

# Exploring the Sadharanikaran Model of Communication from a Health Communication Perspective

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**Abstract:** This article explores Adhikary's Sadharanikaran Model of Communication (SMC) from a health communication perspective. The article has been divided into three sections. In the first section, an overview of the SMC is presented followed by a discussion on health communication in the second section. The final section of this article is devoted to explore the relationship between health communication and the SMC.

**Keywords:** Bharata Muni, Communication model, Communication theory, Health communication, *Natyashastra*, Sadharanikaran model of communication (SMC).

## **Sadharanikaran Model of Communication (SMC): An Overview**

The Sadharanikaran Model of Communication (SMC) was constructed in 2003 by communication theorist Nirmala Mani Adhikary, and further developed over the years (Adhikary, 2003, 2004, 2007a, 2007b, 2008, 2009, 2010a, 2010b, 2010c, 2011a, 2011b,

2012, 2014, 2016, 2019). As it has been observed, the SMC

has inspired many scholars and institutions, including universities. Currently, the SMC is included in the curricular and taught at several universities across the world. And, scholars from different universities and different disciplines have been conducting further research based on this communication model. (Dahal, Kafle and Poudyal, 2024, p. 2)

Adhikary (2014) describes, “Sadharanikaran, as the communication process, consists of sahridayas as the communication parties. As a ‘technical term’, the word refers to people with a capacity to send and receive messages” (p. 321). This is to note that “The structure of the model is non-linear. It incorporates the notion of two-way communication process resulting in mutual understanding of the communicating parties” (p. 334). Adhikary further writes,

The model illustrates how successful communication is possible in Hindu society where complex hierarchies of castes, languages, cultures and religious practices are prevalent. Sahridayata helps those communicating to pervade the unequal relationship prevailed in the society and the very process of communication is facilitated. (pp. 334-335)

Communication as envisioned in the SMC is a process of attaining ‘sahridayata’, encompassing the ‘adhibhautik’, ‘adhidaivik’, and ‘adhyatmik’ (spiritual) dimensions of the communication process. Additionally, it has been analyzed that communication, according to Hindu concepts, can serve as a harmonious means of achieving harmony, coordination, unity, and even ‘moksha’.

Kapadia-Kundu (2015) describe Sadharanikaran as a valid framework to study communication processes in the modern world and outlines its five tenets. The tenets of Sadharanikaran is Sahridayata (shared compassion). Emotion is about relationship

not individual, about process not states. Another tenets of Sadharanikaran is rasa utpathi (emotional arousal) & rasaswadan (aesthetic pleasure). Emotional response emphasizes the reaction invoked in the audience.

Sadharanikaran should be understood in the context of rasa (aesthetic emotion) as it is the essence of the theory. The essential elements of rasa are: bhava and rasa (Personal and Aesthetic emotion), Sadharanikaran, and sahridaya. According to Adhikary (2014), “Sahridayata is the core concept upon which the meaning of Sadharanikaran resides” (p. 320). This is note that “Though both sender and receiver of the message must be Sahridayas Bhartrihari theorizes communication from the receiver’s viewpoint” (p. 333).

The Sadharanikaran Model of Communication suggests that communication involves the transformation of complex thoughts into simpler forms for effective expressions, sharing and comprehension. This model highlights the role of language in converting abstract ideas into understandable messages, stressing the importance of clarity and accessibility in communication. In essence, the SMC emphasizes on communication for communion (p. 3).

## **Health Communication**

Health is a state of physical, mental, and social well-being in which an individual is free from illness, injury, or disease. It encompasses not just the absence of disease or infirmity but also the presence of positive factors that contribute to overall well-being. Health is a multifaceted concept that goes beyond the absence of disease to encompass physical, mental, social, and environmental factors. Achieving and maintaining good health requires a holistic approach that addresses all aspects of well-being and promotes balance and harmony in individuals and communities. Strongin (2010) analyze Health promotion campaigns are one aspect of health communication.

Health communication plays a pivotal role in disseminating vital information, promoting health literacy, influencing health behavioral change and shaping public perceptions related to healthcare. In recent years, the field has evolved significantly, driven by advancements in technology, changes in communication channels, and a growing emphasis on preventive healthcare. Effective health communication plays a pivotal role in promoting public health and well-being. However, despite the increasing importance of health communication, there exists a gap in comprehensive and up-to-date knowledge regarding the principles and practices governing this field.

