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The Role of the Designer in Public Discourse – A critical discourse analysis of a medical brochure for diabetes patients

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This article discusses the implications of medical brochures titled ‘Hva er diabetes?’ (‘What is diabetes?’) for patients’ perception of diabetes as a chronic illness. The brochure is part of a public relations program targeting people who interact with or have recently become diabetes patients. It is created by diabetesforbunet.no, a Norwegian non-governmental organization aiming to promote issues around diabetes and handed out by all major hospitals and doctors in the Oslo area. The research sets out to understand what discourses are contained in the information given primarily to newly diagnosed diabetic patients and acts as a precursor to a larger study in which patients and designers will be interviewed. The critical discourse analysis found that the brochure aims to calm the patients, it aims to make them compliant with their new lifestyle as chronic care patients. The study focuses particularly how the designer can influence this discourse. The findings build on the understanding of the role of the designer as a public relations practitioner, who is involved in the construction and maintenance of discourses and the ways in which this is achieved.

critical discourse analysis, design, communication theory, health and design

1 Introduction

People undergo a paradigm shift when receiving a diagnosis for a chronic illness (Paterson, Thorne, Crawford, 1999). Often, the first information that they receive after the consultation with their doctor and nurse is the medical brochure. Its visual and written language sets the stage for a patient's new understanding of his/her illness, and, as a result, he/she begins to understand him/herself in a new way. This paper argues that critical perspectives on the production of media designers require attention to discourse in terms of language use, sign media, and the social worlds they all presuppose and bring into being. In short, designers should be aware of their participation in public discourse through their design efforts and intentions. With critical discourse analysis, the aim of this study is to add to ongoing debates within social theory. It accomplishes this by engaging the

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frameworks of analysis presented by James Gee, Norman Fairclough and Gunther Kress among others.

1.1 Entering into discourse

When entering into discourse, it seems prudent to clarify what understanding of discourse this article follows, as it is a difficult concept to pin down to one specific definition. There a number of conflicting and overlapping definitions of the term discourse, which stem from various theoretical and disciplinary standpoints. This research article aligns itself with Fairclough's concept of discourse.

> *This concept of discourse and discourse analysis is three-dimensional. Any discursive 'event' (i.e. any instance of discourse) is seen as being simultaneously a piece of text, an instance of discursive practice, and an instance of social practice. The 'text' dimension attends to language analysis of texts. The 'discursive practice' dimension, like 'interaction' in the 'text-and-interaction' view of discourse, specifies the nature of the processes of text production and interpretation, for example which types of discourse (including 'discourses' in the more social-theoretical sense) are drawn upon and how they are combined. The 'social practice' dimension attends to issues of concern in social analysis such as the institutional and organizational circumstances of the discursive event and how that shapes the nature of the discursive practice, and the constitutive/ constructive effects of discourse referred to above (Fairclough, 1992, p. 3-4).*

This study presents an introduction into critical discourse analysis (CDA) methodology by giving perspectives of various stakeholders, such as patients, public relations practitioners and designers. This methodology has been applied to understand how public discourse can sway readers/receivers of messages and assert power relations in a given society (Fairclough, 1992).

However, the research scope often excludes the role of the designer in this public discourse. According to Kress and van Leeuwen (1996, 2001), elements of design, such as the layout, colour, text, typography, provenance, perspective and mode, are all expressions of this discourse. This involves the designers quite directly as producers of precisely these elements. However, designers are often unaware of this tool of analysis. Which leaves them consequently unaware of the influence of their role in public discourse.

Critical discourse analysis, popularized among others by Fairclough and van Leeuwen, applies the analysis of spoken, written and visual language to understand the medium and message in a social context. This involves paying particular attention to 'not just describing discursive practices, but also showing how discourse is shaped by relations of power and ideologies and the constructive effects discourse has upon social identities, social relations and systems of knowledge and belief, neither of which is normally apparent to discourse participants' (Fairclough, 1992, p. 12).

