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# Health Internet sites: a linguistic perspective on health advice columns

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## Abstract

In this article, health Internet sites are discussed with a special focus on advice, and in particular advice columns. It is argued that health educators can exploit the potential of the Internet to reach a large audience by making use of the popular format of an advice column. This text type is already well established in the print media and offers the advice-seekers anonymity and an archive to search for solutions to their concerns. At the same time, the interactive format allows health educators to find the genuine concerns of their target audience, as depicted in the “problem letters”. The article discusses the intricacies of the linguistic act of advice-giving and the linguistic challenges that health providers face in creating and maintaining an online advice platform.

*Keywords:* Advice; Health; Internet; Migration; Medium restrictions

## 1. Introduction

As the theme of this special issue demonstrates, health sites on the Web are widely being provided and used. This article provides insight into the linguistic realization of giving health advice in a written form online, and in particular with respect to the text type “advice column”. As such it seeks to address the concern of social semiotics to establish how a particular social practice creates meaning. This topic is embedded in the research tradition of linguistics, and more precisely in the tradition of discourse analysis and corpus linguistics.

As is the case with many research disciplines, the Internet has also gained importance

in the medical field. After a cursory glance, we find Internet health sites maintained by a range of organizations and institutions, such as government bodies – for example, the Federal Office of Public Health in Switzerland (<http://www.bag.admin.ch/index.html?lang=en>) or the National Institutes of Health in the United States (<http://www.nih.gov>) – or the sites maintained by accredited institutions dedicated to a particular theme (e.g. <http://www.aids.ch>, [www.multiplesklerose.ch](http://www.multiplesklerose.ch), <http://www.swisscancer.ch>). There are health education sites, sometimes in the form of advice columns as in the case of The Health Freak or Lucy Answers, which are aimed at teenagers and young adults (see Sections 3–5). There are also commercial sites, such as online pharmacies (e.g. <http://www.medstore.biz>), and we find lay sites dedicated to sharing information and experiences related to medical conditions as well as offering support – for example, the forum on breast cancer by an American national non-profit organization (<http://forums.networkofstrength.org>).

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Professionals make use of the Web as a platform for their own professionalizing processes. Encyclopedias, scientific journals, databases, professional networking sites, discussion fora, and so forth, are just a few of the specialized resources that medical professionals can use to find and exchange information. Some sites are intended for professionals only and have restricted access (e.g. intranet platforms and databases), while others are open to both lay person and professionals alike (e.g. the sites of the official national health organizations, such as the US National Institutes of Health). Yet there are also sites that are clearly intended to reach lay people and especially the patients concerned (e.g. official health campaigns, the advice column discussed in Sections 3–5).

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In other words, not only professionals use the Internet for health research. According to Richardson (2005, 1), in our “medialized world”, “[o]nce Americans have Internet access, it turns out that finding health information is one of the most common ways in which they use it”. This statement is based on the pewinternet.org reports (Madden 2003). Lay people can use the Internet for a variety of reasons in the health field most generally. They can search for factual information on a particular illness; they can look for reports on first-hand experiences from the point of view of a patient or doctor; they can search for peer support groups when dealing with a condition; they might even use the service of online pharmacies or counselors; and so forth.

As a consequence, health information online has great potential for the medical professions, including health educators, and for lay people alike. From the point of view of the health educator, the Internet has clear benefits, but also equally clear challenges. A well-maintained site with accurate information has the advantage that its content can reach a large number of people and that its language can be adjusted to the level of prior knowledge. The dissemination of information on health issues – for example, risk reduction in cancer prevention – thus seems to have become easier. However, the wealth of information on the Web can be daunting, and the lay person is not trained to distinguish between sites with accurate information and those based on insufficient research. There is, in other words, also a large potential for lay people to be misinformed by Internet sources. For this reason, so-called “linking sites” (i.e. professional sites that provide the lay

person with a list of trusted Internet addresses) can be of great service for the patients – for example, the Swiss site on sexual health, <http://www.isis-info.ch>.

As Harvey et al. (2007) point out, public health educators, health organizations, and health institutes have long discovered the potential of the Internet to reach a large readership. These actors have a strong Internet presence in order to inform the population of research efforts, spread knowledge of medical conditions, and to contribute to the prevention of the spread of illnesses. This article deals with professional health sites that are aimed at a clear target audience and that make use of the particular text type “advice column”. They are faced with the challenge that their readers might have inexistent, or insufficient and inaccurate knowledge from prior Internet research. In addition, like in any social encounter, the providers will have to find the best way in which to impart information and advice. In what follows, Section 2 deals with the linguistic intricacies of giving and receiving advice. After that, the text genre of “advice columns” is introduced in Section 3. Section 4 discusses the benefits of choosing the format of an advice column for an Internet health site, while Section 5 is dedicated to the challenges that health educators face when producing such advice columns. Finally, conclusions and pointers for further research are given in Section 6.

