

SOME LINGUISTIC OBSERVATIONS ON PATIENTS' BLOGS

OSSERVAZIONI SULLE STRUTTURE LINGUISTICHE DEI BLOG SCRITTI DA PAZIENTI

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Abstract

In every field, nowadays, there has been a radical change in the amount and in the value of information that are available. In the medical field, in particular, what was once considered obligatory concern of doctors and medical staff is today information that are accessible through other media, the net in the first case. The growth of electronically-mediated information also means a greater amount of users, aware or unaware of the strategies applied in communicative systems and therefore more or less exposed to manipulation. Also, it is notable an increased attention on wellness, health, prevention and related communication. This paper will explore how a medical issue is described by people who suffer from it, analysing through the linguistic behaviour they use in blog spaces how they share their frustration and talk about their disease.

KEYWORDS: Medical concerned communication, blog spaces, attitude linguistic analyses.

Riassunto

L'avvento delle nuove tecnologie si riflette oggi in un cambiamento radicale nella quantità e nella qualità dell'informazione disponibile all'utente. Nel campo medico in particolare, è possibile accedere facilmente alle informazioni tramite mezzi sempre più accessibili, in primo luogo la rete. La crescita dell'informazione corrisponde a un elevato numero di utenti che se ne fornisce, che si inoltra più o meno consapevolmente nelle strategie comunicative specifiche, esponendosi così alla manipolazione comunicativa. A questo si aggiunge una maggiore attenzione sui fatti riguardanti la salute, il benessere, la prevenzione e argomenti ad essi correlati. Questo articolo esplora come è descritto dai pazienti un problema di natura medica, analizzando attraverso il comportamento linguistico, usato in forme di comunicazioni moderne (il blog), come essi trattano la malattia e dichiarano le proprie frustrazioni.

PAROLE CHIAVE: Comunicazione in campo medico, blog, analisi linguistica secondo l'Appraisal Framework.

Background

In the last fifty years the progressive increasing of the net communication system has permitted a better development in communication. People have the chance of getting any information and texts are created to let the non-experts understand certain aspects about a particular topic.

Internet sites and blogs are of great importance in the transfer of information about medicine as well as professional journals because they provide most common people with the information they need. Of course, news media as well as computerized journals are important methods of changing physician knowledge. In fact there

is a change of communication paradigm connected to the quantity (and quality) of the mass of readers reachable through the net. The web constitutes the new and real "mass media" and language adapts itself to it. Language has become in fact more popular and somehow more specialised as specialised terms have become of common use and popularised. Sometimes information lacks in quality as anybody can write in the net although in some web pages there is nowadays a better control of the sources. In the medical field, the net definitely creates the illusion that through the information it provides, one can self-diagnose and choose the proper treatment. Appropriate use of reading skills and knowledge background about a topic is necessary, so the text must be approached by separating real facts from arbitrary speculations. In addition, readers must be familiar with the linguistic strategies for negotiation or persuasion in texts that have an influence in our everyday life adapting our own point of view. Rhetoric can have an important impact on the communication process because it employs rules and principles that can affect language.

Combining the heterogeneous readers of the net and the peculiarity of specialised languages, such as the medical one, the result is a translation, meaning a popularisation of the language, with the purpose of reaching anyone. In medical concerned pages, often in blogs, we assist to some real translations of science, motivated not only by ideal needs of sharing knowledge, but sometimes also to have a good story with a possible medical drama in it. Blogs become the first carriage of personal stories, where the author expresses his/her emotions about something that happened to him/her, and sometimes blogs become also a virtual space to get in touch with other people with the same needs, where to find some help or on the way round, to offer the same help. For this article I have been reading several blogs about a quite new disease that is going to be faced by our health care services but still not really known. The blogs belong to patients, women in particular, who have been infected with HPV, Human Papilloma Virus. HPV is a sexually transmitted disease, with at least 100 different HPV types. Some of them lead to genital warts; some others, the high risk types, lead to cancer. The blogs I have analysed are written by women, men and homosexuals who desperately seek information, therapies and cures, who tell their stories, who complain about a low medical and services sympathies, lack of information, family frustrations (the feeling is often to be worthless, rejected by the partner or responsible of having

infected one or more sexual partners or even the neighbourhood in extreme cases of paranoia). Often the stories begin with a kind of auto-anamnesis or in some other a proper description of the disease. The writers offer their knowledge about medical acronyms (that they immediately explain), tests and their effects, therapies. The message is not, however, a didactic one. These blogs are not written to offer help, often the authors desperately need that help they try to offer. Analysing the blog through the appraisal framework we intend to find what kind of emotion and society the authors live in, how they perceive the medical issues and how they confront themselves with it.

The meaning of words: from representation to positioning. The Appraisal Framework.

