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## CULTURE-CENTERED APPROACH AS CRITICAL HEALTH PRACTICE

### The Body as Resistance

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The meta-theoretical framework of the culture-centered approach (CCA) dismantles the hegemonic ways of thinking about health by centering the voices of communities in struggle, re-turning the ownership of defining what is health in the hands of communities at the margins. Simultaneously, the CCA engages with postcolonial communication theory, critiquing the Brahminical registers of postcolonial theory controlled by largely upper-caste, upper-class Indian academics descending from families with privilege within the postcolonial context of India (as we write this piece as a collective, we note our differential places of privilege in relationship to the caste-class structure in India and across the global North-South divide, shaping the power inequalities we negotiate in the contexts of caste, settler colonialism, racial capitalism, and imperialism). Based on the argument that epistemic violence—the violent erasure of knowledge systems and ways of knowing at the margins—is intertwined with health disparities, the CCA locates methodological entry points for dismantling the extractive, casteist, settler colonial, racial capitalist, and imperial investments in hegemonic knowledge systems.

Across studies of the CCA, voice infrastructures—systems, mechanisms, and platforms designed to amplify voices of communities that have been historically marginalized and, in extreme forms, erased from discursive registers—serve as sites where communities at the margins describe the structures, name them, and organize to dismantle them (Dutta, 2008, 2011, 2024). Take the example of the Listening 1965 project, co-created with the survivors of the 1965 genocide, where community advisory groups

(CAGs) as voice infrastructures co-create songs, poetry, and a storyboard, weaved into a documentary witnessing the U.S.-sponsored genocide carried out in Indonesia that resulted in the destruction of the entire ecosystem of Left party workers, socialist intellectuals, and union organizers and activists (Pitaloka & Dutta, 2021). Voice infrastructures as registers of listening foreground the colonial-imperial violence that shapes the experiences of health and well-being among survivors. Our writing collective here reflects this politics of the ongoing struggle for voice and knowledge within culture-centered scholarship, bringing together two Indigenous community researchers (an Adivasi man and a Maori woman), a Singaporean Sikh woman with caste privileges who is an early career international researcher and an upper-caste, upper-class man who is a full professor. How we negotiate the inequalities in the distribution of power that constitute our relationships while generating knowledge claims is a core concern of the CCA, generating through co-authorships a radical politics that challenge the hegemonic structures that perpetuate injustices.

Drawing upon examples of community-led culture-centered interventions housed under the umbrella of the Center for Culture-centered Approach to Research and Evaluation (CARE), we outline the role of the “body on the line” as critical theory. The CCA, we argue, materializes Gramsci’s “philosophy of praxis” (Haug, 1999), articulating the embodied work of theory generation as emergent from within struggles to co-create just material conditions that enable and sustain health. The interplays of community organizing and working-class organizing in the CCA, we argue, is the strongest theoretical contribution as a critical health communication meta-theory, disrupting the neoliberal construction of community as an arm of the market, foregrounding the inequalities and divergences that exist within communities, and turning to the community as the site of radical organizing challenging hegemonic state-market-NGO (non-governmental organization) structures. Our theoretical intervention, therefore, argues that it is through the body placed in values of care and relationality that academic-community-working-class solidarities can start dismantling the racist colonial infrastructures of capital that fundamentally threaten human health and well-being. The theoretical work of dismantling racial colonial capitalism is intertwined with the practical work of agitating in communities and in working-class struggles. Taking some examples of culture-centered interventions, we weave together a narrative account of the history of the CCA that connects contemporary land struggles, resistance to state authoritarianism, anti-racist organizing, worker struggles, and anti-hate organizing to the fundamental struggles for securing health.