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## 2. Background on *advice* from a linguistic point of view

The *Oxford English Dictionary* defines advice as an “[o]pinion given or offered as to action; counsel” (1989, sense 5), while Searle (1969, 67) argues that 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”. Asking for, giving and receiving advice is a delicate act. This is because advice contains issues of expertise on the part of the advice-giver and acknowledging lack thereof on the part of the advice-recipient. DeCapua and Huber (1995, 128) pinpoint this delicacy by arguing that “there are inescapable messages of authority, expertise and intimacy in advice”. There is, in other words, an asymmetry between the advice-seeker and the advice-giver that the interactants have to negotiate on the interpersonal level. This interpersonal component in any act of communication is well recognized, be it in classic work such as Watzlawick, Beavin, and Jackson (1967), in the field of linguistic politeness research (cf. Brown and Levinson 1987; Watts 2003; Locher 2004), or in the Hallidayan framework, which also discusses the interpersonal side of communication in detail (cf. Halliday 1978). The face-threatening character of giving and seeking advice has been confirmed especially for an Anglo-western context (Goldsmith and MacGeorge 2000). In order to counter the asymmetry between the interactants, it is likely that advice-givers employ linguistic mitigation of advice by means of indirectness, using lexical hedges or embedding the advice in further text (cf. DeCapua and Dunham 2007; Locher 2006; Morrow 2006). These general comments are also valid for Internet health advice.

In fact, due to the relative scarcity of linguistic studies on online health advice (cf., however, Griffiths 2005; Harvey et al. 2007; Harvey, Locher, and Mullany 2008a, 2008b, 2009; Locher and Hoffmann 2006; Wood and Griffiths 2007), we can draw on research from face-to-face advisory situations. This research is relevant since it touches on the face-threatening component of advice sequences and identifies important interactional patterns. There is indeed a body of research on advice in face-to-face educational counseling (for example, Bradbury and Koballa 2007; Bresnahan 1992; Erickson and Shultz 1982; He 1994; Vásquez 2004; Waring 2007a, 2007b), radio advice programs (for example, Gaik 1992; Hudson 1990; Hutchby 1995), advice on the phone (for example, Baker, Emmisson, and Firth 2005), advice in therapeutic contexts (for example, Gaik 1992; Labov and Fanshel 1977) and everyday advising (for example, Jefferson and Lee 1992). The research foci are as diverse as the investigation of the societal norms and values that are propagated by means of advice columns (for example, Currie 2001; Gough and Talbot 1996; Mutongi 2000), the linguistic realization of advice in newspaper advice columns (for example, Franke 1996; Gough and Talbot 1996; Thibault 1988, 2002), or a study of the “problem letter” rather than the advice given (for example, Kreuz and Graesser 1993). A detailed literature review can be found in Locher (2006). The reason for this interest in advice is that this speech act is far more complex than one might assume at first sight. Advice can be given in question form (“Why don’t you stop smoking?”), realized in a declarative sentence (“It would be good to go for regular check-ups”) and in plain imperatives (“Get plenty of exercise”). The forms that we find are thus much more creative than variants of the verb to advise or usage of the noun advice. The interpersonal issues involved may be at the heart of the linguistic variation that we find in advice-giving.

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For the purpose of this article, three studies derived from advice in the health domain will be mentioned in more detail. The sociologists Heritage and Sefi (1992) studied the unannounced visits of health nurses to first-time mothers in England. Analyzing the interactional patterns of the advice sequences, they identified a stepwise entry into advice by the health visitors:

Step 1:	HV [Health visitor]:	initial inquiry
Step 2:	M [Mother]:	problem-indicative response
Step 3:	HV:	focusing inquiry into the problem
Step 4:	M:	responsive detailing
Step 5:	HV:	advice-giving. (Heritage and Sefi 1992, 379)

The health visitor did not immediately start with advice-giving (this is only step 5), but embedded the rendition of advice in prior talk. It is argued that this sequence represents a form of mitigation of advice. It indicates a recognition of the interpersonal delicacy of giving advice to a stranger in a situation that was not well received by the advice recipients, since many first-time mothers perceived the visits as a form of social control.

