

Health Message Strategies and Generation X Culture: Getting the Message Out and Getting Attention¹

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Abstract

The purpose of this investigation was to analyze viewer response to Tom Green's *Cancer Special*. Interest centered in examining how Green educates his Generation X viewers about testicular cancer and their perceptions of this program. In particular, viewer comments emphasize slang versus medical language, jokes with facts, and raunchy commentary and polite speech. Overall, findings suggest that this program builds awareness, educates the viewer, and promotes health behavior change in regard to testicular cancer.

The Media and Health

The media play a major role in the dissemination of health-related information for most Americans (Geist-Martin, Ray, & Sharf, 2003; Signorelli, 1993). Numerous television shows have been devoted to addressing health issues, careers, and facilities. This fact suggests that members of U.S. culture have long been fascinated with health, and this fascination has been evidenced in television programming (e.g., regular programs, specials, news coverage). In fact, many researchers assert that our knowledge about health issues is heavily influenced by television (Geist-Martin et al., 2003; Signorelli, 1993).

Although many U.S. residents as well as those in several other cultures have a variety of media and other health-related resources at their disposal, television is becoming an increasingly used and effective medium to address, build awareness of, and disperse information on health issues (Geist-Martin et al., 2003). Beyond general programming, media coverage of the health of famous persons (e.g., celebrities, politicians) has long been common. Thus, it is routine for celebrities to participate in interviews, reports, and sometimes even short autobiographical movies about their health issues.

Celebrity health seems to be of interest in U.S. culture whether the health threats are serious and long-term or more minor. Recently, some celebrities have turned to health documentaries to tell their stories. One recent example is Tom Green, an MTV shock comic, who used TV to publicize his experiences with testicular cancer in order to answer fan questions and raise awareness in young men. In particular, he advocated testicular self-exams and promoted better understanding of this type of cancer, the most likely form to strike men in his viewing group.

Background on *The Cancer Special*

After being misdiagnosed twice, 28-year-old Green learned that he had testicular cancer and needed to have his right testicle removed (*Rolling Stone*, 2000). Wanting to keep the information private and out of the media, Green told very few people. Because Green jokes about many taboo topics, most of his friends thought that he was joking about having cancer, until they saw the tears or realized he knew too many facts. Based on the results of the initial surgery, doctors suggested that Green have a second surgery to remove his lymph nodes. After realizing that it would be difficult to keep his diagnosis and surgery from the media, Green and his team decided to produce *The Cancer Special* to tell the story of his experiences with cancer and the medical culture and to raise awareness and money for testicular cancer research.

Green's *Cancer Special* provided a context where medical culture and lay worlds meet, and it shows how a "cutting edge" comedian handles a serious health diagnosis. Given Green's popularity *The Cancer Special* crosses the dichotomy often associated with entertainment-education communication³. By keeping the viewer wondering what he would do at every stage of his documentary, Green made his health story a current affair that appeals to a wide audience, especially members of Generation X culture who widely watch MTV and *The Tom Green Show*⁴.

According to the American Cancer Society (2000), men 15-35 years of age are most at risk for testicular cancer. In fact, testicular cancer is the leading type of cancer for males in this age group, with about 7,600 cases diagnosed in the United States each year.⁵ Despite the obviously somber reality of a diagnosis of testicular cancer, Green managed to preserve his shocking and zany persona and the norm-violating comedy standard in his regular show. Green's *Cancer Special* builds awareness about testicular cancer and the need for early detection through his comedic style, interviews with experts, surgical film footage, reactions of friends and family, clips of his University of Florida speech, and his "Feel Your Balls" song. As such, the program is an example of personalizing and normalizing medical issues surrounding testicular cancer.

Based on previewing some of the footage for the one-hour MTV special, *Rolling Stone* (2000) predicted, "viewers will have never seen another TV show at all like this one" (p. 145). In short, physicians are interviewed, one of his cohorts demonstrates how to perform self-examinations, and a physician explains the surgery as it is shown. The *Cancer Special* concluded with Green's post-op visit to the University of Florida to raise money for his foundation, Tom Green's Nuts Fund. *Entertainment Weekly* (2000) reported *The Cancer Special* "turned an almost unspeakable tragedy (having a cancerous testicle removed) into a searingly honest, convention-be-damned hour of TV" (p. 61).

Purpose and Method of the Study

The purpose of the present investigation was to develop a better understanding of health message strategies targeted at members of Generation X culture. The research question guiding the study was, "How do Generation X viewers interpret Tom Green's *Cancer Special*?"

