

INVESTIGATING ADOLESCENT HEALTH COMMUNICATION

A Corpus Linguistics
Approach

KEVIN HARVEY

RESEARCH IN CORPUS AND DISCOURSE

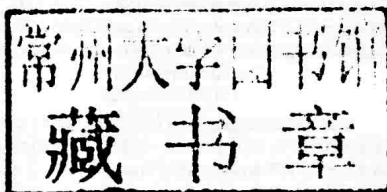
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A Corpus Linguistics Approach

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Corpus linguistics provides the methodology to extract meaning from texts. Taking as its starting point the fact that language is not a mirror of reality but lets us share what we know, believe and think about reality, it focuses on language as a social phenomenon, and makes visible the attitudes and beliefs expressed by the members of a discourse community.

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*This book is dedicated to Ann McPherson (1945–2011) and
Aidan Macfarlane. Tireless champions of adolescent health.*

Preface

This is a groundbreaking book. It is groundbreaking in the field of applied linguistics and groundbreaking too in the field of health communication research. The book challenges a number of assumptions about the role of language in communication while at the same time challenging conventional paradigms of where, why and how language should and can be studied.

In the field of applied linguistics there is one definition provided some time ago by Christopher Brumfit which serves as a statement to which most applied linguists would subscribe.

The theoretical and empirical investigation of real-world problems in which language is a central issue. (Brumfit, 1995: 27)

Since the 1960s in the field of applied linguistics the main focus of real-world problems has been the language classroom and the broad issue of teaching and learning a language. While this focus will always remain a valuable one, the scope of the field is expanding fast and a wider range of applications are now developing. *Investigating Adolescent Health Communication* is a rich example of paradigm-shifting with a move to the medical world and to the centrality of language and communication within that world. This book breaks important new ground in showing the relevance of language investigation in a domain where few applied linguists have ventured. Kevin Harvey is concerned here not simply with describing language and communication in the medical domain, nor with simply showing its relevance to medical communication; instead he prioritizes a problem-oriented view identifying specific real-world problems in an important part of that domain and developing the means by which they can be addressed linguistically. In the terms of Brumfit's definition his approach is indeed empirical. He is not interested in broad sweep examples but in an empirical engagement with real data that also importantly helps us reformulate theories of applied linguistics as a research practice.

But how is the book groundbreaking in the field of health communication. Here Kevin Harvey moves us beyond the worlds of adults and child health which figure so prominently in medical health and medical communication research to the world of adolescent health. More significantly still, the locus of investigation

is language and communication to which professionals do not have regular or consistent access: emails sent by adolescents to a website to which doctors then send composite replies. This is a world away from a surgery in a health centre with its inevitably rather uneasy interchanges between adolescent and healthcare professional. What is communicated through the emails (a remarkable collection of over 2 million words) reveals much about health concerns that is normally difficult, if not impossible, to access.

Kevin Harvey analyses this data and identifies for us recurring vocabularies and patterns of language that in turn reveal personal concerns that have not previously been seen to be voiced in this way – covertly and anonymously, of course – but accessed here in ways that reveal dominant concerns and anxieties in a population, thus making available to health practitioners information to help them both with diagnosis and, initially, support through effective communication.

Methodologically, the use of corpus linguistics methodology, described illuminatingly in this book, provides substantial quantitative evidence of a kind that is accepted in the evidence-based and scientific world of medicine; but there are also crucial qualitative complements to this analysis driven by the latest approaches in discourse analysis that allow a sharply focused lens to be directed on individual instances and particular examples. The mixed-methods approach adopted makes for a rich tapestry of research with numerous individual threads subtly sewn into the larger-scale picture.

Linguists learn much both from this encounter with the data as health language usage can then be illuminatingly benchmarked against standard corpora and different degrees of variation and patterning analysed in a domain of English usage that has not been extensively described. Linguists also see how research from other disciplines such as medical sociology, psychology and health science can be integrated in a better understanding of how young people linguistically construct and account in their own discourses for how they feel. And health professionals get to understand better the needs and concerns of patients uniquely accented in their own idiom and with the texture and feel of their own point of view; and it may also be that health educators benefit further from a data-rich and investigative environment that may complement the more hypothetical, staged and role play exemplifications that are currently more common in health education.

Investigating Adolescent Health Communication does indeed therefore push back boundaries: in applied linguistic research practice, in methodology, in

its rich interdisciplinarity and in its potential for impact on a key and hitherto relatively neglected area of social life. It is model of applied linguistics in action and it brings to the arena a use of corpus linguistics which is distinctive, richly nuanced, and exemplary.

Professor Ronald Carter

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University of Nottingham, UK

September 2012.

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I would also like to thank Nicola Gray who first introduced me to the *Teenage Health Freak* website and its creators Ann Mcpherson and Aidan Macfarlane with whom I have subsequently collaborated on research in adolescent communication. I have learnt so much from Nicola, Ann and Aidan about adolescent health, and their wonderful work in this area has been continually enlightening and motivating. I have also learnt much from Brian Brown and Dick Churchill, health communication researchers extraordinaire.

Finally I wish to thank the following copyright holders for permission to reprint the following materials:

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- How to use corpus linguistics in the study of health communication. In M. McCarthy and A. O'Keeffe (eds), *The Routledge Handbook of Corpus Linguistics*. Routledge, UK, 2010 (co-authored with Sarah Atkins).
- Disclosures of depression: Using corpus linguistics methods to examine young people's online health concerns'. *International Journal of Corpus Linguistics*, 17: 349–79. John Benjamins, 2012.
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Introduction: Why Study Adolescent Health Communication?