In a series of studies on seven hospital centers in England and the USA, the sociologist Silverman and his collaborators (for example, Silverman 1997; Silverman, Bor, et al. 1992; Silverman and Peräkylä 1990; Silverman, Peräkylä, and Bor et al. 1992) investigated HIV counseling. Here the counselors discovered two important restrictive factors. The first had to do with a severe time restriction of 15 minutes per patient – within that time, the counselors had to impart all the relevant information to the client. The second factor concerned the taboo character of the topic HIV/AIDS. In other words, not only was the information sequence delicate per se, but the topic made it even more so. Silverman, Bor, et al. (1992, 176) summarize that the counselors solved these challenges in two different ways: an “Interview Format (in which [counselors ask] questions and [patients] give answers)”, and an “Information- Delivery Format (in which [counselors] deliver information and [patients] are silent apart from small acknowledgment tokens)”. The advantage of the Interview Format is that the client receives custom-made information. The drawback is that this pattern is time-consuming. The Information-Delivery Format is a more time-efficient way of imparting all the knowledge that might be potentially important for the client. The drawback in this case is that there is no time for client feedback and questions.

The work by Sarangi and Clarke (2002) on genetic risk counseling also demonstrates that the ideology of the institution has an impact on how its employees give advice. There was a clear ideal of non-directiveness, a trend also reported on in studies on student counseling (Vehviläinen 2003) or Internet advice columns (Locher 2006).

In general, the literature reports results that portray great variation within advice-giving with respect to:

- the action sequences in which advice is given (e.g. a stepwise entry into advice; advice given in an interview or information format); ↑  
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- the actual linguistic realization of advice (by no means only “I advise you to do X”); 47
- the norms to which interactants orient themselves when giving advice (e.g. ideal of non-directiveness); and ↓
- the interactional constraints inherent in the speech situations examined (e.g. time, taboo, ideology of institution, but also restriction of the medium).

The last bullet point contains the phrase “restriction of the medium”. This point will be discussed in Section 5 where the impact of the Internet on the text genre is analyzed. As a consequence of this variation of advice-giving, Leppänen (1998, 210) points out that “[t]he study of advice should both carefully explicate the details of the production of advice and show how these details are systematic products of the interactants’ orientations to specific features of the institutions”. In what follows, we will first look at the particular text type “advice column” and will then move on to advice columns in a computer-mediated environment.

### 3. The text format of “advice columns”

Advice columns have been successful from the very beginning of newspaper culture (Hendley 1977). The reason for their popularity is, as Hendley (1977, 345 and 351) maintains, that this format is “naturally appealing” since people need advice and are curious and nosy by nature. But what are advice columns? Most generally, we witness the written exchange of an advice-seeker and an advice-giver. The advice-seekers are members of a particular interest group, while the advice-givers— or agony aunts – are experts in their fields. The exchange traditionally occurs in the form of a “problem letter” and a “response letter”. Often we find that the texts pay a surface tribute to the form of a traditional “letter” in that there are address terms (e.g. “Dear Abby”, “Dear Reader”) and at times farewell greetings (“Good luck, Lucy”). This exchange is made public – be it in a print newspaper or on the Web. This public element is crucial: the texts appear to be a personal exchange, but the reason for publication is to reach a large audience rather than to respond to one individual. In many cases, submitters of questions choose a pseudonym instead of their real name (e.g. “Sleepless in Seattle”). Furthermore, advice columns differentiate themselves from each other by developing a specific “voice” for their target audience. This may be achieved by making use of praise, criticism, humor, sarcasm, irony, empathy, support, and so forth. Depending on the advice column’s reason of existence, the content of the responses will be more or less comprehensive. An advice column that entertains its readers by rendering blunt and non-mitigated comments and opinions on problems (cf. Dan Savage, who runs the column “Savage Love”, <http://www.thestranger.com/seattle/savagelove>) will differ from an educational health column that tries to answer in a broad and informative, yet neutral way (e.g. Lucy Answers, see below).

For illustration, let us consider the professional, American health advice column Lucy Answers (the name has been changed), from which data were collected in 2002 and 2004 (2286 question–answer sequences, 280 analyzed in detail; cf. Locher 2006). It is run by the health program of an American university and as such has college students/young adults as its target audience, but is openly accessible to everybody. The site is popular and received over 2000 questions a week at the time of collection.

Five questions are answered every week and are posted online. It is important to stress that the advice-seekers are entirely anonymous. The response letter is written by a team of health educators, who together create the fictional, female advisor persona Lucy, who has a characteristic voice (cf. Locher and Hoffman 2006). The site has been online since 1993 and complements the health program, which also offers face-to-face counseling, workshops, and print information material. Topics covered pertain to the fields of “alcohol and other drugs”, “fitness and nutrition”, “emotional health”, “general health”, “sexuality”, “sexual health”, and “relationships”. The exchanges are stored in an online archive and are made available to the users with a search function.