Method

Participants

Students from upper- and lower-level communication courses at a large southern university completed questionnaires assessing Tom Green's *Cancer Special*. Participation was voluntary, and students were given extra credit for participating. Students opting not to participate in the study were offered an equivalent assignment to earn extra credit.

Ultimately, 125 students agreed to participate in the study. The age range of the participants was 18-45 years, with a mean age of 22.8. Of the participants, 63.5% were female and 36.5% were male. The sample included mostly Caucasian participants (96.3%), but there also were African American, Asian American, and Native American participants.

Procedures

Before viewing *The Cancer Special*, each participant completed an informed consent form, several demographic items, and an open-ended questionnaire designed to assess existing knowledge about testicular cancer and Tom Green. Examples of questions included: Please describe what you know about Tom Green. Please describe what you know about testicular cancer. Have you seen *The Cancer Special*? What specifically have you heard about *The Cancer Special*?

Then, participants viewed *The Cancer Special* and completed another open-ended questionnaire about testicular cancer. This questionnaire was designed to solicit rich descriptions of how participants viewed *The Cancer Special*. Examples of questions included: What are your reactions to *The Cancer Special*? What did you learn from *The Cancer Special*?

Data were collected over a six-month period. *The Cancer Special* was shown in sections of three courses (health communication, interpersonal communication, and public speaking) and viewing took approximately 45 minutes. The questionnaires took approximately 30 minutes to complete.

Analysis

The data were analyzed using grounded theory (Strauss & Corbin, 1990). This approach allowed the data to be studied holistically instead of in isolated variables or in loosely related themes (Bogdan & Taylor, 1975). Thus, employing the grounded theory approach presented a way of identifying emergent themes.

The analysis consisted of multiple readings through the participants' responses, identifying the emergent themes and developing broad categories. Next, similar categories were combined to reflect key themes. The method of constant comparison was employed (Strauss & Corbin, 1990); thus, as new themes emerged, existing themes were reviewed and revised (Wood, 2000). Based on the above and Owen's (1984) interpretative criteria (i.e., recurrence of specific meanings, repetition of exact words or phrases, and forcefulness of an idea), ultimately three themes emerged as meta-categories: slang versus medical language, jokes with facts, and raunchy commentary and polite speech.

Results

Slang versus Medical Language

Readers familiar with health communication campaigns will not be surprised to learn that much information in *The Cancer Special* is conveyed to the audience in medically specific language. As in other campaigns, such information is typically converted into “lay” language to make it more easily processed by audience members of various backgrounds and levels of sophistication. For example, this MTV special includes interviews with and commentaries by physicians. Rooted in their technical language traditions and typical methods of conveying information to patients, not surprisingly these “guests” employ precise medical descriptions.

What may be more surprising, especially to those unfamiliar with Green and his show, is the amount and type of slang used throughout the special. For example, Green, both on his own and restating physicians’ commentaries, uses terms like “balls” and “nuts.” Although this language may offend some viewers, it simultaneously makes the message easier to process for individuals generally employing such references. As suggested by several participants, physician visits pose difficulty for some people because they do not know (or do not feel comfortable using) medical terms. Thus, patients often use comments such as, “it hurts down there” or “in my privates.” Participants believed that using expressions like “balls” made it easier to relate to the show. To some extent, it could be argued that Green is taking the conversion of medical language into lay language just one step further—and although it may be objectionable to some, it appears perfectly adapted to his Generation X viewing audience. As one 22-year-old female stated, this show was a great way to reach out to young males to raise awareness about cancer. I think it does a great job mixing humor and health awareness. I think it also did a great job showing that men can be embarrassed about testicular cancer but they need to take it seriously and seek attention. I have a feeling that more men took a better interest in their testicular cancer symptoms after seeing this special.

Similarly, one 26-year-old male stated, “The show was a great way to reach out to young guys that probably have no understanding of testicular cancer. It made a celebrity look like a real person with a real problem. The show was funny, persuasive, and educational.”

Yes, the show does get laughs, perhaps, because it is so unconventional (i.e., we don’t usually hear conversations about cancer framed by such descriptors), but it also quickly, accurately, and memorably drove home important points.

Jokes with Facts

Throughout the hour-long program, numerous jokes were interspersed with medical facts and the reality of surgery. Early in the video, Green presented the reasons for the second surgery in medically correct terms and physicians describe the surgery and potential complications (e.g., possible nerve damage, reproductive problems). Just before the surgery, he repeatedly stressed “this is going to suck so much.” The viewers saw Green in a surgical gown and the IV needle inserted. During the surgery itself, the doctor provided a running commentary on the specifics of the process (e.g., “sutures going into the vena cava”).

