

**SUBJECTIVITY ON THE WEB: THE CASE OF SOCIAL NETWORKS AND THE H1N1 EMERGENCY**

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**Abstract**

Blogs are extensively used for personal accounts and news reports. In particular, health blogs can be considered as both information sources and communication channels between Science and Society, since they face the growing need for information among non-insiders.

This study is concerned with the dimension of reality portrayed in blog comment entries; focusing particularly on participants' representation of facts and their commitment to the truth of the proposition. The framework for this study has been shaped by the typologies in Chafe (1986), Willett (1988), Van der Auwera and Plungian (1998), Plungian (2001), Marin (2002, 2004). Data are taken from three health and science weblogs dealing with health issues. Following literature, markers of evidentiality and epistemic modality were selected in order to assess the writer's attitude towards the stance (epistemic modality); its reliability and the qualification of source-of-information (evidence of perceptual markers and beliefs, and evidence of inference and reasoning).

**Keywords:** blogs, science, society**Address of the author**

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**Popularization in health discourse**

Health discourse conventionally describes the way speakers deal with health issues. It is often associated with medical discourse and studied as a language for specific purposes. The aim is that of contributing to the creation of a framework that might help students and insiders with the specific lexical, syntactic and morphological aspects, as well as the organization of discourse. With this intent, linguistic studies are different in goals, topics or approaches: some studies focus on the spoken and written dimension of medical discourse [1-4], while others are interested in different aspects such as the journalistic reported version of research articles in science magazines and newspapers [5]. Generally, medical language is considered simple and neutral, writers employ specific syntactic structures and lexical tools, including simple sentence structure, nominalization, acronyms, and Latin or Greek lexical forms. Description lays on a physical-chemical level and stances do not convey expressions of the author's presence. In fact, the author seems not to exist and the success of his claim is thereby determined only by the number of times he is cited. However, studies on rhetorical styles reveal that "discourse obeys the same mechanisms as ordinary everyday communication does (...) that is, scientific texts are not only content-oriented and informative but also aim at convincing and influencing their audience" [6]. Expressions of ideas are of a tentative nature being that "Academic discourse is a world of uncertainties, indirectness, and non-finality" [7], in which tentativeness depends on the

uncertainty of the evaluation of data and not on data itself. Sentences are expressions of a state of knowledge that is still subject for discussion and therefore writers adapt the expression of "certainty they should put in a particular statement according to the amount of reliable data backing this statement"[6].

Another dimension of Health discourse is the interaction between medical expert and non-expert. This has been studied through conversation analysis [8, 9] and focuses on the way a message needs to be translated in order to be understood, as the addresser and addressee do not share the same ground of knowledge.

This is particularly true when health language meets media, or when it becomes a discourse among non-insiders. The result is a simplification of idioms intended to reach a larger number of receivers in order to make the scientific contents accessible, specialised terms become general terminologies and the reiteration and the explanation through analogies and metaphors exemplify the concepts. In a word, scientific communication undergoes a process of popularization.

Myers [10] states that "popularization includes only texts about science that are not addressed to other specialist scientists", but it appears that authentic boundaries have not, as yet, been defined [11-15]. The linguistic discussion of popularization has focused on the possibility of regarding it as a framework or trend, in which oversimplification, reiteration of information and sometimes distortion are counterparts of the concept of a virtual channel between Science and Society. This channel is intended to help Science to broaden its limited audience and to extend Society's awareness and knowledge base. As Myers points out [11], popularization is a matter of interaction as well as information and involves both cognitive and communicative dimensions. The new channel whereby information is developed and shared is the internet, via its varying subdomains, such as blogs, online newspapers, specialised forums and chat-groups. Chat-groups in particular, represent an important example of discourse practice, showing how news is received and interpreted.