As pointed out before, the ideological orientation of an institution can influence a practice. In the case of *Lucy Answers*, the site has an official aim. It is to:

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increase access to, and use of, health information by providing factual, in-depth, straightforward, and nonjudgmental information to assist readers' decision-making about their physical, sexual, emotional, and spiritual health. (Lucy Answers 2004<sup>1</sup>)

Just like in genetic counseling and in student advising (Sarangi and Clarke 2002; Vehviläinen 2003), there is thus an ideal of non-directiveness evoked. In other words, the advisees should be treated as adults who have to make their own decisions on the basis of the information and recommendations given. That this is indeed the case was one of the findings of my 2006 study.

Example (1) shows a typical exchange of a problem letter and a response letter. It is taken from the topic category "general health", is entitled "Mono?" and was first published in 1994. (While the first data collection took place in 2002, the *Lucy Answers* archive online contains records that go back to 1993.) The elements in diamond brackets are part of the content analysis:

*Example (1). "Mono?" (October 1994)*

1 Lucy-

5 <narrative> My roommate infected me with some kind of virus that he had (actually still has it) and I got over it in one day. He, on the other hand, went out with his friends, drank insanely, stayed out all night, and consequently got sicker and sicker. Now, he's left for a few days to recover at home. </narrative> <question> I was wondering, since he got so sick (he was ill for over eight days, was coughing, vomiting, etc.), is it possible that he may have contracted mono, or even pneumonia? And if it is, should I be concerned for myself? </question>

Signed, Curious

10 Dear Curious,

<disclaimer> Lucy definitely can't diagnose your friend's illness through your letter, but his symptoms do not appear to match mono. </disclaimer> <advice> It sounds as though he needs a trip to the health service or his family health care provider. </advice>

15 <generalInfo> Infectious mononucleosis (or mono) is caused by the Epstein-Barr virus. In developed countries, where individuals are not exposed as children, the peak years for mono infection are fourteen to eighteen (most adults are probably immune). The period during which mono is contagious is not completely clear. Most people with mono don't know where or from whom they got it. Although it used to be called the "kissing disease," mono is probably spread by close contact (not necessarily sexual) with an infected person, and symptoms appear approximately three weeks after contact. Symptoms include severe sore throat with a painful swelling of lymph nodes in the neck, lethargy, a fever, and, occasionally, a rash. An enlarged spleen (on the left side in your abdomen) may also develop and can be dangerous. Antibiotics have no effect on the disease, which is usually self-limited. This means that the person

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will get better without any intervention. Infected people may be troubled by fatigue for weeks, or even for several months. However, mono does not deserve its reputation as a prolonged illness. Most people get better quickly, often within two weeks, and some people have such a mild case that they are hardly sick at all. </generalInfo>

30 <generalInfo> Pneumonia, on the other hand, is a viral, bacterial, or even fungal infection that causes fever, shortness of breath, a persistent cough, and chest pains. Pneumonia is hard to catch from another person unless s/he coughs on you a lot. </generalInfo>

35 <assessment> You were perceptive in noticing the dramatic difference between the two courses of illness (yours and your friend's). You and your roommate could have had the same virus. You could have had different viruses. Immune response can definitely be influenced by lifestyle and behaviors. </assessment> <generalInfo> Research has shown that the number of T-cells (cells that carry out immune response) rises and falls inversely with stress. Stress ranges from emotional stressors, such as anger, anxiety, depression, and grief, to physical stressors, such as poor nutrition, sleep deprivation, overexertion, smoking, drinking, and other drug use. </general-

40 Info>

<advice> Your experience, combined with research, makes it clear that if one starts to feel a bit sick, s/he is better off taking it easy right from the beginning, instead of pushing oneself and risking a recurring, or prolonged, illness. If you continue to feel okay, you probably don't have much to worry about – even when your roommate returns. Try to stay healthy by managing your stress, eating well, and keeping your hands clean, to name a few key strategies. </advice>

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Lucy

The problem letter (105 words) and the response letter (461 words) are slightly longer than the average in this topic category. However, the text nicely illustrates a number of important points. The advice-seeker starts with a small narrative (lines 2–5) – in the sense of background information – and then plunges into a sequence of questions (lines 5–8), in which concern is expressed about the questioner's friend and himself or herself.

Lucy starts with a disclaimer (lines 11 and 12); that is, a move that demonstrates that not enough background information is given in order to properly diagnose the condition, and a piece of advice for the friend to go and see a health professional face-to-face (lines 12–14). What follows are two paragraphs on mononucleosis and pneumonia – two technical terms originally brought up by the advice-seeker – that contain general information. This delivers the necessary background knowledge in order to understand the advice that is given later on (lines 15–33). After that, Lucy turns back to an assessment of the particular advice-seeker's situation, a move that is once more backed up with general information (lines 34–37). The letter ends with a sequence of personalized advice (lines 37–48).

