

Harvey, Kevin (2013) *Investigating Adolescent Health Communication. A Corpus Linguistics Approach. Research in Corpus and Discourse*. Bloomsbury: Bloomsbury Publishing Plc. Pp 242.

Reviewed by Pirjo Salomaa

1. Introduction

Investigating Adolescent Health Communication is, as Professor Ronald Carter puts it in the preface of Harvey's book, a book where empirical real-world problems are demonstrated by describing language and communication in the medical world. Harvey analyzes data collected from emails sent by adolescents. These emails, anonymously sent to the website Homepage of Teenage Health Freak, comprise a collection of over 2 million words.

Harvey's work is the first book-length study in which corpus linguistics is used in interrogating adolescent health discourse and, therefore, has much to offer to linguists and health practitioners who want to improve communication with young people. The book provides valuable information such as teenagers' understanding of sexually transmitted diseases: Condoms are considered a form of birth control rather than protection against sexually transmitted diseases.

The aim of the study presented in Harvey's book is to outline the main discourses of the health concerns of teenagers as online clients to professionals working with young people. The secondary aim is to evaluate how relevant the findings of the study are to professionals and educators working with adolescent health concerns.

The book is divided into 10 chapters. Chapters 3–7 and 9 are mentioned in this analysis because these chapters avail the reader of the opportunity to more closely examine the two main aims of Harvey's study. Harvey uses mixed-methodology when analyzing the data collected from the website. The corpus consists of verbatim questions from young people to online professionals. The questions teenagers pose are related to sexual and mental health, topics which are not easy to discuss in a patient-professional setting. The linguistic material can as a discourse be considered a "window into teenagers' social and mental worlds" because

the material has been left unchanged, including the typographical and spelling errors produced by the teenagers (Cameron 2001: 17).

2. The Teenage Health-Freak website as corpus

The Teenage Health Freak website is popular, with about 8,280,000 hits up until 2012. The language focus is email language and the whole corpus is known as the Adolescent Health Email Corpus (AHEC).

Young people write to the online Primary Care Physician, Dr. Ann, and consult the doctor. The situation is akin to a virtual medical practice, as young people face the same problems as they would in a face-to-face doctor-patient setting. Problems that might arise include young people's concerns that the doctor might not keep the exchange of information confidential. Another communicative obstacle is that the consultations are short (about 2 minutes) and young people may fail to ask or adequately express questions because they lack basic knowledge of the issues at hand. Young people report that professionals might use medical terminology that is difficult to understand and generally concentrate on teenagers' physical conditions rather than treating them as individuals.

The asynchronous communication might help teenagers to feel safe because they are accustomed to sending emails, which allow writers to express intimate thoughts yet remain at a distance. Despite the many advantages of online communication with doctors, limitations persist. Doctors cannot examine their patients physically online, or obtain important paralinguistic information about the patients' health. Nevertheless, emails as a mode of discussing medical issues provide an opportunity for young people to anonymously consult professionals online.

3. Adolescent health in context

Chapter 3 presents adolescence health as a field of research. Adolescence is a period of transition from childhood to adulthood, a time that brings up issues of sexual maturation for discussion. Sexual and psychological problems are sensitive areas to discuss and young people experience difficulties speaking about these issues. Teenagers lack knowledge of reproductive physiology and how diseases are sexually transmitted. Using online health data can offer young people the possibility of gaining

knowledge of psychological and sexual health concerns without editorial interference.

Adolescent mental health is also discussed in the context of suicide, self-harm and depression. According to the World Health Organisation (2000), depression is internationally recognized as a significant contributor to suicide. Psychiatry tends to define mental illness in terms of biological origins. Mental health experiences are rarely discussed, a fact that makes the qualitative research of young people's self-destructive behavior worth investigating. Harvey's analysis of the terminology young people use when they write about their psychological stress provides evidence of how stigmatized and taboo this issue is.

4. Methods and Data

In Chapter 4, Harvey introduces his corpus-assisted analysis, which is both quantitative and qualitative with insights from medical sociology, psychology and the health sciences. The corpus is, in other words, a collection of machine readable and authentic texts combining terminology of medical sociology, psychology and health sciences (McEnery & Wilson 2001: 5). Health care has attracted attention from health services, ethics, psychology, social sciences, anthropology, media studies and linguistics.

The emails anonymously sent to specialists Dr. Ann McPherson and Dr. Aidan Macfarlane between 2004 and 2009 created a corpus of 113 480 messages, or 2 million words.

5. Frequency and keyword information of Adolescent Health Email Corpus (AHEC)

Chapter 5 presents the frequency and keyword information of the AHEC. In total, teenagers send 400 requests for health information to the Teenage Health Freak website every week. By using frequency and keyword techniques some significant characteristics were revealed. Personal pronouns were used often, reflecting the self-oriented nature of emails. Third-person terms she and he (as well as friend and mate) were frequent, probably because young people were willing to use third-person references as a stylistic form in place of a first-person pronoun. In his analysis Harvey used keyword groupings and made some connections within semantic domains such as sexual health. For example these keywords referred to

sexual health: *sex, pregnant, period, condom, pill* etc. Words that referred to sexually transmitted infections were for example: *STI, AIDS, chlamydia, STD* and so on. Keyword patterns around the theme mental health were terms like *depression, depressed, cutting, harming, suicide, suicidal*, expressing the disorder and self-injurious behavior. The health-associated keywords do not cover all the issues related to sexual health and mental health, but they are lexical elements that are worth closer examination.