According to David Crystal [16], "chat-groups are continuous discussions on a particular topic, organised in 'rooms' at

particular internet sites, in which computer users interested in the topic can participate". Linguistic research on the language in chat-groups showed how contributions mimic face-to-face conversation even by the way senders express personal opinions and ideas. Davis and Brewer [17] noted an overwhelming use of the personal pronoun "I" and private verbs (*to think, to feel, to know* etc.). They define electronic discourse as "writing that very often reads as if it is were being spoken – that is, as if the sender were writing talking" [17].

From a pragmatic point of view, chat messages use personal and interactive elements that are used in everyday conversation. Consequently, reading the whole thread is equivalent to hearing a casual conversation at the market or on public transport, where two or more speakers discuss a topic. The length of contribution reinforces this impression: often entries are quite short, making interaction a dynamic exchange. Crystal uses the label "e-discourse" as a term that emphasizes the interactive and dialogue elements.

Comments represent the communication of ideas, theories and emotions through words as well as the transfer of information from addresser to an addressee. The speaker might modify information in this transfer process by expressing commitment to the reality of his/her statement. Subjectivity therefore becomes the key to understanding reality as it is expressed through discourse. My question concerns the way in which knowledge of health issues is communicated between non-insiders, the source expressed and the level of commitment expected, regarding the utterance. Finegan [18] defines linguistic subjectivity as the "expression of self and the representation of a speaker's (or, more generally, a locutionary agent's) point of view in discourse (...)". Before Finegan, Lyons [19] defined subjectivity as "the way in which natural languages, in their structure and their manner of operation, provide for the locutionary agent's expression of himself and of his own attitudes and belief". I chose to study the expression of subjectivity analyzing evidentiality and modality within texts.

### Theories in the field

The relationship between epistemic modality and evidentiality has led to vigorous debates amongst linguists, who are trying

to set the boundaries between these two domains. According to Dendale and Tasmowski [20], the “diverging opinions as to the relationship between evidentiality and modality are largely due to the empirical fact that in the evidential systems of many languages, the forms marking the source of information also mark the speaker's attitude towards the reliability of that information”. In a traditional classification, the evidential dimension accounts for both the source of information and the reliability of knowledge. Evidentiality can be direct (when the speaker has witnessed the fact) or indirect (when deduction or hearsay are involved). Epistemic modality accounts for the speaker's commitment to their subject. It expresses a different conceptual significance to that of deontic modality [21], and can be employed for rhetorical purposes. For example, Kranich [22] states that modalisation is used as a hedging device for non-face-threatening interventions. From a more traditional point of view, Nuyts [23] defines epistemic modality as the evaluation of the chances that a state of affairs will occur. Linguist interest leans towards the ways in which epistemic markers (modal auxiliaries, modal adverbs and modal adjectives) can modify information with respect to the speaker's commitment to his claim, thus creating subjectivity. According to Cornillie [24], evaluation has a scale that ranges from “the absolute certainty that a state of affairs is real to absolute certainty that it is not real”, where probability and possibility feature in between these extremes.

Defined as such, the two notions are conceptually different. However, as Dendale and Tasmowsky [20] point out “the relationship between the two semantic domains remains one of the main problems in the research area of evidentiality”.

Reliability of information, sources (both direct and indirect), modes of knowledge (belief, induction, hearsay and deduction) are considered by Chafe [25] as the core of the evidential system. Studying Tuyuca, a South-American language, Palmer found that the type of source of information either increased or decreased the epistemic commitment of the speaker, thus mixing the domains of evidentiality with modality. As a consequence, he proposed [26] a direct link between evidential and

epistemic values. This position, however, was criticized in related literature [27,28]. Plungian [29] suggests that evidential values are included within epistemic meanings. Van der Auwera and Plungian [30], hypothesize an overlapping dimension between inferential evidentiality and strong epistemic commitment (necessity). Corneille [24] presented arguments for the differentiation of evidentiality and epistemic modality, showing that epistemic evaluation “does not necessarily correlate with a specific mode of knowing” [24]. Marín [31] highlights two criteria for the study of evidentiality and modality: speaker-oriented reliability judgement and assessment of the information.