After the surgery, viewers were shown Green’s lymph nodes and dissected testicle, and a pathologist provided information about the anatomy of lymph nodes and the normal and abnormal parts of Green’s testicle. The camera then moved to Green’s hospital room where we see a variety of tubes connected to his body and a number of machines monitoring his

bodily functions. Green talked about his disorientation, and his friends were escorted out when Green said he was going to be sick from the anesthesia. Three weeks later, Green was at the University of Florida campus where he told his personal story, “I’m a 28-year-old guy . . . My right testicle was hurting . . . This is a very common disease among young people.”

Green repeatedly stressed the need for young men in the target age for contracting testicular cancer to get checked. This repetition seemed to help emphasize important information about testicular cancer. As such, one 27-year-old male stated, “There is a large, young, male audience for Tom Green and this is a topic that isn’t widely talked about. While there was a lot of joking, Green really got out a lot of information about cancer and its treatment.”

Overall, the program presented a factual representation of Green’s cancer and surgery. However, in each of the segments of the show, Green and his comrades integrated offbeat humor, interrupted with bizarre comments, and made side jokes. First, Green comically complained because the story of Madonna’s pregnancy topped the coverage of his cancer. He maintained that she has already *been* pregnant, but he has *never* had cancer. He was miffed that his story was not the top one of the evening and stood pointing at the television in disbelief. Most participants laughed as they could see Green “comically showed a wounded ego.”

Second, in case there were complications in or resulting from the surgery, Green visited a sperm bank prior to the operation. There he made a number of jokes (e.g., “I get nervous when I come here,” and after an employee described their “inspirational videos,” Green reported that he would be “back in 30 seconds”). Then in his university speech, Green suggested that when you pay \$250 a year to store your sperm, you value them more—“you don’t waste them on the bathroom tile anymore.” As one 27-year-old male participant stated, “he makes jokes about sperm banks that you normally don’t see on shows about cancer. He told us what we want to know if we were in that . . . It just shows the reality of testicular cancer . . . if a guy doesn’t want to end up in a sperm bank then he should get regular check-ups.”

Third, Green jokingly described his diarrhea to hospital personnel in explicit detail (e.g., “major jet streaming crap,” complete with numerous and lengthy sound effects). Although most of the women surveyed found Green’s “potty humor” childish, several of them commented that Green “connects with Generation X guys.” The men, although mentioning the “potty humor” as “side splittingly funny,” commented that Green also was identifying with “his MTV audience.”

Although Green and his cohorts joked about something typically not considered a joking matter, the facts of the graphically depicted surgery and its associated risks cannot be ignored. As a 21-year-old female stated, “the special was informative while being entertaining, which can make the information easier to learn.” The program was funny, but due to its graphic nature (the surgery shown in detail), it could also make viewers squirm.

Raunchy Commentary and Polite Speech

The crux of Green’s humor rested in his word play, willingness to do and talk about the taboo, and violations of social norms. Green opened the video by stating, “Well, I got lucky.” This initial play on words set the stage for a number of similar language games to

follow. Throughout the program, Green and his sidekicks engaged in raunchy, “inappropriate” humor and made several off-color references. For example, many participants remarked on Green “outing” Glen on an earlier testicle removal. Green forced Glen to talk on camera about his own undescended testicle. Over Glen’s protests, Green stressed that they have two testicles between them. Finally joining in on the joke, Glen repeated that he has “one and a half” so they have “two and a half” between them. This scene allowed the viewer to witness Green’s raunchy commentary about testicle removal, while Glen demonstrated his discomfort with the discussion of his testicles and engaged in polite speech by limiting his commentary to shorter, more indirect remarks. This scene did not cultivate sympathy for Green but as one 25-year-old female stated, “it allowed us to see Tom Green incorporate his cancer into his identity and . . . to continue his comedic personality.”

Green also puts his parents, a server in a restaurant, fans, and medical personnel in difficult conversational positions by unusual and potentially troubling commentary. For example, he often stated that he is going to die, might die, or hoped he does not die and commented that a photograph will be the “last picture of me alive with my mom.” His mother asked him not to talk “that way.” She engaged in polite speech with the camera and with Green about his surgery, but Green kept the raunchy commentary and remarks about death going for several more scenes.

