

Identity performance in online health columns: The linguistic construction of the expert persona

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2. Background

3. Methodology

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Comparative study

- Two advice-giving online resources
- UK and US-based, though access is global
- Differing age groups: school v university
- Identity construction of advice-giver, 'expert' persona: linguistic strategies

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CMC and health discourse

Opportunities for health educators:

- reach a large number of people
- provide information rapidly
- provide up-to-date information
- provide the possibility of searching archives
- allow advice seekers to anonymously search and request for information on delicate topics

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Lucy Answers

Internet advice column: ‘Lucy Answers’, since 1993
(professional and institutional health program at a US university)

Declared mission: provide quality healthcare, “by providing factual, in-depth, straight-forward, and nonjudgmental information to assist readers’ decision-making about their physical, sexual, emotional, and spiritual health.”

Topics: relationships, emotional health, sexuality, sexual health, drugs, general health, fitness and nutrition

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Lucy Answers

Format: Problem and response 'letter'

Readership: college students from the home university;
accessible to other people as well

Advisors: group of professional health educators: '**Lucy**'

Popularity: 2,000 inquiries a week, only 5 are answered

Archive: updated content, search function

Data: sub-corpus of 280 response letters

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Ask Dr. Ann

Format: posting of a query/problem and doctor's response

Readership: teenagers, school children

Advisors: 2 GPs who specialise in child and adolescent health: '**Dr Ann**'

Popularity: 560 emails weekly, only limited number answered

Archive: updated content, search function

Data: sub-corpus of 280 response postings

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Ask Dr Ann

Internet advice column: ‘Teenage Health Freak’,
online since 2000 (part of a privately-owned, GP-
run website)

Same topics as *Lucy Answers*: relationships,
emotional health, sexuality, sexual health, drugs,
general health, fitness and nutrition

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Ask Dr Ann

Declared mission:

- “To provide web-based, accurate and reliable health information to teenagers in a contemporary, cringe-free, entertaining and informative way.
- To produce relevant, electronic health information in a format that enables young people to take effective responsibility for their health related actions within an appropriate moral framework.
- To provide a database that can also be used by parents, teachers and health professionals.”

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Advice giving

Advice “is not a species of requesting. ... Advising you is not trying to get you to do something in the sense that requesting is. Advising is more like **telling you what is best for you.**” (Searle 1969: 67)

“[T]here are inescapable messages of **authority**, **expertise** and **intimacy** in advice.” (DeCapua and Huber 1995: 128)

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Identity construction

Socially constructed: Emerges within interaction

Identity “is neither an attribute or possession, but an individual and collective-level process of semiosis” (Mendoza Denton 2002: 475)

Individuals’ identity ‘inheres in their **voice**, spoken, written or signed’ (Joseph 2004: 21)

Construction of **expert advisor identity**

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Identity construction

- Action of advice-giving + relational and interpersonal aspects
- “if support providers adapt to the support seeker’s level of receptiveness of advice, they can tailor their supportive messages for maximum effectiveness”
(Feng and MacGeorge 2006: 82)

Identity construction

The professional teams are aware of:

(1) wanting the target audience to be informed and to follow advice

(2) knowing that the **way** in which advice is given may put the target audience off or, make them more receptive

Both teams chose a female advisor persona

In a **quantitative and qualitative comparative analysis** the following questions are answered:

- (1) What names, self-reference and address terms do advice givers use?
- (2) What types of register and style do advice givers adopt?
- (3) How do advice givers construct themselves as knowledgeable and competent information sources?
- (4) How do advice givers show empathy?

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Names, self-reference & address

Dr Ann Versus Lucy:

TFN v FN: status and formality

Aim of website: GP “voice of authority”
& membership of medical profession

→ Age of target audience

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Names, self-reference & address

Third person reference:

Lucy: 213 instances (50 in reference to archive)

Dr Ann **never** uses third person reference

→ Lucy isn't real

→ Dr Ann is real (though 2 GPs do contribute)

Names, self-reference & address

- Dr Ann: favours use of 'I'

285 times v 5 times only in Lucy

164 in self-reference

Also 'my' (63 times) and 'myself' (4 times)

'my website'

Dear 'Is this service a live service?' Yes - it is a live service
and this is how it works. You email in a question and it is
read by myself - Dr Ann.