Following Marín, I've studied comment entries, focusing on the expression of commitment in online health discussions. The current paradigm of virtual cooperation contributes to an increase of circulation of information, offered by actors who adopt positions within a discourse. This paper reports actors' behaviors within virtual communities and discusses the commitment taken by contributors.

### Corpus and Methodology

Previous studies on subjectivity [25-31] show that modality is concerned with the estimation of reality in utterances and that evidentiality indicates the source of evidence. In particular, Marín Arrese studies personal evidence as the interaction of four parameters: “directly accessed vs. indirectly inferred information” and “perceptual vs. cognitive sources” [31]. In addition, three subdomains are identified for epistemic modality on the basis of a scale of certainty: epistemic necessity (deductive *must*, *cannot*), epistemic probability (assumptive *will*, *would*, *should*) and epistemic possibility (speculative *may*, *could*).

The data for this study consists of online texts drawn from three online weblogs, that address health issues. The corpus consists of comment entries selected from Metafilter, the Children's Hospital blog, and Blog Catalog (24,744 words). All the available entries were selected from the blog section, the total amounting to 355 comment entries from the Children's Hospital (4,343 words; 53 entries); Metafilter (9,863 words; 132 entries); the Blog Catalog (10,538 words; 170 entries). The pe-

riod of article collection is two months (September-October 2009), being the maximum alert period. The corpus does not appear homogeneous for many reasons: the Blog Catalog and Metafilter seem to have a structure more similar to real time entries and that implies lexical and syntactical choices, that limit the formality of the responses. In fact, many entries are formed by one or two word answers, repeated question marks or emoticons. On the other hand, the Children's Hospital Blog tends to offer longer responses in which a particular topic is explained and supported by external links. The length of texts varies according to the peculiarity of the responses, as the purpose of the weblog is not always respected by contributors. Consequently, information, complaints, and emotional support are all simultaneously caught up. Entry topics range from the treatment of H1N1 to speculation on government complots, advertisements or off-topic comments. However, all these weblogs have the common goal of answering the growing need for information among non scientists. This makes them comparable and reliably studied as sources for this analysis.

The limited dataset prevents true generalizations but there is sufficient text to enable the forming initial assumptions regarding the way in which knowledge is expressed in blog comment entries, studying the presence and patterning of evidentiality and epistemic modality in health e-discourse.

In order to assess what knowledge is expressed in e-discourse, items expressing epistemic modality and evidentiality were analyzed and classified. Data were first

tagged according to the classification proposed in literature, and then processed using MonoConc Pro 2.2 in order to establish the number of occurrences and frequency.

### Description of the corpus

My research questions are with regard to the expression of reality in e-discourse, particularly within health discourse among non insiders. I have worked with three blog sites that are different in nature, the Children's Hospital blog being more structured in terms of answers, and each topics refers to the H1N1 and how to prevent/treat the disease. The other two blog sites have entries that reflect real-time answers, and here topics vary from the treatment of H1N1 to the speculation on government complots. It is easier to find advertisements or off-topic comments. It is notable that aggressiveness and irony are more used in these two blogs.

I collected comment entries from the online blogs in order to visualize a potential pattern between the dimension of subjectivity markers, in order to establish the level of tentativeness when giving information. The total number of entries that could be analyzed was 355, for a total number of 24,744 words (Table 1).

I chose to select markers of evidentiality and modality in order to assess the level of subjectivity in my corpus. According to literature, modalisation is used by the speaker to assert that a proposition is possibly (epistemic possibility) or necessarily (epistemic necessity) true, the truth being based on the speaker's information or knowledge.