At one point, Green asked, “Does it make you uncomfortable, Glen and Phil, to talk about cancer?” When they answered “yes,” Green responded by pushing them to talk about it even more. Perhaps the mixture of impolite and polite commentary allowed a more realistic picture of Green’s testicular cancer. Although noting that Green was “upsettingly vulgar at times,” one 20-year-old female noted, “Tom kept our attention with his ‘gags’ but you could still feel the seriousness of his cancer throughout the show.”

Another example of raunchy speech was Green’s references to masturbation, his friends playing with his testicles, and doctors groping him. In encouraging young men to perform testicular self-examinations, Green equated such exams with masturbation, encouraging men to “rub your balls everyday.” The physicians, on the other hand, (as well as his cohorts) communicated self-examinations in more universally polite ways. At the show’s studio and on stage at the University of Florida, Green’s physician explained the importance of testicular self-examinations. When pushed, the physician gave a physical examination to Green’s co-host and Green made a raunchy remark about “Glen getting his balls played with.” The physician and Glen seemed unamused by Green’s comments and continued using polite speech to remind the audience of the importance of physician visits and self-exams. Green also sang a descriptive song he wrote about self-examinations, entitled “Feel Your Balls.”⁶ The song seemed to appeal to both the men and women in the study. As one 19-year-old female stated, “The song was catchy. I really didn’t know that young guys could get it. I have a younger brother and now I can pass along the information to him. I wouldn’t probably have mentioned it to him before except now we can laugh and sing the song.” Even when the comments about Green’s style described him as “vulgar,” “nasty,” or “offensive,” participants still remarked about the depth of information they gained from the special. As one 24-year-old male stated, “Green brings awareness in a unique way. . . . He’s funny and even gross at times but his friends and the doctors balance him. . . . They are more refined. . . . It would be hard to make more shows like this, but shows like this should be made more often.” The use of raunchy commentary and polite speech on testicular

examinations illustrated the complexity of communication strategies employed in *The Cancer Special*.

Discussion

Through Green's comedic style, a window of understanding opened for the viewer. Simultaneously, the viewer was entertained and educated about testicular cancer. Through his language, Green educated viewers and promoted health behavior change in the form of self-examinations. Although Green's style was often characterized as abrupt, perhaps it is part of a new genre of disseminating health information--one that provided language to help viewers, especially young males, better understand and talk about difficult health issues, such as testicular cancer.

Green's special made a statement that young men need to be concerned with health issues, specifically testicular cancer. Despite the advances in treatment, testicular cancer poses a real threat to young men, especially those who remain uninformed about this type of cancer. Young men fail to engage in regular testicular self-examinations for many reasons, such as being uninformed or because "performing health-promoting behaviors does not 'fit' the norms of the male gender role" (Morman, 2000, p. 107).⁷ Green, however, swayed men in the Generation X culture to not only do self-examinations, but also to regularly see their doctors. As Lyons and Willott (1999) stated, "There is nothing wrong with men having regard for their health if it is linked to metaphors around power in the public sphere" (p. 295). Green's special reinforced traditional stereotypes of masculinity and suggested it is powerful to perform testicular self-examinations. Green created a link for young men to increase their health promoting behaviors.

According to Morman (2000), men can be motivated to increase intentions to perform regular testicular examinations but only under certain conditions. Morman found that fear appeal messages can be effective in getting men to perform self-exams but only if the men feel the threat of testicular cancer is real and if they are given steps to eliminate the threat. He posited that health messages need to include not only susceptibility and severity information but also effectiveness information and specifics about doing the exams. Morman also found that "either fact-based or narrative messages may be effectively used to educate men about . . . testicular cancer," and he discusses "how narrative evidence might prove to be the most persuasive type of message" (p. 106). Further, "any attempts to motivate men to perform regular testicular examinations must take into account the significant influence of the male gender role" (p. 108). A surprising finding was that although he probably did not consult Morman's research, Green's health message strategy incorporated Morman's suggestions on persuading men to perform self-examinations. As Geist-Martin et al. (2003) pointed out, "media frequently serve as a common language interpreter of research that first appears in specialized journals" (p. 284).

Green targeted a specific audience that rarely learns about cancer in media forms directed toward them. Although objectionable to some, Green's special and comedic style appeared to be well adapted to the Generation X viewing audience. By taking into account the cultural context, Green educated Generation X viewers and potentially increased their likelihood of engaging in health-promoting behaviors. Study findings suggested that his

special helped build awareness, educate viewers, and promote health behavior change in regard to testicular cancer.