What is noteworthy in this exchange is the amount of mitigation. The advice-seeker admits to her non-expert status by referring to "some kind of virus" (line 2)

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and hedges the imposition of his/her question with “I was wondering” (lines 5–6). Both of these are moves to account for the asymmetry of the two interacting parties on an interpersonal level, and construct the identity of a lay person in need of advice. 50 ↓

The health experts in the persona Lucy face the challenge of demonstrating expertise in order to appear trustworthy, while not being too chummy. The advice that Lucy’s response contains is thus also mitigated. First of all Lucy makes apparent that no proper diagnosis can be given with the scarcity of detail available (lines 11 and 12). Not-diagnosing can be seen as a construction of expertise in this case since it implies that Lucy knows what information would have to be available to do a proper diagnosis. Rather than stopping there, Lucy offers general information on the possibilities that the advice-seeker had raised (mononucleosis and pneumonia). These detailed paragraphs demonstrate that Lucy is a health professional with access to specialized knowledge. The phrase “Research has shown” (line 38) can be seen as a “warranting strategy”; that is, a strategy “designed to give fellow participants reasons to take the information seriously” (Richardson 2003, 172), and as a further means for expert identity construction. With respect to mitigation, we can interpret the general information moves as couching or embedding the advice that ensues. This aspect of mitigation is further revealed when we consider the syntactic and lexical rendition of the advisory moves more closely (Examples (2) and (3)):

#### *Example (2)*

**It sounds as though** he needs a trip to the health service or his family health care provider. (Lines 12–14)

#### *Example (3)*

**If you continue to feel okay**, you probably don’t have much to worry about – even when your roommate returns. (Lines 45–47)

Example (2) follows the general disclaimer and is further hedged by the use of “it sounds as though”. In Example (3) we see a conditional clause preceding the piece of advice. Only if the advice-seeker – or reader in a similar position – agrees with the condition expressed, is the following advice relevant. The number of readers for whom this advice is potentially relevant is thus diminished, and at the same time Lucy has taken care not to generalize. The use of “if” clauses turned out to be an important advice strategy in the overall corpus (cf. Hudson 1990; Locher 2006, ch. 5). Its occurrence can be further explained by the restrictions of the text type with respect to interactivity. Since the advice-seekers are entirely anonymous, Lucy cannot ask for further details and thus has to work with the scant information that the advice-seeker revealed in the problem letter. In a face-to-face counseling session, a counselor can simply ask about a certain condition and take it from there.

Examples (4) and (5) are somewhat different. In the case of Example (4) we see “boosting” of expertise and experience rather than mitigation. Lucy validates the advice-seeker’s observation about inappropriate behavior and backs this up with a mention of research results. (Also note the praise given in the assessment section (“You were

perceptive", line 34), which demonstrates a positive attitude towards the advice-seeker expressed on an interpersonal level.) Example (5), however, immediately follows the advice given in Example (3) and thus still benefits from the conditional expressed therein. Despite the syntactic form of an imperative, the choice of the verb (*try to*) is a hedge itself and could have been omitted.

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#### *Example (4)*

Your experience, combined with research, makes it clear that if one starts to feel a bit sick, s/he is better off taking it easy right from the beginning, instead of pushing oneself and risking a recurring, or prolonged, illness. (Lines 43–45)

#### *Example (5)*

**Try to** stay healthy by managing your stress, eating well, and keeping your hands clean, to name a few key strategies. (Lines 47–48)

What the brief analysis of this example has shown is the complex and intricate composition of the texts. What is still missing in the argument is a discussion of the online characteristic of this particular practice, which has both benefits and challenges, as shown in the next sections.

### **4. The benefits of Internet health sites in the format of advice columns**

The example just discussed was taken from an online health advice column. However, the points raised so far can be argued to be equally relevant for many print advice columns. In addition, one might legitimately ask why bother with the format of an advice column since the information given in the answers is not really new – the content can also be found elsewhere on the Web, in books, or be obtained by health practitioners. The choice of the online text type “advice column” has certain interrelated advantages for health practitioners, as will be discussed with Lucy Answers in mind:

- (1) Availability and anonymity.
- (2) Personal appeal, identification potential.
- (3) Possibility of reaching many with a “personalized” response.
- (4) Possibility of adapting the text to the needs of the target group.
- (5) The archive and hyperlinking.

