Special issue: Discourse analysis perspectives on online health communication

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This special issue of Discourse, Context & Media has its origins in the inaugural meeting of the British Association of Applied Linguistics' 'Health and Science Communication' special interest group held in London in November 2015. Both the papers presented at that workshop and those in this special issue are testimony to the established role of discourse analysts in examining the possibilities of ICT technologies for information provision, practitioner-patient communication and peer-to-peer interaction in relation to health and illness. Over several decades, linguists working in the field of online health communication have sought to keep pace with the changing nature of computer-mediated communication, offering sustained analyses of the formal features of online health-related texts and their discursive and social contexts (Harvey and Koteyko, 2012, Locher and Thurnherr, 2017). Of course, linguists have not been alone in this venture and the growth of discourse analytic research in this field has paralleled and intertwined with the sizeable body of sociological and psychological literature that has frequently drawn on thematic and content analyses to illuminate online health communication. However, we would argue that one of the key advantages of discourse analysis over other qualitative methods is the focus on the social actions performed through online health communication such as negotiation of identities and development of relationships. Digital environments generate a number of possibilities and constraints for action and expression, encapsulated in the notions of affordances (Boyd, 2010) and medium factors (Herring, 2007) which include, for example, synchronic or asynchronic modes of communication, the opportunity to combine text with image and/or video, as well as the blurred boundary between the public and the private. Such affordances can influence health communication in subtle but profound ways at the level of both representation and interaction. This special issue therefore aims to promote and advance research that uses different strands of discourse analysis to examine linguistic and multimodal features in order to understand relations between health and illness-focused digital texts and their wider contexts of production and reception. As such, contributions to this issue study a multitude of online platforms such as blogs, online support groups, and social networking sites, working to situate digital health communication both in the context of these settings with their unique interactional demands, technological opportunities and constraints, and in the context of the larger sociocultural environment. Taken together – and sometimes individually – these articles also scrutinise health communication produced by a range of different social actors operating online, including those experiencing illness, healthcare professionals, researchers, health organisations and lay members of the public.

Discourse analysts call for attention to how interactions play out in the specific kinds of social contexts that people with different medical conditions participate in, and that provide a nuanced understanding of issues experienced by them (Harvey and Koteyko, 2012). This includes attention to participation in everyday social encounters that are now increasingly mediated via mobile computer technologies. Adopting a broad view of online health communication as encompassing diverse digital contexts in which communication about health and illness is developed, this special issue focuses on the interactional processes underlying information and support provision, self-presentation, and patient advocacy. Some of these practices, such as the provision of advice and social support, have an established trajectory of research in health communication literature. Discourse-based studies of online support groups (OSGs), for example, have highlighted the interactional concerns that participants make relevant in their posts, including solicitation and delivery of advice (e.g., Morrow, 2006, Stommel and Koole, 2010, Vayreda and Antaki, 2009). In contrast to this sustained interest in the interactional environments of OSGs, the issues around

identity construction by lay and professional actors in health and illness blogs and other social media discussions have not yet attracted such extensive attention from discourse analysts. Several contributions to this issue (Atanasova; Koteyko & Atanasova; Lawless, Augoustinos & LeCouteur; Pounds, Hunt & Koteyko; Sokół) take up this challenge by examining communication published through blogs, Twitter, private Facebook groups and public Facebook pages. In every paper in this issue, the use of existing discourse analytic frameworks such as positioning theory (Harre and van Langenhove, 1999), critical metaphor analysis (Charteris-Black, 2004), discursive psychology (Edwards and Potter, 1992) and narrative analysis (Bamberg, 1997) that are adapted to the peculiarities of digital environment (Georgakopoulou, 2016; Page, 2017) is essential for shifting attention away from essentialist notions of identity, including 'patient' or illness specific identities conferred through medical diagnosis, to multiple situated performances in everyday computer-mediated interactions.

The first two papers in this issue examine discourse in health-related blogs. Dimitrinka Atanasova's article '"Keep moving forward. LEFT RIGHT LEFT": A critical metaphor analysis and addressivity analysis of personal and professional obesity blogs' considers the self-presentation and addressivity strategies employed by lay and clinician authors of popular blogs about obesity. Allowing users time to write and edit content without being tied to particular organisations or offline networks, personal blogs enable users to tailor their identity construction and employ specific means of addressing and engaging their audience. Atanasova observes the dual work performed by metaphor in relation to these functions, arguing that it allows authors to present themselves as, for example, fighters or travellers in relation to a health issue while simultaneously arousing affective responses in readers in order to sustain their engagement. Most strikingly, Atanasova observes the contrasting use of journey metaphors in lay individuals' and health professionals' respective blogs. Lay bloggers represent weight change as a non-linear, challenging journey, a conceptualisation that disrupts the typical and simplistic before-after narratives of weight loss. In contrast, professionals represented the field of obesity research as itself a journey leading to improved care. In addition to its function in explicating the progress of obesity research, this metaphor also serves to position health professionals as travel guides who can point patients in the right direction but who, we would add, may not be seen as responsible should patients go astray.