### **Theorizing Health: Culture, Structure, Agency**

Drawing upon its roots in the Marxist and postcolonial approaches, the CCA theorizes health at the intersections of culture, structure, and agency (Dutta, 2008, 2011). Because the critical premise of the CCA draws upon the exploration of the health consequences that result from the violent erasure of the cultural context of health, the earliest theoretical interventions within the umbrella of the CCA foregrounded the interplays of health meanings and cultural contexts (Dutta, 2004a, 2004b). In dialogue with the work of Airhihenbuwa (1999) on culture and health, the CCA builds on the theorizing of culture as the ever-changing assemblage of shared values, meanings, and norms to turn to the voices of communities at the global margins in theorizing health. The culture-centered dialogues with Santalis in Eastern India formed the basis for the earliest theoretical interventions into the CCA, foregrounding agency, the capacity of individuals, households, and communities to make sense of their health and co-create land-based struggles around ownership of land, health, and development resources (Dutta, 2004a, 2004b). The expression of agency as voice delineates the structural conditions that shape the everyday experiences of health at the margins, turning to method as listening (Dutta, 2014; Sastry et al., 2021). As the theorizing of the CCA further crystallized, this culture-structure-agency interplay emerged as a key feature of the theory, placing the relationship among meanings, health, communication, and voice at these intersections. CCA studies to date organize how these relationships are reflected in community voices.

#### ***Culture***

Culture is defined and discussed as the key driver of the CCA with the theoretical perspective emphasizing cultural meanings by listening to the cultural narratives of communities. Cultural narratives in the CCA emphasize grounding insights from community discussions of their health meanings through a culture, structure, and agency fulcra. How participants discuss culture as health from the standpoint of political, social, cultural, and economic struggle and exclusion are central to the CCA's operationalization of culture. Dutta (2004a) explains culture as “both transformative and constitutive, providing an axis for theorizing the discursive processes through which meanings are socially constructed by members” (p. 241). Members in this context are the communities CCA researchers work collectively with to co-constructively challenge and agitate against structural forces that constrain health justice for members in the margins of society.

When guided by the CCA, the goals for centering culture go beyond interpreting culture as surface-level structures. Surface-level structures are cultural elements and characteristics for building health messages tailored to a target audience (Resnicow et al., 2000), what Dutta (2007) describes as cultural sensitivity. The CCA guides health communication scholars toward recognizing cultural meanings in community members' descriptions of culture at the intersections of structure and agency. CCA-guided studies identify cultural meanings and contexts seeking to understand and foreground cultural knowledge in centering health meanings and moving away from stabilizing and essentializing culture as variables classified within brackets and categories for predicting health outcomes. By paying attention to how participants share cultural meanings and how meanings are assigned to health discussions by participants, the structure, culture, and agency nexus pivots to emphasize how participants define culture agentically in the context of health structures (e.g., Basu et al., 2016). To elaborate, this involves identifying how participants negotiate their health meanings in the context of subordination by dominant forms of knowledge production that keep stories of health in the margins.

An example includes the cultures of shame produced around women's bodies and bodily functions across the globe through various forms of constraining structural forms of power (e.g., Pindi, 2020; Rawat et al., 2021). In a study anchored in the CCA, conducted by Rawat et al. (2021) in North India, the authors discuss the intersections of Brahminical patriarchy and casteist structures that perpetuate taboos around menstruation detrimental to women's health outcomes. Here, the intersections of gendered forms of marginalization rooted in patriarchal practices of shaming women for bodily functions have implications for how women sought to address management options for menstruation. Gender policing, surveilling, and shaming operate from and through cultural enactments of harm. The discussion of culture, therefore, is read within the context of structure and agency.

### **Structure**

The interpretation of structures in the CCA structure, culture, and agency nexus locates structures through forms of social organizing that constrain and enable access of individuals, households, communities, and broader societies to health resources (Dutta et al., 2024). Turning to health within a broader constellation of meanings around food, environment, ecosystem, worker rights, cultural rights, etc., shapes how the organizing structures around health are interpreted and approached. Critical health communication theory anchored in the CCA attends to the interplays of settler

colonialism, racial capitalism, imperialism, and patriarchy as the driving structures that shape the experiences of health among communities that are disenfranchised (Dutta, 2023a; Elers & Dutta, 2024).