While it is true that students can go to a health practitioner with their concerns or consult books in the library, they might not do so for reasons of availability and taboo. They might feel shy about raising certain issues connected with taboo face-to-face (e.g. in topic categories “sexuality”, “sexual health”, or “emotional health”) and will thus appreciate the possibility of asking questions anonymously. This appeal has been documented for print advice columns as well. Alexander (2003, 548) investigated an advice column in the magazine *Men’s Health* and reports that fears and embarrassment about health issues are the reason men write to the anonymous advice column. Van Roosmalen

(2000, 205) analyzed how adolescent women convey their experience in their letters to an advice column in *Teen Magazine* and points out that problem pages are “forums for the unspeakable”. In addition, in a first-world country where students can be expected to have access to computers and the Internet, the availability of this service can be an easy entry into information-seeking. The mere fact that the online archive is available for anonymous research at a mouse click can be considered attractive for this target group. It is even possible that the advice-seeker in Example (1) would not have considered making an appointment for a face-to-face consultation a viable option since he/she is no longer ill and might have felt like he/she would thus be imposing on the health practitioner’s time. The advice column, however, was accessible for his/her concern.

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The argument of anonymity and availability also holds for online academic texts and encyclopedias, and so forth. What makes advice columns different is their personal appeal and the identification potential that the texts offer. Advice columns simulate a personal exchange that is, however, meant to reach a wider audience and is made publicly available (for a discussion of this tension between private and public dimension, cf. DeCapua and Dunham 1993; Fleischhacker 1987; Franke 1997; Hutchby 1995; Locher 2006, ch. 7). With this strategy, the advisory texts give the reader incentive to identify with the advice-seeker and they thus offer the reader the opportunity to take on the role of advisee. General knowledge is thus imparted with the help of a concrete and individualized problem case (Franke 1997, 230). In addition, an advice column is a well-established format in the print media so that online readers will be familiar with it. As Hendley (1977) already pointed out, this format has been attractive to readers from the very beginning of its existence.

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It is important to mention that such columns can be consulted by people who have an acute problem, but they are also meant to attract the return of a core readership. In the case of *Lucy Answers*, there is the option of signing up for a weekly mail that contains links to the five new exchanges a week. Like this, regular readers are exposed to a variety of topics on a regular basis – a selection that is of course determined by the mission of the health program and serves the dissemination of health information in a seemingly personalized way. The educators thus have the possibility of reaching a larger audience when compared with their face-to-face counseling and print efforts.

To develop such a steady and growing readership is an important aim for authors – be it that they wish to increase the sale of their texts – for example, in the case of popular columns such as the American *Dear Abby* (<http://www.uexpress.com/dearabby>) – or that they are dedicated to an institutional aim such as disseminating health information. The way in which advice is given linguistically will play an important part in such an endeavor. The format thus offers its creators the possibility to adapt to their target audience in such a way that readers find it worthwhile to return. This challenge will be taken up in Section 5.

The last advantage of an online advice column in the health field to be discussed here has to do with the potential for information storage that the Internet offers. In fact, our example on “Mono?” does not appear on its own (Fig. 1, 7). It is embedded in a frame that invites the reader to search the archive (1), points the reader to the different topics in the

archive (2), tells the reader how current the information is (6), gives access to related exchanges (8) and to reader responses (10). The reader can also find out about the credentials of the service and who is behind Lucy (3). Finally, the reader is invited to become active by asking a question (4), subscribing to the email service (5), responding to the exchange (9), or forwarding it to a friend (11).

With this wealth of additional information and the opportunity of personal involvement, the online version is at a clear advantage in comparison with print advice columns. The Internet also offers the possibility of easily pointing to further sources on the Web by means of hyperlinks. As a case in point, the exchange “Mono?”, originally published in 1994, was updated in 2009 and is now entitled “Mono? Pneumonia? Something else?”; it now contains several hyperlinks that point the reader to addresses and telephone numbers for face-to-face help. In the next

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Lucy Answers {icon}		Health Services {icon}	
browse our archive <div></div> Go!		General health	
alcohol and other drugs fitness and nutrition emotional health general health sexuality sexual health relationships		"Mono?" Originally published: {date 1} Updated: {date 2}	
new to Lucy Answers? about Lucy Answers content use and links press ask Lucy get Lucy in your box		Printer-friendly version	
updated xx/xx/xx		<div><div>Lucy- {text of question} Curious  Dear Curious {answer} <u>Lucy</u>  Related Q&amp;As <u>{hyperlink}</u> to exchange in archive</div></div>	
		Respond to this Q&A View other reader responses	
		Questions in this subcategory Send this page to a friend	
Lucy Answers is not an emergency or instant response service. If you are in an urgent situation, please click <a href="#">here</a> to view a list of 24 hour support services and hotlines.			