Bloggers' addressivity strategies are also examined in the second paper, Małgorzata Sokół's ''Have you wondered why sportspeople die?' The medical weblog as a popularisation tool'. As its title indicates, the blogs of Polish health professionals examined in the article simulate dialogue with their readers, articulating informational content on popular health issues with humour, irony and features of colloquial spoken interaction. These and other popularisation strategies are used to recontextualise medical information alongside acts of self-expression and personal disclosure in a manner that prompts audience engagement, not least via the blogs' comments function. Rather than constructing a purely 'expert' identity, then, Sokół argues that this synthesis of lay and expert voices mirrors these professionals' clinical work in which they habitually mediate and personalise biomedical knowledge for lay patients. Far from being distinct from their offline clinical practice, Sokół draws attention to the relationships between digital environments and the bloggers' clinical practice, with the language used by bloggers both reflecting their institutional experiences and being used to enhance their professional reputations. As well as the bloggers' professional lives, Sokół also situates these popularising blogs in relation to wider media and commercial trends that demand 'that everything that is exciting, intriguing and sensational is exposed' (Starzec, 2013: 83), thereby illustrating how the language of popularising blogs simultaneously reflects bloggers' personal interests, professional identities and social situation.

Like Atanasova, Sylvia Jaworska observes the potential for online environments to challenge dominant ideologies of health. Jaworska's article examines the ways in which participants in an online discussion forum disclose postnatal depression (PND) and engage in peer-to-peer interactions about this condition. By asking what kind of narrative structures and linguistic resources women with PND draw on to tell their stories online, what positions these stories make available and to what extent these are appropriated, resisted or shifted, Jaworska provides a systematic account of how women project and transform identities through talk about this stigmatised condition in anonymous online discussions. The analysis reveals prominence of two narrative practices: confession and exemplum, which, as Jaworska shows, are used to disclose the condition and to signal alignment. Importantly, the analysis does not stop at charting participant orientations at the local level of talk-in-interaction and proceeds to discuss positions that are made available through macro social processes. In this way, while the act of confessing can be seen as enforcing a positioning of a sinner it also allows women to verbalise the experiences of motherhood which are outside hegemonic discourses (such as the model of intensive mothering). Responses to such disclosures take the form of 'didactic' exempla that validate previously voiced experiences and create an experiential knowledge resource which listeners/readers can potentially use to transform themselves. The systematic attention to how positioning works both at the local level and that of 'dominant discourses or master narratives' (Bamberg, 1997:385) therefore enables the author to provide insights into how women appropriate and re-work hegemonic discourses to break silence and exercise agency through personal PND stories.

The next article in this issue, by Gabrina Pounds, Daniel Hunt and Nelya Koteyko, sustains Jaworska's focus on the language of online support through an examination of one of the many condition-specific support groups that has emerged within the wider ecology of Facebook. Pounds et al.'s article synthesises existing research on empathic communication in on- and offline interactions and uses a longitudinal observation of a Facebook support group to develop a granular taxonomy of empathic communicative acts. The results illustrate both the personal and emotional burden of managing Type 2 diabetes – as indicated through group members' repeated disclosure of difficult emotions and circumstances – and the multiple expressions of sympathy and shared experiences these elicit from responders. Along with verbal expressions, the authors also note the propensity for group members to recontexualise diabetes-specific memes from other parts of Facebook as a means of evoking shared experiences and thus solidarity with each other. While Facebook's 'sharing' function facilitates this recontextualsing of content, Pounds et al. also observe the potential obstacles to empathic communication that arise from Facebook's organisation of posts and comments; asynchronous commenting involving numerous group members can disrupt typical turn-taking and mean that empathic responses are not clearly addressed to those seeking empathy from others. Similarly, a large but loose-knit Facebook group may trend towards providing generic expressions of sympathy ('Good luck!', 'Hope you'll feel better soon!', or Facebook 'likes') that may prove insufficient for those seeking understanding and detailed information.

Michael Lawless, Martha Augoustinos and Amanda LeCouteur in their paper 'Dementia on Facebook: Requesting information and advice about dementia risk-prevention on social media' turn to public Facebook spaces to examine how an official page of a current affairs program broadcast on the state-owned Australian Broadcasting Corporation was used as platform for soliciting and providing advice about cognitive decline and dementia. Drawing on discursive psychology and conversation analysis the authors focus on the turn-by-turn detail of interaction to reveal how Facebook posts (both by professionals and non-professionals) set agendas for response, display accountability,

construct relevant identities, and prescribe actions. The analysis shows how requests for advice and information by 'lay' members of public involve posters presenting themselves as possibly 'at-risk' of dementia by providing an account of family history, genetic predisposition, or personal experience of dementia symptoms. Responses by researchers from Dementia Australia who moderated the discussions contribute to this positioning of individuals as responsible for dementia prevention and management through the provision of advice about various forms of risk-prevention activity. Contributed in parallel with this professional advice, responses by non-professionals display strategies for constructing common perspectives on dementia by relating similar accounts of symptoms, prevention behaviour, and/or diagnosis. Overall, the findings by Lawless et al. highlight the importance of analysing the social and interactive dimensions of information and advice provision in non-anonymous social media spaces and elucidate how these activities may contribute to the collective construction of health and illness identities and personal responsibility.