Kattel (2010) describe the transactional model focuses on the communicator's background and their mutual involvement in creating meaning by demonstrating the simultaneous sending and receiving of messages. "Communication skills are important qualities in the behavior of a doctor and are essential to all aspect of health care, from history taking to providing information to the patients" (Agrawal, 2002). Kattel (2010) describe "Communication skills are important qualities in the behavior of a doctor."

Agrawal (2002) describe during the last few decades there has been a general increase in awareness of the need for more patient-physician communication and a return to a more patient-centered approach to medicine. According to Agrawal, (2002) Interpersonal communication skills are important qualities in the behavior of a doctor. The term interpersonal skills must be distinguished from medical interviewing skills. He describe examination, diagnosis, and management they are in grey zone of doubtful competency. There as on for this may be that they are trained in traditional way of encounter with the patients. The curriculum does not include any training on specialized communication skills. Whatever communication skills they learn are through clerkship during clinical postings. Agrawal (2002) says:

This base line study of the interpersonal communication skills of intern doctor at Institute of medicine, Kathmandu, shows that over all our intern doctors are deficient in almost all the variables mentioned. In some of the interpersonal communication item like clarification to the patients, reflecting back on the emotions/feelings of the patients and summarization of the interviews, performance is very poor while in some of the other skills pertaining to physical.

Communication skills are important qualities in the behavior of a doctor and are essential to all aspect of health care, from history taking to providing information to the patients. Therefore, it seems to be beneficial to use the Sadharanikaran Model of Communication in the practice of health communication.

### **The SMC and Health Communication Practices**

Sadharanikaran model has implications in various fields, including metaphysics, epistemology, and ontology. Kapadia-Kundu (2015) mentioned, “It discusses its relevance to global health, specifically in the context of social and health behavior change”(p. 1). Kapadia-Kundu (2015) argues Sadharanikaran provides a framework for understanding the role of positive emotions. It also has a range of non-cognitive constructs that can complement cognitive theories of health behavior. Health communication frameworks need to address communication patterns and behavioral pathways in different groups and populations.

In the context of health communication practices, the Sadharanikaran Model of Communication can (SMC) be applied. The Sadharanikaran Model of Communication provides a philosophical framework that aligns well with the principles of effective health communication practices, emphasizing cultural sensitivity, empathy, trust-building, and community engagement. Integrating these principles into health communication efforts can

enhance their impact and contribute to better health outcomes for individuals and communities.

Trust is crucial in health communication, especially when dealing with sensitive topics or advocating for behavior change. The Sadharanikaran model emphasizes the establishment of trust through open and honest communication. The Sadharanikaran model underscores the importance of empathy in communication by promoting a sense of shared humanity and interconnectedness. Health messages that are crafted with empathy and compassion are more likely to be received positively and motivate behavior change. Strongin (2010) highlights the importance of health communication in promoting health literacy and influencing behavior change. Agrawal (2002) emphasizes the need for improved interpersonal communication skills among doctors, noting deficiencies in patient interactions. Kapadia-Kundu (2015) suggests that the Sadharanikaran Model of Communication, which incorporates positive emotions and non-cognitive constructs, offers valuable insights for enhancing health communication frameworks across diverse populations.

The Sadharanikaran Model of Communication (SMC) enhances health communication by emphasizing cultural sensitivity, empathy, and trust-building. Kapadia-Kundu (2015) notes that SMC's focus on relational and social processes, as well as its application in various health contexts, can improve health behavior change strategies. Integrating SMC principles can lead to more effective communication and better health outcomes by aligning messages with cultural and emotional needs. This approach supports patient-centered communication and simplifies complex health information for diverse audiences, thereby fostering improved health practices and community well-being.

By integrating the principles of the Sadharanikaran model into health communication practices, communicators can foster a deeper connection with their audience, promote behavior change,

and contribute to improved health outcomes for individuals and communities. Kapadia-Kundu (2015) describe “Sadharanikaran explicates the relational and social processes of communication as opposed to individual constructs. It articulates emotion and collective social change as central responses to communication, outlining compassion with affection as an essential element for real communication and recognizing that in some sociocultural settings, asymmetrical communication occurs” (p. 1).