Structures are conceptualized as patterns of social organizing that enable or constrain cultural members' abilities to access health resources and engage in healthful behaviors (Dutta, 2008; Giddens, 2007; Sastry, 2016). The central point of analysis in the approach is how these structures are governed to constrain access to healthful lives of all people in society. How structures are articulated has been outlined in multiple germinal pieces as a key organizing concept of the CCA, which involves recognizing the role of social forces that enact or constrain human agency in achieving good health (see Bates et al., 2019; Carter & Alexander, 2020; Kumar, 2021; Mukherjee & Basu, 2024; Stanley & Basu, 2023). A structural analysis grounded in the CCA unpacks the role structures play in shaping entrenched health inequalities experienced by communities. Community members discuss the context and intersections of power, delineating the roles capitalist-colonial forces play in contributing to health inequities globally from settler colonial violence through the ongoing theft of land from Indigenous communities and occupation of Indigenous land (Elers & Dutta, 2023), food insecurity from stigmatizing neoliberal policy programs (de Souza, 2023), and precarious migration infrastructures aimed at extracting labor for profits (Kaur-Gill & Dutta, 2023; Robb, 2021, 2023). Noting that "the capitalist logic of the colonial project is built upon generating profit through extractive habits that mark the culture of the colonized as needing saving, building the rhetorical basis for the ongoing expansion of whiteness" (Dutta, 2024, p. 407), culture-centered methods explore partnerships that are invested in the dismantling of these structures (Dutta & Pal, 2020). The process of naming the structures, including the naming of the structures occupied by academics, in ways that are legible to communities at the margins, is central to the processes of organizing for structural transformation.

### *Agency*

Building on the work of the Subaltern Studies collective that explores how structures of erasure are scripted into hegemonic sites of knowledge production, the CCA locates voice in the agency of communities at the "margins of the margins." The concept "margins of the margins" attends to the continual erasure of voices built into the organizing of hegemonic structures, the power embedded in sites and processes of knowledge generation, and the ongoing struggles for power over spaces of knowledge generation. The CCA critically engages with Spivak's theorizing of "Can the subaltern

speak?” noting that the framing of the question, “Can the subaltern speak?” as a dichotomy is theoretically embedded within the location of caste-class privileged academia in postcolonial India (largely occupied by children of upper-caste upper-class academics, bureaucrats, managers of civil society, and corporate executives), where postcolonial elites with Brahminical privilege pronounce the impossibility of subaltern agency without facilitating the work of social mobilization for structural change (Da Costa, 2023). Worse, the space of alterity is taken over by the Brahminical elite, speaking of the otherness of the Empire while conveniently erasing one’s complicity with caste, imperialism, and settler colonialism (Figueira, 2008). Contrast this with the work of the Latin American Subaltern Studies collective and the work of Freire (Beverley, 1999; Freire, 1996; Freire et al., 1997). Similarly, contrast the text-based elitism of postcolonial and Subaltern Studies with the embodied methods of generating knowledge that emerge from Indigenous studies (Xaxa, 2008, 2021). Note that the postcolonial, Subaltern Studies caste elites systematically erase the literature in Indigenous studies while writing about the impossibility of Indigenous agency (Bhukya, 2021; Hokowhitu et al., 2020; Xaxa, 2008, 2021).

The argument posed by Indian postcolonial scholars, and certainly by postcolonial media studies and communication scholars in the mainstream, suggests that an academic by nature of their complicity with structures of power cannot co-construct knowledge with community groups that are marginalized and dispossessed for they suggest that there can never be a recovery of unadulterated knowledge of the subaltern. We refute these rhetorical forms of foreclosure and depart from the premise that co-creation is impossible because of power differentials, approaching subaltern knowledge as a point for social mobilization and structural change. Those of us, Indigenous (and Adivasi) scholars in our collective, note that our struggles for laying claims to postcolonial development are tied to our struggles for asserting our knowledge. Moreover, we note that upper-caste Indian elites precisely use this technique of unseeing Indigenous knowledge to carry out extractive development projects, propped up through police and military violence (Pasternak et al., 2023; Soundadarajan, 2022). Instead, the CCA names the forms of power imbalances (caste, class, gender, settlers of color) as a generative entry point for working through the impossibilities of achieving a space for equal power between communities and academics when academics are employed by the settler colonial, racial capitalist, and imperial university. We argue that the caricature of unadulterated, pure, or transparent knowledge is a violence concocted by caste academics who carry out our critiques without naming our own caste investments.

In the United States, for instance, where most upper-caste, Indian postcolonial scholars write from, such naming of our caste investments and our

positions as “settlers of colour” (Patel, 2010) offer critical anchors for connecting with Indigenous struggles against the settler colonial state (Elers & Dutta, 2024; Patel, 2010). Simultaneously, the mobilization to insert the registers of knowledge at the subaltern margins into the hegemonic spaces creates the anchor for social change in anti-capitalist and anti-colonial ways (Elers & Dutta, 2024). For instance, in the Indian context, the organizing of Adivasi Studies, foregrounding Adivasi scholarship and diverse Adivasi subjectivities, is a critical anchor to social change, foregrounding the heterogeneities, complexities, and dynamic cultural spaces across Indigenous contexts (Dutta et al., 2024; Xaxa, 2008).