Finally, Nelya Koteyko and Dimitrinka Atanasova's paper examines personal narratives in Tweets related to a mental health organisation's online campaign, #WhatYouDontSee. The authors draw attention to the affordances of Twitter that enable campaign content to be searched, retrieved, saved and, crucially, replicated by users, allowing individual narratives to gain significant public visibility in the services of the campaign. With this increased visibility comes a need to shape posts to a large 'imagined audience' (Marwick and boyd, 2010) and the authors' analysis identifies the ways in which Twitter users combine hashtags with other lexical and visual semiosis as a means of positioning themselves and their audiences. Specifically, through combining hashtags and selfies with acts of narrative positioning, users are able to express personal, otherwise unseen struggles, establish a bond with fellow sufferers, and position audience members as accountable for preventing further suffering. By allowing users to perform affiliation with an established campaign, the authors argue, the #WhatYouDontSee hashtag also functions as an index of a moral stance that distinguishes ethically motivated mental health advocacy from public 'venting' about depression. Likewise, responses to campaign participants' tweets take up the audience positions they are offered by performing the act of witnessing campaign participants' confessions and adopting a role of a fellow sufferer.

Driven by the interdisciplinary nature of health communication, a common feature across the articles in this issue is the combination of reflexive studies of digital linguistic practices with theoretical understandings of communication. In this regard, a dialogic approach stemming from Bakhtin's work permeates the research in this collection, with articles focused on such aspects of dialogue as mutual knowledge, addressivity, and voicing, inter alia. While discourse analysts routinely examine the role that 'the eyes of another' (Bakhtin, 1993:287) play in communication and have started to chart the territory of digital relationality (Thurlow and Mroczek, 2011, Locher et al., 2015), insights from this research are yet to be systematically incorporated into sociological and linguistic research on online health discourses. Yet, concepts such as 'ambient affiliation' (Zappavigna, 2012) and 'context design' (Tagg et al., 2017) are instrumental to uncovering how a range of interpersonal effects such as empathy, solidarity (see Koteyko and Atanasova), reciprocity and power are constructed in the disembodied and networked 'Health 2.0' environments.

The dialogic approach to health communication is of particular importance in research on mental health where, at least for some conditions, the focus is still on examining linguistic production and comprehension by individuals. For example, some studies attempt to categorise types of language and communication phenomena that may be presented by people diagnosed with depression (Rude et al., 2004), dementia (Maclagan & Mason, 2005) or autism spectrum disorders (Kwok et al., 2015).

This tendency is also evident in emerging research on communication about depression on social networking sites that focuses on the lexical (Al-Mosaiwi and Johnstone, 2018) or visual (Reece and Danforth, 2017) content produced by individuals. While this type of research can inform clinical interventions such as behavioural therapy, the focus on individual, psychological competencies has precluded systematic attention to the collaborative processes of social interactions and contextual influences (Hamilton, 2005, O'Reilly et al., 2016). Attention to what language and visuals enable the users of social networking sites to achieve in interactional terms would reveal how meaning-making and relationship building takes place in these environments. This objective is taken up by several contributors to this special issue (Jaworska; Koteyko & Atanasova; Lawless et al.), whose articles shift the emphasis from psychological to interpersonal by locating the experience, understanding and management of depression and dementia not within individual minds and bodies but in technologically mediated interaction and culturally available discourses.

From syndicated advertising, to social networking sites, self-tracking apps and wearable technologies, to mood-related playlists in Spotify, a diverse array of health-related discourse has come to saturate computer-mediated environments (Rich and Miah, 2017). Inevitably, given this diversity, there are a number of facets of online health communication not captured in this special issue, whether these relate to the identities of participants, modes of communication or other contextual factors. For instance, while the articles in this issue consider health communication produced by members of the lay public and health professionals, interactions between patients and clinicians in the context of computer-mediated consultations are not considered (see Thurnherr, 2017). Likewise, while the articles in this issue develop knowledge of health communication on several different digital platforms, research into health discourse in private messaging services such as WhatsApp, video-based websites such as YouTube, and self-tracking mobile apps remain fruitful avenues for further research that are not addressed in these papers (Jones, 2015). Finally, we would encourage further study into the nature of multilingual health communication online, as well as that produced by internet users outside of Europe and North America.

The multiplicity of online environments and the adoption of new digital technologies mean the frontiers of online health communication will be continually developing. This ever-changing online environment simultaneously creates both opportunities for ground-breaking research and challenges for scholars seeking to pin down a moving target. As the papers in this special issue demonstrate, however, the theoretical and analytical flexibility of discourse analysis is well suited to this challenge and to providing influential insights into digital health communication and we look forward to further developments in this field.

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