Fig. 1. Layout of “Mono?” in Lucy Answers in 2004.

section we will look at the challenges that online health advice columns pose to their authors.

5. Challenges for professional Internet health advice columns

Section 4 addressed some of the benefits of choosing the format of an Internet advice column for health practitioners. Giving advice, however, is no simple task, as demonstrated already in Sections 2 and 3. People providing online advice face a number of challenges that can be very loosely grouped into two main categories: structural challenges derived from the overall practice, and textual/linguistic challenges relating to the composition of the individual exchanges.

5.1 Structural challenges

Health educators such as those working for Lucy Answers are committed to providing

“factual, in-depth, straight-forward, and nonjudgmental information” (*Lucy Answers* 2004<sup>1</sup>). On the flipside of providing an archive as an information resource for the benefit of the readers is the fact that the information found in many exchanges will be outdated after a certain time – simply because medical research and ways of treatment have developed in the meantime. In other words, the archive can only fulfill its aim of providing relevant information if the records are regularly updated. This is, of course, a time-intensive and labor-intensive task. *Lucy Answers* goes over its archive regularly and indicates the updates to its readership (cf. Fig. 1, 4). The growing number of exchanges in the archive also has an impact on the composition of the revisions as well as the new texts: if a topic has already been dealt with in detail elsewhere in the archive, the advisor team might refer the reader to this exchange with a hyperlink rather than repeating all the details. The updates and new records thus not only incorporate new findings on content, but also take the history of the practice into account. Herring (2007) calls this “the persistence of the transcript” when discussing important factors in computer-mediated communication that influence the language used in a practice. (Herring distinguishes between two types of influence: medium [technological], and situation [social]. The factors relevant for the *Lucy Answers* practice are the medium factors M3 Persistence of transcript, M6 Anonymous messaging and M10 Message format, and the situation factors S1 Participation structure, S2 Participant characteristics, S5 Tone, and S7 Norms).

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Furthermore, the team of health educators is not free to choose which problem letter to respond to in whatever way. They work within the restrictions imposed to them by the institution. As the mission statement of *Lucy Answers* quoted above demonstrates, the restrictions imposed touch on content (“factual, in-depth”) as well as on form (“straight-forward, and nonjudgmental”). As a result, the team chooses those problem letters to respond to that serve the purpose of the site best (“increase access to, and use of, health information”).

This observation is linked to the tension between the private and public dimension mentioned earlier. The published letters are not for the (sole) benefit of the actual problem-letter writer, but are aimed at the overall target audience. For this reason, the advisors often “broaden the scope of the response” in that they answer more than the actual question (cf. Locher 2006, 159162). This strategy was also observed for online radio advising (cf. Hutchby 1995, 236). In the case of *Lucy Answers*, it was realized “(1) by referring questioners to other sources of information such as websites or books, (further) professional help, or “*Lucy Answers*” records, (2) by anticipating follow-up questions, and (3) by providing more information than is requested in the problem letter” (Locher 2006, 159). While strategies (1) and (3) are self-explanatory, Example (6) illustrates strategy (2). After having responded to the advice-seeker’s original concerns on cleaning injection needles for cocaine with bleach, Lucy raises further questions:

#### *Example (6)*

Lucy would like to ask you to think about some things ... How does your boyfriend’s drug use affect you – emotionally? Physically? Do you use a condom every time you have sex? Is he aware of the

potential dangers of shooting coke – Are you? It’s different than snorting it, or free basing. Lucy will stop here because you didn’t ask her about these things. But, if you need a place to talk, feel free to call [service] at [number], and make an appointment with a counselor.

This list raises a whole range of follow-up topics that might get the advice-seeker and reader thinking about drug abuse. The sentence “Lucy will stop here because you didn’t ask her about these things” shows that Lucy is aware of broadening the scope of the answer at this point.

5.2 Textual challenges

Some of the textual challenges when giving advice have already been discussed in Section 2 (delicacy and asymmetry) and Section 3 (examples of mitigation). Two further challenges of advice columns have to do with the restriction to only “one turn” for the advice-seeker and the advice-givers and the need for an attractive advisor voice to appeal to the target readership.