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Register and style

Standard v non-standard spelling and grammar

Lucy's Q-As largely conform to conventions of
standard written American English

Dr Ann: non-standard British English

→ University website v privately owned website
+ educational level, expectations

From Dr Ann:

O.K, so let me get this right – you used to worry that she was anorexic, and now you're worried because she binge eats and then makes herself sick so that it all comes back? *That's called bulemia, oh bother, bulimia - always tend to spell it wrong since doctors are just as dyslexic as everyone else!*

*Dear dr. Ann, What is paranoid scytsophrenia?
Dear 'what is paranoid schizophrenia', I think this is what you mean-it is a difficult word to spell.*

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Vocabulary

Colloquial and formal language balance:

Lucy and Dr. Ann: easily accessible,
informal and ‘inoffensive’ vocabulary

Dear Lucy,

This is more of a comment actually: Why do you feel the need to be vulgar and use unoriginal slang words when you answer questions (for example calling a penis a ‘hot dog’ and using the phrase ‘whacking off’)? Wouldn’t you agree that most readers would take you more seriously if you used technical terms and answered questions in a more professional manner?

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In response to 'just trying to help's' suggestion he/she should note that Lucy is meant to be informative but not intimidating or pedagogical; the intention here is to be more like an informed friend than a sex ed teacher or a doctor. Using slang adds a human element to the response without detracting from its credibility. Lucy doesn't use slang to be silly, or because she doesn't know better. Lucy uses slang to connect with the kids. Dude :)

Other respondents wrote in to defend Lucy's vocabulary choices

Vocabulary

Dr Ann

- Slang as echoing + metalanguage discussion

'in between my forskin and penis i have dick cheese its the only way i can describe it growing there i can get rid of it with washing for about 2 days and then it just comes back what is it and is there anything i can do to get rid of it permanantly 14 year old male

Dear 'Between my foreskin and penis I have dick cheese' - good description - but it is not actually 'growing there' as you describe. 'Dick cheese' is actually a collection of dead cells which collect under your foreskin. It is entirely normal and almost all boys who are not circumcised get the same trouble. The stuff easily builds up over 2 days so all you need to do is pull your foreskin well back and give it a good clean every day. There is absolutely no way of getting rid of it permanently - so just wash regularly.

Expert voice construction

- Range of discourse moves to construct themselves as experts/informed advice givers

Specific example:

- Widening scope of answer:
 - More information than requested
 - Referral information
 - Asking & answering Qs

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Dr Ann:

Dear 'can you do a Chlamydia self test?' Yes. there are 3 different ways to test for Chlamydia in girls. 1. You give a urine sample –the clinic will give you a little bottle to pee in-it is best if you don't pee for a few hours before this test. 2. a sample is taken from the vagina, or 3. the cervix (neck of the womb) is wiped with a cotton wool bud. The third method has to be done by a nurse or doctor at the sexual health clinic- because they have to make sure that the test is done properly...Did you know that at GUM clinics they don't mind if you don't even want to give your name? to find your nearest GUM clinic look at

<http://www.multimap.com/clients/places.cgi?client=fpa2>

Finally if you are really too embarrassed to go to the GUM clinic and you live in London, Boots (the pharmacy) will give you a free chlamydia urine test kit -call them on 08450708090, or you can buy one for about 12 quid outside of london

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Rapport-building: Empathy

Can be risky: balance needs to be achieved

Dr Ann:

I'm sorry: 20 occasions:

'Dear 'I feel suicidal' - I am so, so sorry that you feel this way - it must feel really terrible. But you have taken the first step to feeling better by telling someone else about how you feel. Actually we almost all feel suicidal at one time or another during our lives, and by far the best way of helping oneself with these feelings is being able to talk to someone else about it.'

'Dear 'very depressed about glasses',
As somebody who is also very short sighted, I can really understand your feelings!'

Lucy: *On the topic of finding a therapist.* 'The process of finding someone who is a good match for you, however, may be daunting'

'Hope you feel better soon!'

What has the comparative study emphasised?

- (1) Differences: Names, self-reference & address; standard and non-standard usage
- (2) Similarities: Complex blending between formal and informal
- (3) Fluid identity displays through wide variety of linguistic strategies: accord with the mission statements of both websites
- (4) Importance of CMC as an additional information source
- (5) Function of the response data as a resource to a wider audience: public function

Directions for future comparisons and research

- Optimization of the CMC environment for educational needs (e.g. the archive function)
- Receptiveness/compliance of response data

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