Evidentiality, on the other hand, concerns the source of information or knowledge behind the speaker's assertions or, as in some broader views, the "linguistic expression of attitudes toward knowledge" [25]. Following Marín [31], verbal markers of modalization were grouped into three subdomains, relating to the degree of the speaker's commitment: necessity, probability and possibility.

Evidentiality was studied by analyzing markers of the speaker's involvement, thus

|                            | Words        | Entries    |
|----------------------------|--------------|------------|
| <b>Children's Hospital</b> | 4343         | 53         |
| <b>Metafilter</b>          | 9863         | 132        |
| <b>Blog Catalog</b>        | 10538        | 170        |
|                            |              |            |
| <b>TOT</b>                 | <b>24744</b> | <b>355</b> |

*Table 1:* Number of words and comment entries per blog.

| MODALITY | WORDS | ENTRIES | TOT. MODALS | EPISTEMIC MODALITY | M.POSSIBILITY |        | M.PROBABILITY |        | M.NECESSITY |        |
|----------|-------|---------|-------------|--------------------|---------------|--------|---------------|--------|-------------|--------|
| CH       | 4343  | 53      | 79          | 24                 | 14            | 58,33% | 10            | 41,67% | -           | 0,00%  |
| MET      | 9863  | 132     | 164         | 31                 | 14            | 45,93% | 13            | 41,93% | 4           | 12,90% |
| BC       | 10538 | 170     | 149         | 41                 | 15            | 36,58% | 22            | 53,66% | 4           | 9,76%  |
|          |       |         |             |                    |               |        |               |        |             |        |
| TOTAL    | 24744 | 355     | 392         | 97                 | 44            | 45,36% | 45            | 46,39% | 8           | 8,25%  |

Table 2: Dimension of Modality and Epistemic Modality expressed by verbal markers.

excluding markers of mediated evidentiality, and maintaining the distinction between direct accessed/indirect inferred information and perceptual/cognitive sources [31].

Example of Epistemic Necessity:

(1) I've been trying to (.....) but I just can't seem to do it. It *must* be all of the estrogen. (9.legbamel.BC)

Example of Epistemic Probability:

(2) They'll have read up on the positive versus negative in credible medical journal. (10.ThriftShopRomantic.BC)

Example of Epistemic Possibility:

(3) (...) that work to reduce an overactive immune response *may* be working against a vaccine that should be stimulating an immune reaction?? (20.DKline.CH)

Example of Direct Perceptual Marker:

(4) (...) it hasn't been experimented enough and I *heard* if you get the vaccine you end up getting anyway. (27.April.CH)

Example of Indirect Perceptual Marker:

(5) (...) I don't know, but it just *seems* a bit sensational with phrasing along the lines of "It makes all the bad stuff go away!" (9.Rainhat.BC)

Example of Direct Cognitive Marker:

(6) I *remember* years ago people were happy when a vaccine came out to protect us. (10.SamMontana.BC)

Example of Indirect Cognitive Marker:

(7) Umcka *is supposed to* stop upper respi-

ratory infections before they get to this point

(10.SamMontana.BC)

The following tables show results found in the corpus.

## Results and discussion

Table 2 shows results for epistemic modal markers:

Results for epistemic modality expressed by verbal markers evidence:

a) epistemic necessity: *must, cannot, won't*.

b) epistemic probability: *would, should, will, might*.

c) epistemic possibility: *could, might, may, can*.

The analysis of modal markers must take into account the differences among epistemic, deontic and dynamic markers of modality [19]. Even though modality is frequently used in our corpus, epistemic modality occurs only in the 24,74% of cases. The presence and patterning of the dimension of epistemic modality differs across blogs, although in each blog probability and possibility markers are more frequently used than necessity modals.