2 Method

2.1 CDA

Often, CDA is represented as one specific 'method'. Rather than being an explicit methodology within discourse analysis, CDA offers the opportunity to incorporate the humanities and the social sciences. It is considered to give relevant insight into the manner in which discourse embodies relations of power and ideologies in society (Fairclough, 1992). This assortment of methods does not limit itself to the analysis of specific structures of text or discourse. Rather, it systematically relates these structures to the socio-political context. However, there have been issues noted with CDA. For example, it has been said that it is simultaneously too broad to distinctly identify manipulations within the rhetoric, yet it is also not powerful enough to appropriately find all that researchers set out to establish (Roffee, 2014). Nevertheless, this methodology offers the possibility of generating a broad understanding of an impact of a discourse, while identifying the key participants in this particular discourse. As such, it is considered relevant in this research context.

In many cases, a brochure will not be the first meeting with a chronic illness, as the patient will develop a relationship with an illness gradually. He or she will interpret it through signs that are known and unknown. This then leads to a meeting with a general physician, who will evaluate symptoms described by the patient and possibly after some tests will give a diagnosis, which is in turn followed up with the handing out of a brochure. The aim of this study is to utilize this tool of analysis to understand the impact this particular meeting with chronic illness might have on new patients and then develop a follow-up study. In this larger follow-up study, the aim will be to capture the experience of the patient as a recipient of information, as well as to explore what the intent of the designer is when producing brochures. Simultaneously, the intention is also to apply CDA to the medical brochure 'Hva er diabetes?' ('What is diabetes?') to understand the potential of raising the designer's awareness of critical discourse.

2.1 *Case study: «Hva er diabetes?» (What is diabetes?)*

Qualitative case study methodology provides tools for researchers to study complex phenomena within their contexts. It allows the researcher to explore individuals or organizations, simply through complex interventions, relationships, communities or programs (Yin, 2003). According to Yin (2003), a case study design should be considered when: (a) the focus of the study is to answer 'how' and 'why' questions; (b) the researcher cannot manipulate the behaviour of those involved in the study; (c) the researcher wants to cover contextual conditions because he/she believes they are relevant to the phenomenon under study; or (d) the boundaries are not clear between the phenomenon and context. In the context of this particular case study, several of Yin's aspects were true. The study sets out to understand how a particular medical brochure is involved in shaping the power relations between the reader and information giver. Simultaneously, this sheds light on the situation of a newly diagnosed diabetes patient and how he/she is spoken to by the Norwegian healthcare system. It acts as groundwork for further research on the phenomenon of how language, visual and written language that is, can shape identity in a newly diagnosed patient.

Figure 1 (Diabetesforbunet, 2016, p.1)

In this case study, the brochure 'Hva er diabetes?' ('What is diabetes?') was chosen as a single holistic case. The reason is that it is one of the few medical brochures regularly handed out to patients in Norway targeting newly diagnosed diabetes patients that is not funded or published by a pharmaceutical company. Rather, the brochure 'Hva er diabetes?' ('What is diabetes?') with its 27 pages, is produced by Diabetesforbundet in Norway. This non-governmental organization aims to be a common foundation and meeting place for people who have or are concerned with diabetes. They aim to promote issues of diabetes patients in a social and political arena in Norway (Diabetesforbunet.no, 2017). As such, their brochures are commonly handed out to patients across clinics and hospitals in Norway. Since it is so widely received by patients in Norway, it can be understood as one of multiple primary sources of information for newly diagnosed patients. Moreover, it is part of a network of information that shapes the perception of diabetes for newly diagnosed patients. This background sets it apart from others of its kind. Additionally, this study chooses to initially focus specifically on Norway, in order to bind the case for it to be more effective. The aim is to limit the scope and hence better understand the culture of diabetes in Norway, as Susan Sontag in her book 'Illness as Metaphor' describes illness as 'stereotypes of national character' hinting at the fact that the metaphors societies ascribe to illnesses such as cancer, TB or HIV/AIDS are culturally specific.

It can be agreed that most illnesses are embedded into a local culture, through social perceptions, metaphors and an individual understanding of what it means to be ill. This points towards a comparative case study approach; however, it seems prudent to first study one specific culture in a single holistic case and then move to a comparative case study approach as a second research endeavour.