Postcolonial scholars, a large proportion of whom come from caste elite upper-class families of India, ensconced in the privilege of critique of the text while “writing castelessly” (Da Costa, 2023), fail to account for social justice methods and praxis that read the university as a site for dismantling (academe as a site of political solidarity and reckoning against the neoliberal apparatus) and seek to reimagine the university as an extension of social justice movements, including the development of scholarship that centers pedagogies of radical listening (Freire et al., 1997; Herakova et al., 2024), critical Indigenous pedagogies and methodologies for centering radical care, commitment, and solidarity with subaltern communities at the global margins (Dutta et al., 2023; Dutta, 2023b, Elers & Dutta, 2023). Furthermore, these foreclosures of subaltern forms of knowledge production remove the work of resistance and transformation of the structural conditions within which the subaltern voices are grounded. One of us, Mohan, shares this dialogue with a colleague, Ambar Basu, in an autoethnographic exploration:

So what I see here, Ambar, is how a certain way of doing postcolonial scholarship, valorizing high theory from afar, it itself a colonizing process. Postcolonial work as high theory rewrites and reworks the colonial enterprise, reiterating the tools of the colonial master in its celebrations of theory as removed from the everyday struggles of/in subaltern communities and detached from the messiness of everyday life. The “theorizing on” instead of “theorizing with” reproduces the colonial relationships of extraction.

*(Dutta & Basu, 2018, p. 89)*

### **Resisting Health Communication**

The CCA as a critical health practice connects the everyday work of critique to the practices of building community spaces for activism and resistance. Noting that the hegemonic approaches to health communication

uphold the agendas of settler colonialism, racial capitalism, and empire, the CCA outlines a framework of health communication as practice organized toward securing health as justice. The framing of health as justice disrupts the individualizing and reductionist logics of hegemonic health communication.

### *Decentering the Whiteness of Health Communication*

The CCA foregrounds the whiteness of health communication, tracing, mapping, and critically interrogating the values of white culture that are upheld and perpetuated as universal (Dutta, 2005). In building registers for theorizing health from the margins, the CCA challenges the hegemonic assumption that Western norms, values, and practices are universally applicable and superior to those of other cultures. Instead, the CCA recognizes the diversity and complexity of cultural contexts, seeking to understand health within its socio-cultural and historical dimensions. By centering the voices and experiences of marginalized communities, the CCA challenges the hegemony of whiteness in health communication and promotes more inclusive, equitable, and culturally relevant approaches to health promotion and intervention.

Additionally, the CCA examines the role of power and representation in shaping health communication discourses and practices. Whiteness is often privileged in mainstream media and advertising, perpetuating stereotypes, and reinforcing inequalities in health outcomes. Through critical analysis and deconstruction of media representations, the CCA seeks to challenge dominant narratives that marginalize and stigmatize racialized communities. This may involve developing counter-narratives that challenge stereotypes, highlight the resilience and agency of marginalized communities, and promote alternative visions of health and wellness. Furthermore, the CCA advocates for structural changes that address the root causes of health inequities, including racism, poverty, and social injustice. Rather than focusing solely on individual behaviors or lifestyle choices, the CCA recognizes the structural determinants of health and advocates for policies and practices that promote equity and social justice (Sastry et al., 2021). This may involve collaborating with community organizations, advocacy groups, and policymakers to address systemic barriers to health, such as lack of access to healthcare, discriminatory practices, and unequal distribution of resources.

### *Co-Creating Community Spaces*

Community spaces of participation take the form of CAGs mobilized in the politics of social change (Dutta, 2014, 2018b). These CAGs serve as

voice infrastructures, where community members at the “margins of the margins” articulate their voices, offering interpretive frames through which health is understood. CAGs play a crucial role in the CCA by serving as collaborative partners and catalysts for meaningful community engagement, research, and action. These groups typically consist of representatives from the communities at the margins, including community leaders, activists, advocates, and other stakeholders who bring diverse perspectives, expertise, cultural knowledge, and lived experiences to the research process (Dutta, 2018b). In the CCA, CAGs function as key decision-makers, advisors, and advocates, shaping the direction, design, and implementation of research projects and interventions in ways that are responsive to the needs, priorities, and aspirations of the communities they represent.

