documented: with the rise of AI, for instance, Putland et al. (2023) started examining the role of AI images in constructing discourses of dementia. The role of AI in representations of health and illness, and the impact this has on patients and the public, is a field with significant potential, in which multimodal critical perspectives have valuable tools to offer. The study of multisemioticity in telehealth and virtual consultations has also gained momentum, offering significant potential to enhance our understanding of how these modes influence communication effectiveness and patient experience. More, multimodal discourse approaches, particularly SF-MDA and MCDA, should

be more consistently employed for the study of patient portals and health apps, which are being adopted more broadly by national healthcare providers, as such analyses can contribute to the identification of effective communication patterns between patients and healthcare providers and yield implications for patient satisfaction and adherence to treatment plans.

Finally, the COVID-19 pandemic and the in-depth multimodal analyses of healthcare campaigns across the world that followed led to significant advancements in the field: investigating how multimodal communication is employed during future health crises (e.g., pandemics, natural disasters) and the development of new analytical tools will be beneficial for managing public response and disseminating critical information.

Overall, the future of multimodal discourse approaches in healthcare is possible to involve, among other areas, a focus on materiality and the use of surrounding space, the integration of emerging technologies such as AI, telehealth, and health apps, and the development of new analytical tools for investigating crisis communication. By advancing these areas, multimodal discourse analysis can offer deeper insights into health communication and enhance both professional practices and patient outcomes.

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