This case study examines the medical brochure 'Hva er diabetes?' ('What is diabetes?') through CDA from an outsider's perspective, as the researcher is neither a patient nor a health worker. Rather the researcher completes the analysis of the brochure on his own. This might not offer a complete view of how patients understand, interpret and experience the discourse in this brochure, but it does offer an initial perspective on how the brochure can be read, without the emotional anxiety often experienced by a newly diagnosed patient or other concerned parties. This emotional view is not to be discounted in general, but should maybe be considered at a later stage, when the initial discourse is outlined.

This methodology offers an advantage over other qualitative methodologies, which 'work to understand or interpret social reality as it exists, discourse analysis endeavours to uncover the way in which it is produced' (Phillips & Hardy, 2002, p. 6). CDA differentiates itself by 'not just describing discursive practices, but also showing how discourse is shaped by relations of power and ideologies and the constructive effects discourse has upon social identities, social relations and systems of knowledge and belief, neither of which is normally apparent to discourse participants (Fairclough, 1992, p. 12). It is precisely these relations of power and ideologies that are interesting when analysing a medical brochure, as these might affect the reader in his or her perception of the illness discussed. However, this methodology offers no specific set of procedures to conduct this particular discourse analysis. 'This leaves the researcher in the position of developing an approach specific to the study conducted, and argue to justify set approach' (Phillips & Hardy, 2002, p. 74).

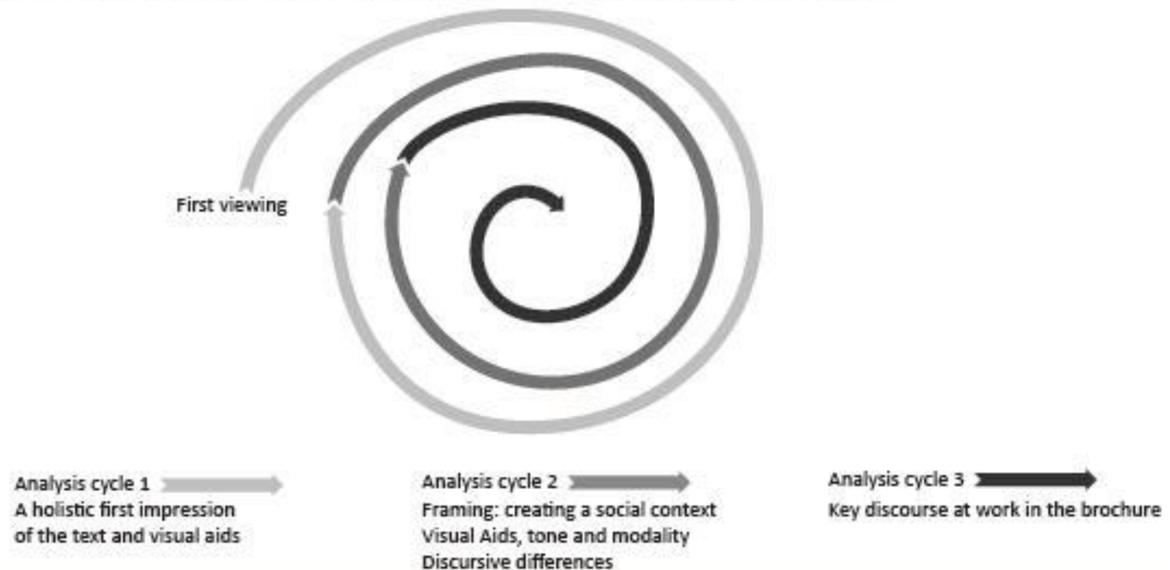

Figure 2 (Diagram of analysis cycles performed)

In this study, CDA was conducted based on an 'educated guess at some of the most likely interpretations that might be made of that text' (McKee, 2003, p. 1). In this case, the textual analysis can be divided into three cycles of analysis that build on each other chronologically, as shown in Figure 2. Initially, the text and the visuals as a whole are considered.

In the second cycle of analysis, the genre of the brochure and how it is framed are analysed. This is followed by a discussion of agent-patient relations in the text, and sentence-level presuppositions and insinuations. Further, a more in-depth sentence analysis of the connotations and labels as well as the voice and modality of the text in respect to their authority are scrutinized. Lastly, the key discourses are identified and their impact discussed.