CAGs serve as advocates and catalysts for translating research findings into action and driving positive change in their communities. CAGs drive the social change processes directed at transforming the social determinants of health. By actively engaging with researchers, policymakers, and other stakeholders, advisory group members help to disseminate research findings, advocate for policy reforms, and mobilize resources to address pressing social issues and inequities. This collaborative approach ensures that research has real-world impact and contributes to meaningful improvements in the lives of community members. The generation of knowledge within advisory groups and the dissemination of this knowledge through voice infrastructures in the form of white papers, policy briefs, and community-owned media such as community radio and communication campaigns shape the ongoing politics of structural transformation. In summary, CAGs play a multifaceted and integral role in the CCA by guiding research priorities, ensuring cultural relevance and sensitivity, facilitating community engagement and participation, upholding ethical considerations, and translating research into action. By fostering meaningful partnerships between researchers and community stakeholders, advisory groups help ensure that research is conducted collaboratively, ethically, and impactfully, ultimately contributing to positive social change and empowerment within marginalized communities.

### ***Structural Transformation***

Whereas on the one hand, the CCA in communication studies emphasizes understanding communication within specific cultural contexts, acknowledging the role of culture in shaping communication practices, meanings, and outcomes, on the other hand, it sees the cultural construction of meanings as a site for structural transformation (Dutta, 2014). In this approach, structural transformation refers to the process of challenging and changing

hegemonic power dynamics, social structures, and systems of inequality within and across cultures. Cultures as sites of struggles are dynamic and transformative, placed at the margins of hegemonic forms of organizing. Simultaneously, cultures serve as registers for negotiating power and control within communities (Dutta, 2008). Praxis is intertwined with method in the CCA, working through the research process toward structural transformation, with knowledge claims made by the “margins of the margins” serving as registers for mobilizing against settler colonial, racial capitalist, imperial, and patriarchal structures (Dutta et al., 2019, 2023; Elers & Dutta, 2024). Consider, for instance, the work of the CCA in co-creating voice infrastructures with stateless Rohingya refugees, where mobilizing to lay claims to identity, serves as fundamental sites for resisting the ongoing colonial, authoritarian, and Islamophobic genocidal violence (Rahman & Dutta, 2023).

Across a wide range of contexts, the CCA also engages in policy advocacy and efforts to bring about institutional change through culture-centered communication campaigns co-created by communities at the “margins of the margins.” By working to change policies and practices at the macro level, CCA seeks to address the root causes of inequality and create more inclusive communication environments. The work of culture-centered interventions seeking to create spaces for erased conversations in hegemonic registers forms a core element in community-led advocacy, community activism, and mobilization toward broader movements.

Overall, structural transformation in the CCA involves a multifaceted process of challenging power structures, amplifying marginalized voices, promoting cultural anchoring, fostering community participation, advocating for policy change, and facilitating transformative communication practices aimed at creating more equitable and just societies. Consider here some of the key nodes of culture-centered scholarship around Adivasi resistance, worker resistance, anti-racist interventions, and interventions addressing the health rights of gender diverse communities. Across the various spaces, culture-centered interventions often take the form of photovoice exhibits, video-based stories, advertising campaigns, news media kits, songs, poems, performances, protest marches, etc., resisting racism, settler colonialism, capitalism, patriarchy, and imperialism.

### ***CARE as a Transformative Space***

CARE created as a space for carrying out culture-centered scholarship, initially in Singapore, and then at Massey University in Aotearoa New Zealand, started experimenting with the work of communication for social change when health meanings emergent from the margins are

centered in building voice infrastructures. Within its first three years of inception, CARE offered the space for experimenting with, theorizing, studying, and participating in health activism for health justice, anchored in academic-community partnerships (Dutta et al., 2019). The recognition that the structures that constrain health must be actively challenged through communication turned the praxis of health communication into everyday activism, agitating for an anchor for transformative health communication scholarship that took seriously the work of activism and community engagement within the field of communication studies. An example of CARE's transformative research can be found in its projects focused on health equity and social determinants of health. For instance, CARE has conducted studies examining the impact of structural inequalities, such as poverty, racism, and environmental injustice, on health outcomes in marginalized communities (see the CARE 10th Anniversary Documentary: <https://www.youtube.com/watch?v=XKQiccSAqJc>). Furthermore, CARE's work extends beyond the academic sphere to encompass advocacy and policy engagement efforts to address systemic injustices and promote human rights. CARE researchers actively collaborate with policymakers, activists, and civil society organizations to translate research findings into actionable policy recommendations, lobby for legislative reforms, and hold institutions accountable for upholding principles of equity and justice (Dutta, 2024).