Table 3 shows results for evidential markers:

Results for evidentiality expressed by verbal markers evidence:

a) Perceptual – direct: *hear, look, observe, listen, show, see, appear, sound (...)*.

b) Perceptual – indirect: *seem, look, expected, sound, show (...)*.

c) Cognitive – direct: *imagine, believe,*

| EVIDENTIAL MARKERS<br>(24,744 WORDS) | DIRECT PERCEPTUAL |                | INDIRECT PERCEPTUAL |               | DIRECT COGNITIVE |                | INDIRECT COGNITIVE |                | DIRECT COMMUNICATIVE |              | MEDIATED COMMUNICATIVE |               |
|--------------------------------------|-------------------|----------------|---------------------|---------------|------------------|----------------|--------------------|----------------|----------------------|--------------|------------------------|---------------|
| CH                                   | 11                | 27,5 %         | 4                   | 12,9 %        | 24               | 28,57 %        | 19                 | 15,7 %         | 7                    | 38,89%       | 14                     | 32,56%        |
| MET                                  | 15                | 37,5 %         | 15                  | 48,39 %       | 40               | 47,62 %        | 62                 | 51,2 4%        | 4                    | 22,22%       | 15                     | 34,89%        |
| BC                                   | 14                | 35%            | 12                  | 38,71 %       | 20               | 23,81 %        | 40                 | 33,0 6%        | 7                    | 38,89%       | 14                     | 32,56%        |
|                                      |                   |                |                     |               |                  |                |                    |                |                      |              |                        |               |
| <b>TOTAL</b>                         | <b>40</b>         | <b>11,87 %</b> | <b>31</b>           | <b>9,20 %</b> | <b>84</b>        | <b>24,93 %</b> | <b>121</b>         | <b>35,9 0%</b> | <b>18</b>            | <b>5,34%</b> | <b>43</b>              | <b>12,76%</b> |

Table 3: Dimension of Evidentiality.

|                            | Children's Hospital |             | Metafilter |             | Blogcatalog |             |
|----------------------------|---------------------|-------------|------------|-------------|-------------|-------------|
|                            | T.words             | MEAN        | T.words    | MEAN        | T.words     | MEAN        |
| Necessity                  | -                   | -           | 4          | 0,04        | 4           | 0,04        |
| Probability                | 10                  | 0,23        | 13         | 0,13        | 22          | 0,21        |
| Possibility                | 14                  | 0,32        | 14         | 0,14        | 15          | 0,14        |
| <b>TOTAL MODALS</b>        | <b>24</b>           | <b>0,55</b> | <b>31</b>  | <b>0,31</b> | <b>41</b>   | <b>0,39</b> |
| Perceptual                 | 15                  | 0,34        | 30         | 0,30        | 26          | 0,25        |
| Cognitive                  | 43                  | 0,99        | 102        | 1,03        | 60          | 0,57        |
| Communication              | 21                  | 0,48        | 19         | 0,19        | 21          | 0,2         |
| <b>TOTAL EVIDENTIALITY</b> | <b>79</b>           | <b>1,81</b> | <b>151</b> | <b>1,52</b> | <b>107</b>  | <b>1,02</b> |
|                            |                     |             |            |             |             |             |
| <b>TOTAL</b>               | <b>103</b>          | <b>2,36</b> | <b>182</b> | <b>1,83</b> | <b>148</b>  | <b>1,41</b> |

Table 4: Ratio of modals and evidentials per thousand words in blog sites.

d) Cognitive - indirect: *suggest, tell, expect, guess, mean, demonstrate, imagine, assume, discover, understand, diagnose, find (...)*.

e) Communication - direct: *talk, ask, mention, say, discuss, call (...)*

f) Communication - mediated: *say, tell, declare, claim, state, recommend, reassure, report, answer (...)*

Table 3 shows the dimension of evidentiality. I selected six typologies of markers, according to the source of information. Due to this, I selected perceptual direct markers (direct access to the information through various sensorial/perceptual devices), perceptual indirect evidence (information is inferred on the basis of observable results), cognitive direct evi-

dence (that are predicates of belief or general knowledge available both for the speaker and the reader) and cognitive indirect evidence (that is obtained as a result of a mental process). In addition to this, I selected direct communicative markers (that are expressions of a direct access to information via communicative verbs) and mediated communicative markers (when information is attributed to other speakers).