3 Findings

3.1 Cycle 1

3.1.1 A holistic first impression of the text

On the cover of the brochure (Figure 1), a young woman with a little girl playing with a dandelion in a field are depicted. This image has a blue bubble on it, which carries the title of the brochure: 'Hva er diabetes?' (´What is diabetes?´). The entire graphic is framed in white with the logo of Diabetesforbunet in the bottom right of the page. With the colourful print and happy, social imagery, this brochure does not give a serious or medical impression. On page four, the brochure 'Hva er diabetes?' (What is diabetes?) states its intention of targeting everybody who is new to this chronic illness, regardless of whether they are diagnosed themselves or someone in their family or social network is suffering from diabetes. It is important to note that it does not use the word 'diagnosed'. Instead, it uses the wording 'for you, who has recently gotten to know that you have diabetes' (Diabetesforbunet, 2016, p. 4). By avoiding the word 'diagnosed', it is giving the brochure a decidedly non-medical tone. This tone carries on not just in the text, which is written with very little reference to medical terminology, but also in the imagery displayed in the brochure. In its non-medical style of imagery, tone and layout, the brochure is easily understandable for a general lay audience and seems to require no prior medical knowledge of the illness. In general, the brochure discusses diabetes as a change in life, which requires changes in lifestyle in response, rather than a serious chronic condition.

Its cover and the following pages display colourful imagery, which ranges from happy to hopeful in tone. One example for the non-medical imagery can be seen on page 11, here listed as Figure 3,

where two middle-aged people are hugging. They are wearing outdoor jackets and backpacks and seem to be hiking and having a great time. In the blue bubble next to the woman, it says: 'Live life – with diabetes'

Figure 3 (Diabetesforbunet, 2016, p.6)

In general, the brochure is very colourful, using bold non-serif letters in deep blue or white on a blue background, with layers of translucent colour bubbles to help the reader navigate the information. It does not appear clinical or objective, but instead has clear and simple headings and images that invite the reader to identify with its subject on a human level.

3.2 Cycle 1

3.2.1 Visual communication

The brochure meets the reader with a smiling, healthy-looking young woman enjoying the outdoors with a young and equally happy and healthy-looking girl. Nothing in this image implies illness, but rather the opposite. They seem to be enjoying a light-hearted, fun moment together. They are playing outdoors in a field wearing clothes that are suitable for a sunny, warm day. Their attire and their activity give the impression of two people who are generally carefree. They are not necessarily well dressed, but in a nondescript manner; their clothes are of current fashion and new. Their appearance speaks of a comfortable, middle-class background, where there is time for leisure to enjoy a moment of play together.

The title 'Hva er diabetes?' (What is diabetes?), as it appears on the image, does not convey the serious nature of the illness either. It simply poses a seemingly innocent question. Here the graphic attention is placed on the word diabetes. It is written in bold. However, the manner of the plain sans-serif font is reminiscent of a school book that seeks to explain something complex in rather simple terms.

Kress and van Leeuwen remind us that pictorial structures of design not only reflect reality but also are 'bound up with the social institutions within which the pictures are produced, circulated, and read. They are ideological' (1996, p. 45). Considering the social institutions in which the medical brochure belongs, it is fitting that the designer(s) selected specific genre of imagery called stock photos to visually support the text. This genre is often professionally produced photographs that are not very demanding of the viewer, while still offering rather clear messages. Photographs, as Connie Malamed puts it, 'are dependable and versatile – they can represent something concrete, tell a story, or convey an abstract idea' (Malamed, 2007, p.68). This aspect of the imagery communicating simple messages easily supports the underlying goal of the medical brochure, which intends to simply explain – to not demand but to offer instead.