### **The Body in Resistance**

The criticality of the CCA therefore turns to the body as the site of resistance, recognizing that the work of interrogating power must be intricately tied to the everyday work of dismantling power formations.

### ***Critical Reflexivity in the CCA***

Critical reflexivity is pivotal in the CCA, serving as a foundational principle guiding research, practice, and engagement within this framework (Dutta & Basu, 2013, 2018). It encompasses a commitment to self-awareness, introspection, and ongoing examination of one's positionality, familial and network privileges, and ethical considerations in relation to the research process and the communities one seeks to journey alongside (Dutta, 2019). The turn to critical reflexivity in the CCA foregrounds the power tied to the position of the settler colonial academic of color (caste power and settler colonial power are central organizing nodes here, given the engagement of the CCA with Indigenous and Black struggles (see Patel, 2010), noting that the impossibility of listening to subaltern knowledge

stems precisely from the power concentrated in the hegemonic positions held by academics (whiteness, caste, settler, patriarchy, cisnormativity, class), then asking, what does it mean to decenter the arrogance of the practices of academic knowledge production by centering habits of listening? At its core, critical reflexivity within the CCA involves a continuous interrogation of the researcher's own assumptions, perspectives, privileges, and situatedness within broader socio-cultural contexts, inviting the researcher to name the sources of privilege and then work through friendships with the subaltern margins to decenter these spaces of privilege. It acknowledges that researchers are not removed observers or textual analysts, but are inevitably shaped by their social location, identities, and experiences. Therefore, embracing critical reflexivity requires researchers to examine how our backgrounds, privileges, and relational investments influence our interpretations, interactions, and ethical decision-making throughout the research process.

One of the key tenets of critical reflexivity is recognizing the inherent power dynamics that exist within the research relationship (Basnyat, 2019). Researchers often hold positions of privilege and authority relative to the communities they study, which can impact the dynamics of knowledge production and dissemination. Critical reflexivity prompts researchers to critically examine how their positions of power may shape their interactions with research participants, the types of knowledge that are valued and prioritized, and the ways in which research findings are communicated and utilized. Moreover, critical reflexivity within the CCA involves a commitment to actively challenging and disrupting dominant narratives and ideologies that perpetuate inequality and marginalization. This requires researchers to critically reflect on our own complicities in perpetuating and/or challenging oppressive structures and systems of power. By engaging in critical reflexivity, researchers can work toward decolonizing knowledge production processes and fostering more equitable and just forms of scholarship and activism. Dutta and Basu, writing about the postcolonial elite capture of social change and social justice rhetoric, note (p. 85):

We, for the most purposes, perform marginalia in the U.S. academe, muddling the class- and caste-based privileges that have enabled us the entry into the U.S. academe to begin with. This culturalist framework of postcolonial studies, separated from questions of structure, enables a new colonial logic where privileged brown academics become the designated mouthpieces of the postcolonial nation, erasing the voices of the margins that do not conveniently fit into the story of market-driven growth and postcolonial revival.

Practically, critical reflexivity within the CCA is enacted through a variety of methods and strategies. Reflexive journaling, for example, allows researchers to document their thoughts, feelings, and insights throughout the research process, providing a space for self-reflection and introspection (Dutta, 2004a, 2004b; Dutta & Basu, 2013). Reflexive dialogues within the academic team, with civil society partners, with movement leaders and peer debriefings offer opportunities for researchers to engage in critical conversations with colleagues and community members, soliciting feedback and alternative perspectives that can enrich the research process, and simultaneously highlighting the ways in which the specific power positions of academics on the team (Dutta et al., 2018). Writing up, writing in, and writing out these positions of power and privilege invested in the subject positions occupied by the academic team members is a crucial step toward building public registers. For a Savarna male Indian academic, for instance, this call to critical reflexivity is first and foremost about learning to write by including this caste position, then working through strategies of dismantling the privileges that come with the caste position. See for instance Dutta (2004a, 2004b), where the form of writing practice seeks to negotiate the implications of the caste and class position when writing about Adivasi struggles.