Health communication research has, without doubt, privileged the discursive routines of adults. Theories of, and practical insights into, health communication have typically been founded on the discursive routines of adults, with relatively little consideration for the communicative repertoires of younger users of health services. Consequently, we know comparatively little about the linguistic choices with which adolescents voice their health concerns, and hence little about what such choices reveal about their subjective experiences and perceptions of health and illness. Even if adolescents are generally a healthy group, young people nevertheless have many questions and concerns about their health which they wish to discuss with professionals (Klein and Wilson 2002a).

This book aims to address the neglected area of adolescent health communication. Using the tools of corpus linguistics, I have conducted an analysis of a two million word collection of emails submitted to a doctor-operated website dedicated to adolescent health provision. The corpus approach to research in health discourse constitutes a novel yet rigorous mixed-methodology, combining both quantitative and qualitative techniques to linguistic analysis. By examining the common ways in which adolescents discursively construct their concerns to professionals online, this study aims to identify and describe patterns and commonalities in young people's accounts of health, specifically sexual and mental health. In doing so the research aims to give voice to an age group whose subjective experiences of health and illness have often been marginalized or simply overlooked in favour of the concerns of older populations.

This is the first book-length study to use corpus linguistics to interrogate a substantial dataset of naturally-occurring adolescent health discourse. Corpus analysis affords a systematic means of identifying the 'incremental effect' (Baker 2006: 13) of discursive patterns, facilitating the discovery of recurring (and exceptional) patterns of communication which might be overlooked by health

professionals and policymakers unaccustomed to exploring the significance of language in determining health interventions, and, more generally, the discursive practice of advice-seeking itself. This study demonstrates the utility and relevance of interrogating the linguistic routines of adolescents, and how, by extension, it is important for practitioners to pay close attention to such patterns of discourse if they are to appreciate the 'richness of everyday communication about health care issues' (Brown et al. 2006: 139). Accordingly, as well as being of interest to health communication researchers, my hope is that this study will also be of value to professionals and educators concerned with the health of young people.

1.1 Contemporary adolescent health issues

The focus on adolescent sexual and mental health is timely. As we will see shortly, concerns about sexual and mental health feature prominently in the young people's requests for online professional advice. The emphasis on these particular health themes reflects some of the key health problems that currently face adolescents in western societies: although today's teenagers experience a broad range of health problems, sexual and mental health are some of the most common, and pressing, among them (British Medical Association 2003, 2005, 2006). For instance, with regard to emotional well-being, one in ten of British adolescents is liable to have some clinically recognized psychological disorder (British Medical Association 2006). Mental health problems which develop during childhood and the teenage years are, moreover, not simply confined to these periods: they are liable to persist into adulthood and can deteriorate over time (British Medical Association 2003). For instance, a study in the *British Journal of Psychiatry* (Maughan and Kim-Cohen 2005) reports that for people experiencing mental health problems at the age of 26, half of them will have the clinical criteria for their condition by the age of 15. Mental health problems in children and adolescents are thus of great importance to public health.

Problems relating to young people's sexual health are also a significant western health concern. The prevalence of sexually transmitted infections (STIs) among teenagers, for example, is high and has increased in recent decades (British Medical Association 2003). Indeed adolescents and young people under 25 have the highest rates of curable STIs (Advocates for Youth 2010). With regard to HIV/AIDS (the most serious of all STIs), health agencies warn that too many young

people are at risk of HIV infection (Centre for Disease Control 2011). In 2009, for example, young people accounted for 39 per cent of all new HIV infections in the United States (*ibid.*). Similarly, in the United Kingdom, a Health Protection Agency (2011) report noted that higher proportions of HIV infection were also seen among younger people aged 15–24. As with mental health disorders, sexual health problems, such as teenage pregnancy, can adversely influence adolescents' education and social development (British Medical Association 2003).

Despite some researchers thinking otherwise (or simply overlooking the fact), adolescents are not small adults: they are a specific client group at a unique stage of emotional, neurological, physical and social development (McPherson 2005) and thus require policies, services and support tailored to reflect these differences (Aynsley-Green et al. 2000). Thus if we are to develop a culture where young people can take responsibility for and promote their health, it is vital to access and understand the perspectives of adolescents themselves. Although, as the British Medical Association (2005) argues, improved education to empower teenagers to make decisions that meet their unique requirements is essential to improving adolescent health, it needs to be recognized that individuals (whether adolescents or adults) do not straightforwardly process and adopt official health education messages. Such information is liable to be filtered through subjective experience and popular beliefs about health (Herzlich and Pierret 1986; Helman 2007), reinterpreted through existing belief systems to suit young people's personal requirements (Aggleton and Homans 1987).

Consequently, it is ever important to first explore the perspectives of adolescents, to ascertain their beliefs and understanding about health and so describe the attitudes which influence their health and help-seeking behaviours. As Peremans et al. (2000: 134) comment, health education initiatives are 'developed by "adults" and are based on the "assumed" needs of adolescents'. Thus, if educational interventions and policy initiatives are to be successful, they need, first and foremost, to be delivered in accordance with young people's pre-existing health beliefs and conceptions, and tailored appropriately in light of them.

1.2 The Teenage Health Freak website

The demand for health provision tailored to the need of adolescents has resulted in a rise of health websites designed for young people (Jones et al. 1997;