Next to this versatility of conveying information, these images have another advantage; to most readers they are legible. ‘A photograph, whether it appears in an advertisement, a newspaper, or in a family album, is often regarded as an accurate and truthful record of real life’ (Galer 2007, p. 130). It is this notion of ‘truthfulness’ that likely is employed by the designer when choosing this genre of imagery to accompany the text. They set a tone. In their own right, they create a modality that underlines the tranquillity of the passive voice in the text. A picture of a little boy, in winter, feeding ducks accompanies a chapter explaining the differences between diabetes types 1 and 2. It is the mundane that characterizes this visual language. However, within this there is also an inherent omission in the selection of the images. They are uniformly, happy, healthy-looking and white in skin tone. They cater towards an image of Norwegian society, which is not necessarily what is met with in the reality of waiting rooms in diabetes clinics in Norway. Considering that there are currently 223 different nationalities living within Norway’s borders (Statistics Norway, 2017) and that the study on ethnic differences in risk factors on the Norwegian CONOR study states that among the immigrant population with origins in South-East-Asia and some countries in Africa there is a higher risk of developing diabetes type 2 (Rabanal, 2013), the discrepancy between the visual language of the brochure and its readers becomes even more apparent. This poses the question of why the imagery in the brochure caters to a predominantly white image of Norwegian society when a large section of the population of Norwegian diabetes patients is not white. This exclusion of a large portion of its readers in the imagery of the brochure points towards an unfamiliarity on the side of the writers or designers with their audience. The makers of the brochure seemed to be unaware of the socio/cultural background of their readers and as such fail to represent them adequately in the visual language of the brochure.

3.3 Cycle 2

3.3.1 Framing: creating a social context

Conveying to readers that what they want to know is the same as what they need to know is largely achieved through framing techniques. Each of these framing techniques either limits or defines the meaning of a message, and in so doing shapes ‘the inferences that individuals make about the message’ (Hallahan, 1999, p. 207). The key frame being conveyed in the brochure is to give insight into daily life with diabetes and the implications that follow. This is made evident in the titles, which all tie back to the daily routines of diabetic patients, such as ‘Live life with diabetes’ or ‘Some factors that can help you live a good life with diabetes’. This constant referencing to daily routines is an important part of understanding the impact the illness diabetes has on a patient’s life. It is precisely these daily routines that need to change to improve the chances for successful long-term care and self-care.

Throughout the brochure, the reader is reminded of the seriousness of diabetes and what can be done to regulate it. The use of this frame means the brochure effectively fulfils one of the first aims of persuasive health messages – namely that a message should ‘convince individuals (a) they are susceptible to a severe threat and (b) adopting an easy and feasible recommended response would effectively avert the threat’ (Witte, 1995, p. 146). Hence, the brochure essentially grooms the newly diagnosed patient into becoming a compliant patient – one who will be successful at the self-management of his or her care. Offering him/her a hope of control in this moment of uncertainty: if he or she is compliant, so will the illness be.

3.4 Cycle 2

3.4.1 Agent-patient relationship, discursive differences and tone

Patients (or laypersons) are discursively positioned in the brochure as the questioners seeking answers and accordingly as those lacking knowledge. This is become clear on the cover page of the brochure, where the reader seems to begin reading with the question, ‘What is diabetes?’. Following this, the reader opens the brochure and is told of the content and the aim of this medical brochure. He or she is invited in to come along on a journey of sorts. This message is supported by the image of

a young man and woman coming towards the reader on a country lane. Dressed in wellingtons and outdoor clothing, they seem to be engrossed in a conversation.

This implied invitation positions the medical brochure as the answerer and possessor of knowledge, which it will share with the reader if he or she joins the journey. The patient or reader is only allowed to pose that one question: ‘What is diabetes?’ Following this and throughout the text, the brochure simply describes common issues around diabetes in a lecturing style, without giving the reader the possibility to ask more clarifying questions. These, one can only assume, are to be stored for the next meeting with the doctor or nurse. On the second to last page a pictogram in the brochure invites the reader to ‘Ask the experts’ by SMS, face2face or email, but these are the only two instances in which the brochure invites the reader to ask questions.

Figure 4 (Diabetesforbunet,2016, p.23)

The text’s tone remains largely devoid of a writer’s presence, although it could be argued that, in scientific writing (and in academic writing generally), the use of a neutral and anonymous third-person voice is common. Nonetheless, the lack of an identity in the voice of the writer results in conveying an impersonal scientific discourse, and as such the writer is portrayed as being an objective presentation of ideas that transcend any individual voice (Hyland, 2002). This neutrality in language gives the impression of scientific information delivered by experts to laypersons. This experience is further supported by naming the publishers of the brochures as experts, as is done in Figure 4. This language places the reader in an inferior position of power.