Furthermore, critical reflexivity informs the design and implementation of research methodologies within the CCA. Researchers working with the CCA strive to adopt participatory and collaborative approaches that center the voices and experiences of marginalized communities, while also acknowledging the limitations and complexities inherent in their own positionalities. This process of rendering visible the positions of power held by researchers because of our relationships with structures (patriarchy, caste, settler colonialism, racial capitalism, and imperialism) however has to be made accessible to communities we build relationships with, figuring out ways in which these forms of power can be read, challenged, and mobilized toward achieving strategic objectives of social change (Dutta, 2024). Reflexive praxis, therefore, involves actively involving community members in the research process, soliciting their input and feedback, and co-creating knowledge that is grounded in their lived realities and needs (Dutta, 2010; Dutta & de Souza, 2008). Co-creation is itself an invitation to critically interrogate the hyphen in the co and creation, working through carefully the inequalities in the distribution of power, the impossibilities of listening that are tied to these unequal terrains of power, and the hopes that can be carved together through an ethics of friendship (Dutta, 2004a, 2004b). The CCA turns reflexivity into a public and collective exercise, foregrounding the necessity of rendering academic privilege and processes of knowledge

generation legible to communities for critical analysis and action (Dutta, 2019). To co-create the capacities for holding academics to account within public spaces is to build public pedagogies within communities for critically unpacking the workings of class, caste, imperialism, patriarchy and cisnormativity (Dutta, 2024). These processes of democratizing knowledge through shared radical commitments to social justice also work simultaneously to reshape authorship practices, inviting in community members, community organizers, and community researchers and activists as co-authors and leaders in writing articles.

In addition to its role in research practice, critical reflexivity within the CCA extends to advocacy and activist efforts aimed at promoting social change and transformation. Researchers recognize that their work has implications beyond academia and seek to leverage their findings and insights to inform policy, mobilize communities, and advocate for structural reforms. By engaging in critical reflexivity, researchers can better navigate the ethical dilemmas and complexities that arise in their efforts to enact meaningful social change. Overall, critical reflexivity is an essential aspect of the CCA, serving as both a guiding principle and a methodological tool for scholars and practitioners engaged in communication research and activism. By embracing critical reflexivity, researchers can work toward more ethical, inclusive, and transformative forms of scholarship and engagement that center the voices and experiences of marginalized communities and challenge systems of power and oppression.

### ***Body on the Line***

In the CCA, the concept of “body on the line” begins with an ethic of humility, recognizing that historic casteist, settler colonial, and imperial forms of knowledge production have worked from the arrogance of the text. Resisting this textual hegemony (which itself is a reflection of upper-caste privilege engaged in the service of colonialism and imperialism), “body on the line” politics of method calls for a deep commitment to embodied engagement, activism, and solidarity with marginalized communities, turning toward an ethic of listening that seeks to locate research methods in the hands of communities at the “margins of margins” (Dutta et al., 2019). It emphasizes the importance of resisting the performance of innocent victimhood, opportunism, and careerism that is rampant in the Indian upper-caste academic community in the West, instead of turning toward a community-anchored ethics based on physical presence, emotional investment, and personal risk-taking in challenging oppressive structures of settler colonialism, racial capitalism, and imperialism and

advocating for social change through community action (Dutta, 2024; Elers & Dutta, 2024). We build on Dutta's theorizing on "body on the line" within the CCA (Dutta et al., 2019), examining its significance and manifestations, offering some examples of how it is enacted in research, practice, and activism.

At its core, "body on the line" signifies a willingness to put one's physical, emotional, and social well-being at stake in service of a larger social justice agenda defined by communities at the margins. Turning toward communities shifts the accountability of the academic toward community, calling for continual interrogation of the hyphen in academic-community partnerships, exploring the fundamentally unequal power terrains in the academic-community relationship, recognizing the impossibilities in listening to subaltern knowledge claims, and then seeking to unsettle this power terrain through continual interrogation of academic power.