The decision to grant the problem-letter writers entire anonymity also means that there is no possibility of contacting them in order to ask for clarifications on a problem raised. While a face-to-face counseling session might come to a joint and collaborative solution to a problem with question–answer sequences, adherence to the genre of advice columns of the type discussed here means that the advisors have to work on assumptions derived from the often scarce information that the questioners reveal. Since they use the problem letter only as a spring board to discuss issues of relevance to the wider target audience, this might first appear as a negligible problem. However, in order to appear as a credible expert advice-giver, who does not jump to conclusions, we find mitigation strategies such as embedding advice in the overall composition of the text, the use of conditional clauses or the use of disclaimers (see Example (1), above). In addition, volunteering information by broadening the scope of the answer can be seen as a compensating strategy for the lack of interactivity (in addition to catering for the needs of the target audience). In other words, in a face-to-face interaction, the range of topics covered in the text might have come up naturally by means of questions and answer exchanges. Since Lucy is restricted to only “one turn”, she needs to compensate for this deficit.

Finally, as mentioned above, if readers are supposed to read the advice column even when they do not necessarily have an acute health problem, the texts need to be of an appealing nature. Since this is a relative concept at best, it needs some clarification. Linguistic adaptation to the target audience can mean many things. In the case of Lucy Answers the team decided to create a female, fictional advisor persona with a particular “voice” (cf. Locher and Hoffmann 2006; Locher 2006). There is a general avoidance of using technical vocabulary (unless specifically triggered by the questioner, as in Example (1)), while refraining from using nonstandard language. There is the use of humor in order to create solidarity, and we find expressions of empathy, praise and criticism, as well as an

awareness of the face-threatening character of advice-giving (cf. the mitigation strategies). Overall, these strategies contribute to constructing Lucy as a well-informed, trustworthy, and reliable expert advisor, who triggers an active readership of over 2000 new questions a week.

Other advice columns may use different linguistic strategies to adapt to their target audience. For example, on The British site *The Teenage Health Freak*, which is aimed at a younger audience, we find much more non-standard language employed by both the advice-seekers and the advice-givers (e.g. with respect to spelling). A site like the Swiss [www.tschau.ch](http://www.tschau.ch), which also addresses teenagers, is additionally faced by the challenge of having to decide on whether to respond in a Swiss German dialect (the language chosen by some of the advice-seekers) or in standard German (the language of the profession). The choice is in favor of standard German. (Examples can be found at: [http://www.tschau.ch/d/frage\\_popup?question\\_id=47452](http://www.tschau.ch/d/frage_popup?question_id=47452), or [http://www.tschau.ch/d/frage\\_popup?question\\_id=44494](http://www.tschau.ch/d/frage_popup?question_id=44494).) In all cases, the advisors are faced with the challenge of drawing a balance between employing an expert register and one that is closer to that used by the target audience in an attempt to create an attractive site that ideally also has an impact on health conduct.

## 6. Conclusions

This article has addressed the format of online health advice columns as a specific type of a human-signifying practice by looking at one particular example in detail. From social semiotic point of view, it has demonstrated what social and medium factors shape this practice. What can we gain from continuing our study of this genre of advice-giving on the Web? First of all, the Internet offers a great potential for health educators to disseminate information to their target group in this format. For this reason, further research into this practice is called for. From a linguistic point of view, this research can contribute to the study of advice-giving and advice-receiving more generally. It is of interest to find out in what ways different practices are influenced by the computer-mediated medium, how advisors accommodate to their target audience, and to what extent we find variation of the linguistic realization of advice.

There is also a further reason for giving health advice columns more attention. Next to reaching a large audience by means of the Internet, the health educators also end up with a corpus of genuine questions from their audience. While we can only assume that the advice-seekers are part of the target audience in the case of an anonymous readership, the data compilation nevertheless allows educators to find out what the prior knowledge of their readership is and what issues are pressing and need further attention in the health campaigns. For example, in a collaboration with Kevin Harvey and Louise Mullany (Harvey, Locher, and Mullany 2008b), we compared the concerns raised by the advice-seekers in *The Teenage Health Freak* and *Lucy Answers* in connection with HIV/AIDS and showed that the different age groups addressed different issues. (Further comparisons of the two practices were conducted with respect to the linguistic constructions of mental health by

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both advice-seekers and advice-givers [Harvey, Locher, and Mullany 2009] and the identity construction of the advisor persona [Harvey, Locher, and Mullany 2008a].) This kind of research can help to optimize the choice of topics for health campaigns or workshops and improves the advice column as such.

Finally, further research on health advice on the Web should focus on more advice columns, but should also investigate other types of health sites in more detail. Just like *Lucy Answers* is only one component in the health program of its institution, health advice columns are not isolated on the Web, but appear in an intricate relationship with the health sources that they link to. Ultimately, advisory texts in the health field are designed for persuasive reasons in order to change health behavior and we face the challenge of disentangling notions of asymmetry, power and persuasion in the texts.

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## Note

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<sup>1</sup> For legal reasons, the source cannot be indicated.