The brochure only subtly hints at these positions of power, which fits together well with its labels and connotations. The brochure sets out to have a personal and human-centred view of the chronic illness diabetes. As such, it seems to invite the reader for a friendly chat. On pages 18–19, the brochure talks about ‘Life with diabetes’. In the subheading to this, the reader is spoken to directly: ‘Do you have a child who has been diagnosed with diabetes? It can often seem unfair, meaningless or incomprehensible’. This sentence positions the brochure (and its writer) next to the reader on a very personal level, where feelings and human aspects of the illness are discussed. On page 6, diabetes is described as ‘one illness with many faces’ giving the illness a personal character, which is just as individual and personal as the patients who have been diagnosed with it. The connotations of the illness being an individual in itself opens up the possibility of not just learning about an illness, but rather becoming acquainted with it.

3.5 Cycle 3

3.5.1 Key discourse at work in the brochure: regulation, risk and lifestyle

In the textual analysis of the brochure, an over-riding discourse of regulation, risk and lifestyle was discussed. Initially, a risk discourse is made apparent in the chapter ‘Komplikasjoner’ (Complications) of the brochure that states ‘Badly regulated diabetes often leads to complications’. It continues by explaining that this can lead to other illnesses in the heart, eyes, feet, kidneys or the nervous system. (Hva er diabetes? p. 6). The use of the term complications means something must be stopped from

happening – the counter inference being that other illnesses will happen without preventative measures being taken. Here the risk is clear: if the patient does not comply with the treatment plan to regulate his or her diabetes, there will be complications. This, however, fails to mention, 'that diseased bodies are unpredictable' (Mohl, 2012, p. 20). This implies that no matter how compliant a diabetes patient is with his or her treatment plan and how willing he or she is to adopt lifestyle changes, the illness might spread or rather not stay contained and can, regardless of the good will of the patient, lead to complications. This discourse also contains in it another understanding of diabetes that is passively introduced, namely, that diabetes does not change. When reading this brochure, the reader is drawn the image of diabetes as a static illness that can be regulated and controlled and in that contained and its progress stopped. However, the reality of chronic illness is a rather different one. Chronic diseases are, by definition, those for which no cure is available, and conventional intervention is limited to symptom control, preventing progression and promoting self-care management (Thorne, Paterson, 2000). A part of this reality of chronic illness is also the fact that the human body in its complexity, the illness progression and the patient as person cannot be controlled. Change is inevitable.

4 Discussion

The aim of this research is to map out CDA's potential to foster an awareness in designers of their involvement in public discourse within medical brochures. Even though this research methodology focuses mainly on the written aspects of a discourse – in this case a medical brochure – researchers such as Kress and van Leeuwen highlight the importance of a visual and graphic language that is part of the discourse. Currently in the discussion on discourse within the social sciences, designers are remaining silent. It is here where a knowledge gap seems to emerge. Why are designers not participating in this discourse? One answer might lie in the fact that Gunther Kress's social semiotics has grown from a very early interest in 'critical linguistics' (Fowler, Hodge, Kress, & Trew, 1979; Kress & Hodge, 1979). This generally emphasized the importance of language, and texts in particular, on social processes. However, for more than a decade now, social scientists such as Kress and van Leeuwen have argued for the importance of visual as well as verbal signs and media in literacy (Kress, 2003; Kress & van Leeuwen, 1996; Kress, Jewitt, Ogborn & Tsatsarelis, 2001).

The advent of design thinking and its wider circulation has given rise to a design profession that is beginning to view itself as an active participant in policymaking, economic decision making and other aspects of public life. It seems fair to argue, then, that this trend of understanding designers as more than mere service providers within their fields of graphic, product or other areas of design implies that designers should enter into the debate on discourse. On the one hand, it implies a growing interest from the side of social sciences to invite designers into this debate. On the other, it might also point towards a usefulness and a willingness on the side of the design profession in understanding their impact on critical public discourse.