Suggestions for Future Research

This analysis sheds light on how one media program disseminated important health information to the “MTV Generation” or Generation X. The findings suggest that Green’s special stimulated a considerable amount of viewer talk about testicular cancer. The program created a way for viewers to talk about a sensitive topic and may have triggered attitudinal and behavioral changes. Future studies are needed to investigate the potential long-term effects. Additional research might seek to compare Green’s approach to health message strategies to other testicular health campaigns, such as Lance Armstrong’s Cycle of Hope.

Conclusions

Although it could be argued *The Cancer Special* was just another of Green’s media attempts to gain notoriety, we believe the program was able to overcome many obstacles faced by health campaigns targeted at Generation X. Through creative language strategies, Green was able to build awareness, educate the viewer, and promote health behavior change in regard to testicular cancer. This type of program may represent a new form of health message designed to target this age group.

Though Green’s program may seem crude or unrefined by some standards, the typical viewing audience for its airing and re-airing described it otherwise—as funny, engaging, and educational. Perhaps, then, this format is articulating the message in a manner that the target population can understand and appreciate. Green’s approach to telling his story of testicular cancer is a fresh take on disseminating health information to a relatively young audience.

References

- American Cancer Society (2000). *Testicular cancer resource center*. Retrieved from: http://www3.cancer.org/cancerinfo/load_cont.asp?ct=41
- Bank, D. (2003). *Testicular cancer resource center: The TC primer*. Retrieved from: <http://tcrc.acor.org/tcprimer.html>
- Bogdan, R., & Taylor, S. J. (1975). *Introduction to qualitative research methods. A phenomenological approach to the social sciences*. New York: John Wiley & Sons.
- du Pre, A. (2000). *Communicating about health: Current issues and perspectives*. Mountain View, CA: Mayfield.
- Entertainment Weekly* (2000). *It cancer man: Tom Green*. June 30-July 7, Issue 547/548, p. 61.
- Geist-Martin, P., Ray, E. B., & Sharf, B. F. (2003). *Communicating health: Personal, cultural, and political complexities*. Belmont, CA: Wadsworth.

- Lyons, A. C., & Willott, S. (1999). From suet pudding to superhero: Representations of men's health for women. *Health, 3*, 283-302.
- Meyers, R. A., & Seibold, D. R. (1985). Consumer involvement as a segmentation approach for studying utilization of health organization services. *Southern Speech Communication Journal, 50*, 327-347.
- Morman, M. T. (2000). The influence of fear appeals, message design, and masculinity on men's motivation to perform the testicular self-exam. *Journal of Applied Communication Research, 28*, 91-116.
- Owen, W. (1984). Interpretive themes in relational communication. *Quarterly Journal of Speech, 70*, 274-287.
- Rolling Stone* (2000). *Tom Green, seriously: Drew, death, and the fight of his life*. June 8, Issue 842, pp. 92-95, 142-145.
- Signorelli, N. (1993). *Mass media images and impact on health*. Westport, CT: Greenwood Press.
- Singhal, A., & Rogers, E. M. (1999). *Entertainment-education: A communication strategy for social change*. Mahwah, NJ: Lawrence Erlbaum.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Time Warner Cable (2003). *Top ten networks per demographic*. Retrieved from <http://www.timewarnersd.com/adults18to34.htm>
- Wood, J. (2000). That wasn't the real him: Women's disassociation of violence from the men who enact it. *Qualitative Research Reports in Communication, 1*, 1-7.

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³ For a complete explanation of entertainment-education and effectiveness strategies of entertainment-education, see Singhal and Rogers, 1999.

⁴ According to Time Warner Cable (2003), MTV is the highest rated network for adults 18-34.

⁵ According to Bank (2003), testicular cancer occurs in three stages. Stage 1 is when the cancer exists only in the testicle. The survival rate for Stage 1 is about 99%. Stage 2 is when the cancer has spread from the testicle into the retroperitoneal lymph nodes. The cure

rates for this stage are about 90%. Stage 3 is when the cancer has moved from the lymph nodes into other areas, such as the lungs. The survival rates range from 50% to 80%.

⁶ The refrain from the “Feel Your Balls” song is “Hey kids, feel your balls, so you don’t get cancer. Hey kids feel your balls, so you don’t get cancer. Feel your balls, squeeze your balls, tease your balls, please your balls. Early detection is the key, rub your balls and you won’t get cancer.”

⁷ Meyers and Seibold (1985) found that women are more frequent users of health and medical services than men. du Pre (2000) notes that women are often more informed about health issues than men. Not surprisingly, then, most young men do not have regular health check-ups (American Cancer Society, 2000).