6. Qualitative approach to the analysis of the data: Reproductive health concerns

In Chapter 6 a selective analysis is used to identify sexual health related themes from collocates. The table on page 101 presents left-hand and right-hand collocates for the keyword *sex*, indicating that the most regularly collocating words are functional words such as *have, having, you is, can* etc. The lexical collocates provide a picture of various contexts in which they are used: *want, unprotected, condom, pregnant* etc. The analysis of data also highlights that the discourse illustrating sex can be considered “male-sex drive discourse”, where female teenagers are “objects”. This is evident in the occurrence of emails written by young women where the expression *my boyfriend wants* is frequently used. At the same time, the discourse concerning the issue of sexual activity of the male might refer to heterosexual penetrative intercourse. Further, analysis of reproductive health, folk beliefs and misinformation was expressed in the data. Collocational analysis of the terms *condom* and *condoms* revealed that young people considered condoms a form of birth control rather than a form of protection against sexually transmitted diseases.

7. Questions about sexual transmitted infections: HIV/AIDS

Chapter 7 discusses the stigma and discourse of HIV and AIDS. In the data collected from young people’s emails, HIV/AIDS are the most commonly mentioned sexually transmitted diseases. *HIV/AIDS* are associated with *uncleanliness, pollution* and *death*. Further, a miasmatic discourse still persists, and the terms HIV and AIDS still produce confusion among teenagers. Teenagers were not aware of how HIV/AIDS could be contracted: Coming into contact with infected objects and even acquiring the virus from someone who did not have it were frequently expressed

beliefs. Further, young people used the verb ‘to catch’ HIV/AIDS which is used to encode contracting common infections. The other verb choice, ‘to get’ HIV/AIDS, also expresses that HIV/AIDS is a highly infectious disease. In other words, the understanding of the fact that HIV/AIDS is transmittable only through specific activities has not reached every teenager.

8. Communication of psychological distress: Suicide and self-harm

In chapter 8 the author presents keywords under the rubric of mental health and disorder. The ten most frequent words are: *depressed, die, harm, depression, sad, suicide, cutting, wrists, unhappy, suicidal*. The number of keyword expressions relating to suicide is 12, 6 of the most often used expressions being: *suicide, kill myself, want to die, overdose, suicidal and end it*. All these words and expressions can be considered (strong) expressions of mental disorder caused by different reasons in young people’s lives. As a result of Harvey’s corpus research concerning the communication of psychological distress, reasons for suicidal impulses expressed in adolescents’ emails are family dysfunction, bullying, eating disorders and body image, alcohol and drugs, stress, sexuality and anxiety. Teenagers seem to be unable to seek help or resolve their own problems. Cutting and self-harming may be a way for teenagers to gain emotional relief in problematic situations. Self-harming also tends to become a habit, an addiction hard to get rid of without professional help. Further, professionals do not necessarily have a sufficient understanding that young people cannot rationalize their mental disorders and are in need of help.

9. Adolescent accounts of depression

Chapter 9 discusses defining *depression* and the expression *depressed*. Researchers define depression as a descriptive noun, a vague term for a variety of states (Wittink, Dahlberg, Biruk & Barg 2008: 171). Clinically, there are diagnostic criteria used in diagnostic classification of depression: DSM-5, 2013 (Diagnostic and Statistical Manual of Mental Disorders) and ICD-10 (International Statistical Classification of Diseases and Related Health Problems 10th revision) used by professionals. These clinically used methods for diagnosing depression based on symptoms experienced by

people are not easy to analyze, because the symptoms of depression vary periodically and individually, even daily.

Linguistically, there is an interesting difference between the expressions: I *am* depressed and I *have* depression. In English the first of these expressions might describe a state caused by, for example, bullying or a reaction to the personal and social contexts of (young) people. The latter expression refers to an organic and pathological state, or a state where deeply ingrained psychological problems exist. The linguistic analysis of young people's expressions concerning depression in their emails gives a picture of chaotic experiences hard to objectify and express.

10. Conclusions

Investigating adolescent health communication aims to give a demonstration of a corpus approach to adolescent health communication as a discourse and succeeds in this aim. Harvey's method is a combination of quantitative and qualitative approaches where keywords, collocations, and concordances are used in order to outline the findings in the study. The book is well-structured, containing tables and examples from emails sent by young people. The other aim of this book is, as Harvey expresses, to make data collected in this research useful in communication training programs. This aim is a greater challenge because of the limited amount of readers who may have experience with adolescent health concerns as professionals, and be familiar with a corpus linguistics approach. For professionals in the know, this book gives a larger perspective and new ideas suitable for improving communication with adolescents in different contexts. Professionals in health education could elaborate upon Internet programs in which they could use the language teenagers use while discussing sexual health and psychological stress. Using pictures and concrete medical and scientific terminology would assist professionals in reaching a larger group of teenagers and avail patients of the possibility of informative, dialogic and "good-quality" online communication.

References

- Cameron, Deborah (2001) *Working with Spoken Discourse*. London: Sage.
Diagnostic and Statistical Manual of Mental Disorders (DCM-5).
<<http://www.psychiatry.org/dsm5>> (21 November 2014).

- International Statistical Classification of Diseases (ICD-10)*. <<http://www.who.int/classifications/icd/en/bluebook.pdf>> (21 November 2014).
- McEnery, Tony & Wilson, Andrew (2001) *Corpus Linguistics*. Edinburgh: Edinburgh University Press.
- Wittink, Marsha; Dahlberg, Britt; Biruk, Crystal & Barg, Frances (2008) How older adults combine medical and experimental notions of depression. *Qualitative Health Research* 18: 1174–83.
- World Health Organisation. (2000) *Mental Health and Brain Disorders*. Geneva: World Health Organisation.

Contact information

Pirjo Salomaa
Centre for Applied Language Studies
P.O. Box 35
40014 University of Jyväskylä
Finland
e-mail: pirjo(dot)i(dot)salomaa(at)student(dot)jyu(dot)fi