The fact that designers are often not viewed as a part of public discourse production can find its foundation in designers' potential misconception of not producing public discourse as such. However, designers do design with intent. As Nathan Crilly points out in in his paper, Representing Artefacts as Media, designers intend artefacts of any kind to be experienced or, in the case of a brochure, to be read in a particular manner (Crilly et al., 2008). Therefore, if designers at large are not active participants in public discourse, it is not due to their lack of intent or conception, rather it might be due to this understanding of design intent as a natural goal of a design process rather than an act of cultural manipulation. On another level, the design of a medical brochure, a product or a service might be understood by the designer as a service provided to a client rather than an act of public discourse. However, particularly in the case of this medical brochure, it is not necessarily the client that choses the happy photographs, the legible fonts and the soothing colour scheme. Often it is the designer who selects and composes these to support the message that his or her client wishes to send. Here the responsibility for the message sent is shared between the designer and his/her

client. In this context, it is not as much an issue of responsibility as it is a question of awareness, particularly since the communication in this case is not a dialogue between two parties, the designer and the client. It is a dialogue between three parties, with the designer and the client on the one side and the reader on the other side. The reader is also an active participant in this process – deciding what the message means for her or him at a particular time in a particular context. He or she is just as much part of the discourse making, in his/her role as interpreter and as an active meaning-maker. Communication between professional healthcare providers and persons affected by chronic disease has long been recognized as critically important to providing care and supporting self-care management (Von Korff, Gruman, Schaefer, Curry,Wagner 1997; Clark, Nothwehr, Gong, Evans, Maiman, Hurwitz, et al. 1995).

The question of impact and awareness is not just the case for this medical brochure. One can argue that in many instances, design is the vehicle used to transport messages in such a manner that target audiences are willing to listen to them. In addition, they succeed in many instances; one example is the success of the IKEA instruction manual, which turns something as complicated as constructing a kitchen cabinet into a simple comic with very few written instructions understood by IKEA users across the globe. It is not hard to imagine the frustration that documents in plain text describing each item in the box and what to do with it would cause for IKEA shoppers. Similar 'success', can be seen in public relations campaigns during elections or, for example, information handed out by the World Wildlife Foundation to raise awareness on particular endangered species. A plain-text document informing the reader of the possible extinction of the shark is not nearly as effective as an advertisement enticing the reader with exotic imagery of wildlife or edgy questions. As this example shown in Figure 5 of a print advertisement created by DDB in Turkey for World Wildlife Foundation in 2010 illustrates:

Figure 5 (Print advertisement created by DDB, Turkey for WWF, 2010)

All these act as examples of services rendered by designers for larger co-operations or organizations. However, if the outcome of that service is mass-produced and circulated in society, the designer becomes an active participant in public discourse, whether or not he/she is aware of it. It is the act of applying design to a medical brochure and designing its visuals, which activates a whole chain of

connections, values and judgments. Therefore, even before a reader opens the brochure, ranges of discourse models have been positioned to, or one could argue, ‘have been designed to be read’.

5 Conclusion

Initially, this paper set out to critically analyse the public discourse contained in the medical brochure ‘Hva er diabetes?’ (´What is diabetes?´) published by Diabetesforbunet Norway. In the course of the analysis, it became evident that discourse as it appears is, in fact, not just a matter of writers/publishers and readers. Rather, in this single holistic case, it is a matter of writers who produce content and then pass this on to designers, who in turn design and visually shape the content. Through the act of designing, they add another layer of meaning to this set content. This layer of meaning takes form in chosen images, colour schemes and layout, which then in turn is read and interpreted by the diabetes patient (reader). This three-way system of producing and interpreting media in public discourse sheds a light on the designer’s role in the production of discourse. This paper has argued for a more critical view on the production of media, as items of public discourse, on the side of the designer. It has questioned the designer’s role in shaping messages in public discourse and his or her willingness or ability to take part in discourse making as an active and aware participant. At the beginning of this argument, of course, stood the question of whether the designer is indeed a participant in this discourse at all. Based on the findings in this single holistic case study, there are strong indications that this is indeed so. This leaves the following question: Where do designers go from here? Should they become part of the academic debate around CDA within the social sciences? Moreover, if they wish to enter into this debate, how can they? There seem to be many overlaps between the application of CDA and a design process. However, there are significant discrepancies in terms of language used to describe these similarities. It would be interesting to further explore these overlaps, how they could work in terms of interdisciplinarity and what that implies for a shared language between the social sciences and the design professions. Another aspect that could be explored is that of implementing CDA into a design process as a tool and what effects that would have on the design outcome to further contextualize the implication of the designer as a producer of public discourse.

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