The distribution of evidential markers is almost parallel in Metafilter and Blogcatalog, at least between perceptual and cognitive markers.

#### Comparison across data

Table 4 illustrates the distribution of modal and evidential markers. In particular, it



-rence per thousand words of each blog-site. As may be seen in Table 4, results show a somehow minor use of modality and evidentiality in blog-sites. In particular, the two that are not linked to an "official" institution, such as the Children's Hospital, report lower meanings in both subjectivity and intersubjectivity. In fact, the Children's Hospital blog carries the highest ratios for both modal and for evidential markers. As answers are of a tentative nature and in most cases supported by official explanations of how to treat the disease, this result was expected. Modal markers are used in higher values in the Metafilter and Blog-catalog sites, with higher ratios for probability and possibility markers. This means that there is a higher degree of subjectivity in explanations and opinions. It is significant to note that there are no epistemic necessity markers on the Children's Hospital blog-site.

Cognitive markers are the most frequent meaning expressed across the sites, while communicative evidential markers show a lower frequency.

### Conclusions

A definition of health discourse should be comprised of a) an academic discourse intended for specialists, and b) the popularization of medical knowledge, which follows the paradigm of cooperation between Science and Society and which contributes to the increase of information network characterizing this era. Linguistic research has detected the features specialists use to transfer knowledge in academic settings and studied the way authors position themselves within discourse. It is understood that the speaker organizes the information presented according to the audience. Information is in fact shaped in order to meet the needs of the readers and depends on the knowledge that that reader already shares with the writer (a sort of common background from which discourse can develop). In Hylands' terms, this accounts for the interactive dimension that is created by the authors in their discourses [4]. The way in which information is transferred accounts for the interactive dimension and includes in the way authors modulate or enhance certain statements. The alternative views, the representation of facts and the writer's commitment are expressed by linguistic elements that con-

vey epistemic meanings, since they deal with the relativity of the truth presented.

In academic writing, the qualification of the writer's commitment towards the truth of the utterance is expressed by boosters and hedges [32]. As suggested by Varttala, there is a difference in occurrence of hedges in academic writing and this difference depends on the nature of data used for research. Hard science texts, where results are demonstrated by calculations and measurements, illustrate less use of hedges compared with soft sciences, where data is more subject to interpretation. The use of hedges and boosters as rhetorical elements for the author's commitment is a common practice among specialists in health discourse [30, 32,33].

The aim of this paper was to study how knowledge is transferred in non-insider health discourse and the commitment expressed through the author's utterance. I chose to analyse a multi-party conversation which deals with the most recent and popular health issue, H1N1, and to detect the dimension of epistemic modality and evidential markers. Following Marin [31], I have studied subjectivity and intersubjectivity, selecting verbal modal markers of epistemic certainty, probability and possibility and verbal evidential markers (cognitive, perceptual and communicative ones) in comment entries in blogs dealing with swine flu. Comment entries were taken from three blog-sites, one supported by an official institution (the Children Hospital of Boston) and two popular blogs (the Metafilter and the Blog Catalogue).

The language in the chat groups seems to be affected both by the emotional stress that is caused by the disease and by a veil of scientific authority. The emotional stress is shown by the frequent use of mood markers in phrases such as: "it's all really confusing" (26.Jessica.CH); "I am scared" (27.april.CH); "I am afraid" (3.Emperor.snookloze.MET); "I am concerned" (12.SweetViolet.BC); "I am worried" (12.Deray28.BC); "I fear" (17.Jake.CH). Scientific authority is conveyed by the use of specialist terms or even utterances such as: "mutation" (14.chris.CH), "virulence" (8.tcinvestor.BC), "streptomycin" (10.pasquella.BC); "toxins" (11.kob625.BC); "pathogen" (3.Wobh.MET); "the actual molecular basis for this attenuation or weakening is unknown" (22.Deray28.BC). With regard to