According to Kapadia-Kundu (2015) an empirical application of Sadharanikaran to promoting handwashing with soap after defecation in rural Maharashtra, India was discussed. The challenge is how to bring about social health behavior change with communication interventions that are both socio-culturally meaningful and persuasively powerful. The relevance of Sadharanikaran to local and global contexts is outlined. There are few empirical examples of application of non-western theories to global health practice. Harvey & Koteyko (2012) describe exploring health communication brings together many of the various linguistic strands in health communication, while maintaining an interdisciplinary focus on method and theory.

Kapadia-Kundu (2015) describe the Sadharanikaran variables for multivariate analysis were organized as two theory variables: (1) the Sadharanikaran index with simplicity, rasa, equal communication and discussion variables; (2) Universalization was kept as a separate theoretical variable due to its high correlation ( $r = .34$ ) with the dependent variable. “The aim of the analyses was to fit two separate predictive multivariate models to determine the predictors of hand washing behavior” (Kapadia-Kundu, 2015, p. 21).

Many health communication initiatives aim to promote positive health behaviors and prevent disease through targeted messaging. The Sadharanikaran model can inform behavior change communication strategies by guiding the adaptation of health

messages to suit the cognitive and emotional needs of the target audience. Effective health communication prioritizes patient-centeredness, fostering meaningful interactions between healthcare providers and patients. The Sadharanikaran model encourages healthcare providers to communicate in a way that centers on patients' needs, preferences, and experiences. Health communication often involves conveying complex medical information to patients with varying levels of health literacy. By applying the Sadharanikaran model, healthcare providers can simplify technical terminology and concepts, making them more accessible and understandable to patients.

Sadharanikaran has been applied to several other public health settings. According to the scholars in 2004, it was used as a theoretical base to develop a HIV/AIDS counseling module for nurses at a large public hospital in Pune for a program developed by the Johns Hopkins School of Medicine. Sadharanikaran was applied to the module after Prochaska's theory of stage based behavior change showed no change based on pre and post test results. According to Kapadia-Kundu (2015) "The ancient Indian concept of simplification resonates powerfully in today's world as we attempt to transmit comprehensive health messages to diverse audiences with goal of promoting healthy behaviors, healthy households and healthy communities" (p. 29).

Risal (2024) has shed light on relevance of the Sadharanikaran Model of Communication in psychotherapy. He argues that, based on the Sadharanikaran model of communication, the conversation between a psychiatrist and a mental patient does not move in a straight line. The medium of conversation (*sarani*), the message it conveys to each other, the response, its context, the factors of disruption that may occur in this order are all equally important. When the reaction of one side is taken seriously by the other side, the mood components like mutual *bhava* (emotion), *rasa*, *abhibyanjana*



(expression), *rasaswadana* (aesthetic pleasure) expression etc. are mixed in it. Health communication frameworks need to address communication patterns and behavioral pathways in different groups and populations. Behavioral and communication research needs to explore newer theoretical and research pastures to meet the challenges of achieving better health for communities globally. This also to note that the Sadharanikaran Model of Communication has been interpreted in the light of the Vedanta concept of 'Jivan-Mukti' (Adhikary, 2010a, 2010b, 2014), proposing that communication can facilitate spiritual attainment of Moksha similar to 'Jnana Yoga,' 'Bhakti Yoga,' and 'Karma Yoga' as envisioned in Hinduism. As health is a multifaceted state of physical, mental, and social well-being, extending beyond mere absence of disease to include positive factors contributing to overall wellness, Adhikary's Sadharanikaran Model can contribute a lot in the milieu of health communication.

In conclusion, the Sadharanikaran Model of Communication (SMC) in health communication practice offers the benefits of clarity, accessibility, engagement, cultural sensitivity, and facilitating behavioral change, ultimately contributing to improved health literacy and outcomes. Applying the Sadharanikaran Model of Communication to health workers can lead to improved patient outcomes, increased patient satisfaction, and more efficient healthcare delivery. In essence, the Sadharanikaran model of communication aligns with key principles of health communication, including accessibility, patient-centeredness and effective provider-patient communication. By integrating the principles of the SMC into health communication practices, practitioners can enhance the reach, relevance, and impact of health messages, ultimately contributing to improved public health outcomes.

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