This process of continual interrogation of academic power co-creates a public pedagogy of culture-centered research methods in partnerships with communities, working together through embodied interactions to then build spaces for/with communities, in the form of CAGs, co-creating the research design, collectively making sense of the emergent findings, designing advocacy and activist interventions, and implementing and evaluating the interventions (Dutta, 2014, 2018b). The CCA reflects a recognition that meaningful change often requires that the very concept of intellectual critique or theoretical analysis be decentered, joining here with Indigenous theories such as Kaupapa Maori theory to place theory in struggles for land, food, ecosystems, and justice (Elers & Dutta, 2023; Smith, 1997). The theorizing work of the CCA, by being embedded in struggles, demands tangible action, willingness to sacrifice, and committed solidarity with those who are most affected by injustice and marginalization. Thus, "body on the line" represents a form of embodied activism that is deeply rooted in empathy, compassion, listening, and a sense of moral responsibility toward those at the margins of settler colonialism, extractive neoliberalism, and imperialism.

One of the key manifestations of "body on the line" within the CCA is the active involvement of researchers and practitioners in the communities they study or work with (Elers & Dutta, 2023). Rather than adopting a detached or observational stance, scholars and activists immerse themselves in the everyday realities, struggles, and aspirations of marginalized communities, forging meaningful connections and relationships based on trust, reciprocity, and mutual respect. This embodied engagement allows researchers to gain firsthand insights into the lived experiences of those they seek to empower, thereby enriching their understanding and analysis of communication processes and social change dynamics.

An example of “body on the line” in the CCA can be found, for instance, in how scholars studying healthcare disparities in settler colonial spaces may work closely with community health workers, activists, social movements or grassroots organizations to conduct participatory action research aimed at identifying the theft of land as a barrier to securing health and co-developing land occupations as culture centered interventions (see Elers & Dutta, 2024). Moreover, “body on the line” encompasses a willingness to confront and challenge oppressive structures and systems of power, even at personal risk or cost. This may involve publishing white papers and policy briefs, designing activist campaigns, or co-creating social movements. In other instances, this may involve participating in protests, demonstrations, or direct actions aimed at raising awareness, disrupting injustice, and demanding accountability from those in positions of authority. By physically putting themselves in the line of fire, academics as activists embody their commitment to justice and liberation, serving as visible symbols of resistance and resilience in the face of oppression.

Another example of “body on the line” activism can be seen in the scholarship on migrant worker rights and rights of communities negotiating poverty in Singapore, where researchers at CARE have worked alongside CAGs, built at the “margins of the margins,” in risking their livelihoods to challenge the violent erasure of discursive registers around oppression and exploitation (Dutta et al., 2019). Embodied research methods begin with the recognition that no number of risks we negotiate as researchers, embedded in our privileges, compare with the material registers of risks borne by the communities we partner with. Placing the body on the line turns accountability to CAGs co-creating communicative registers for talking about workers’ rights and rights of the poor, disrupting the silences reproduced by neoliberalism. The narratives documenting the violence of the hyper capitalist exploitative systems in neoliberal authoritarian spaces serve as registers for the organizing of the poor, the working classes, migrant workers, and civil society organizations (see Dutta et al., 2019). Amidst the backlash carried out by the authoritarian state, this has meant being surveilled, withstanding audits, negotiating planted rumors about financial mismanagement amplified by upper-caste academics, and staying on path amidst threats of being fired (Dutta, 2021). Anti-racist CCA scholarship, often documenting the threats to health and well-being produced by racist disinformation and hate on digital platforms, has negotiated violent attacks and hate campaigns organized by far-right groups (Dutta & Dutta, 2024). In the face of organized hate, researchers are called upon to put their bodies on the line to advance the causes of racial equality and justice emerging from the raced margins (Dutta et al., 2024).

## Conclusion

In conclusion, the CCA, as a critical meta-theory of health communication, disrupts the method-theory-praxis division that forms the architectures of whiteness in settler colonial, racial capitalist, and imperial approaches to health communication, instead suggesting that methods for transforming the structures that drive poor health outcomes are intrinsically tied to praxis. The methods of the CCA, from co-creating voice infrastructures to co-creating communication advocacy campaigns, activist interventions, and social movements built on friendships with communities at the margins, challenge the hegemonic approaches to how we do critique and how we do health communication work. Engaging critically with hegemonic approaches to health communication scholarship, the CCA interrogates the interplays of casteism, settler colonialism, patriarchy, and imperialism that shape how knowledge about health, communication, culture, and structure are produced. Ultimately, it builds a practical politics of health communication method as a register for transforming the social determinants of health.

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