across the three blogs, only 24,74% of total modal verbal markers are epistemic ones. Modal necessity has the lowest occurrence in each blog discussion, which seems to reflect a low degree of certainty in utterances. Modal possibility and modal probability verbal markers, on the other hand, show higher occurrences. As regards the comparison of the patterning of linguistic evidentiality, results indicate a higher percentage of cognitive markers, both direct (24,93%) and indirect (35,90%). Perceptual markers are distributed differently across chat-groups: indirect perceptual markers are used more in those two chat-groups that are independent from a health structure such as a hospital, while direct perceptual markers are more used in the blog that is presented on a health institution page. Direct communicative markers have the lowest occurrence while the distribution of mediated communicative markers appears to be parallel across chat-groups. As regards the subjectivity expressed in chat-groups dealing with health issues it appears that discourse is quite tentative and this can be explained because of uncertainty about the topic, an inferior stance due to the speakers' awareness that they are not specialists and the presence of a sort of polite formality in the expressing of opinions. The dimension of evidentiality is in accordance with what might be expected of the functions associated with non-specialists talk. The ratio of evidentials per thousand words shows a very low use of verbal markers. This result suggests that speakers do not aim to vouch for their utterances showing the link between their claim and the source of their information. The higher values for both epistemic modality and evidentiality are found in the chat-group that appears in the institution site, which seems to indicate a major attention to claims.

Results reflect Biber's suggestion that markers of epistemic modality are generally more common in academic writing than in conversation [34], and comment entries are considered as interactive dialogues that maintain patterns of spoken language [35]. Results also reflect Myers statement on epistemic markers that are "relatively infrequent (compared to the other categories of stance), but they are very important, because they affect the way blogs are interpreted as part of

news" [36]. He also affirms that "bloggers seem to operate in a realm of licensed gossip, according to a different standard of evidence from what one might find in academic articles or even in Newspapers" [ibidem]. The aim of the study was to observe how knowledge is expressed in e-health-discourse, meaning the discourses of non professionals regarding science. Results correspond with the expectations although they were derived from a minor corpus of comment entries, meaning that considerations are tentative. Further research needs to be done in order to consolidate these findings. As Herring points out "internet language offers a number of advantages for research, including an abundance of naturally-occurring (i.e., non-experimental) data that, unlike speech, does not require transcription and that can be readily analyzed using computational means" [37]. It may be interesting to carry out a comparative study among different languages in order to establish if online health discourse among non specialists differs depending on culture, with regards to the expression of knowledge and the commitment of writers.

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## **LA SOGGETTIVITÀ NEL WEB: IL CASO DEI SOCIAL NETWORK E L'EMERGENZA H1N1**

Il blog è un diario personale pubblico o, più comunemente, uno spazio online di scambio di informazioni. I blog tematici che si occupano di salute, in particolare, sono considerati strumento di informazione e canale di comunicazione tra il mondo scientifico e la comunità. Questo articolo studia quale realtà viene rappresentata nei commenti degli utenti, in particolare la rappresentazione dei fatti, le fonti e il livello di certezza espressa attraverso la proposizione. Il quadro di riferimento utilizzato per questa analisi è in Chafe (1986), Willett (1988), Van der Auwera and Plungian (1998), Plungian (2001), Marìn (2002, 2004). I dati provengono da tre weblogs che si occupano di problemi connessi alla salute. Sono stati selezionati markers di evidenzialità e modalità epistemica al fine di analizzare il comportamento del blogger rispetto alla verità (modalità epistemica), l'affidabilità e la fonte di informazione (markers di inferenza, ragionamento, supposizioni o sentito dire).

**Parole chiave:** blogs, scienza, società

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