A written text can be seen as a carrier of meanings: words have their own sense that is explained by the connection between the sounds, signals and reality. The meanings of words change when they combine in a context. A simple description, for example, can be a statement of facts but it is certain that the utterances contain also indication of interpretation of the facts or things that are described. Implicitly then, words have not a unique meaning but several ones, indicated by the context, by the interaction with reality and the functions the utterances do express. It is possible to say that the semantics of language is organized for representing or modelling the world and consequently, words have special functions which are not just the meaning the lexeme expresses. Following the Bakhtinian theory about a possible interaction between the reader and the writer (1), this representation of the world is affected by the presence of one of the two or more characters in the "virtual dialogue" which means that even the more neutral of the genre conveys negative or positive assessments of some situations, facts, actions or it invites "the reader to supply their own negative or positive assessment" (2). The consequential attitudinal position is at the centre of a quite new field in linguistics that goes under the name of Appraisal Framework. According to the A.F. (2), meanings are expressed by linguistic patterns constructing emotion (Affect), judgements of behaviour (Judgement), or values of aesthetic kind (Appreciation). The evaluation and analysis of these patterns helps to focus on the textual organization but it also offers a model of the way social facts are passed and evaluated through language.

Some aspects of the evaluation system have been investigated during the course of these

years by several linguists (Halliday, Perkins, Lakoff, Thompson and Hunston, Biber, Salager-Myer among the others) who have focused their attention on modals, hedges, boosters and stances. The Appraisal theory discusses aspects that go beyond linguistic aspects as it focuses on the discourse created by a writer for a reader, the discourse that reflects the value system of the writer and of the reader as well. It is not just a tool to distinguish the value of recommendation, the author's attitude and involvement or to understand how the author can influence the reception of the message. The Appraisal Framework is not supposed to find out to what extent the author is engaged: it is actually used to go forward and understand what are the cultural and social basis on which the author determines his evaluation system. Within Negotiation and Involvement, the Appraisal Framework can be considered the way linguistics studies the representation of the world.

Synthetically, the Appraisal Framework encompasses Engagement (of the author with respect to a particular value), Attitude (the writer position towards people or social contexts through affect, judgement and appreciation strategies) and finally Graduation (concerning the force of grading that value). This paper focuses on Attitude, so in particular on:

- Affect: to register positive or negative feelings (using verbs, adverbs, adjectives and nominalization);
- Judgement: to evaluate a human behaviour as positive or negative according to some set of social norms;
- Appreciation: to evaluate a positive or negative assessment of objects, artefacts or even human behaviour according to form, appearance and aesthetic values in general.

The Appraisal Framework in medical context

In medical context, for example in a patient-doctor interaction, people tend to behave in different ways. They interpret the meaning of the description (of one's disease) and then they behave consequently. Sometimes this process results in behaviours that appear to be completely out of control, true overreactions. Emotions flow and speech interactions resent of this as any analysis can prove. The interaction is quite unfiltered, it happens in a very short period of time, it contains different ways to express emotions. However, it is possible to detect expression of emotion in written texts as well, the easier ones being the blogs, as they combine the written channel and the oral register.

We have analysed a particular disease and the

way the net offer information about it. In the case of HPV (acronyms for Human Papilloma Virus), the definitions that appear in internet are quite heterogeneous: they go from the neutral-matter-of-the-fact descriptions of the disease (wikipedia, Government health centers, medical tutorials etc) to the Gardasil site (the site of the pharmaceutical industry that is currently working on the promotion of the vaccine) to the great amount of blogs written by people who are looking for information or who, for one reason or another, want to share their stories. These stories can be analysed through the Appraisal Framework to investigate on the positive or negative feelings of patients; or on their evaluation of the actual set of social values.

The classification of texts was based on the mere consultation of the net. Searching on the Google page the word "HPV", the Gardasil, the Governments' health services, some medical centres and the Wikipedia pages appeared as well as several blogs about the disease. The different approaches to the disease, in terms of description, are of course determined by the force of persuasion the text has to obtain: for example the Gardasil page describes the disease but the intention is also to promote the use of the vaccine they produce. While the Wikipedia page gives a neutral description of the disease as a virtual medical dictionary and finally the blogs offer the way people give freely express their thoughts.

Among an awful amount of blogs concerning gynaecological issues or HPV disease in particular, two were selected, as they seemed to offer the best description of the pathology and at the same time the bloggers' personal feelings.

What is HPV?

The HPV description as medical issue contained in our texts is of course biased with personal emotions and feelings so it was thought to be appropriate to leave the description of the disease offered by the Department of Health and Human Services - Centers for Diseases Control and Prevention - U.S. Government (3), the site of the Department of Health and Human Services - U.S. Food and Drug Administration (4), the Gardasil web site (5) and the Wikipedia web site (6) which resulted the more visited description among those offered by the net (Tab. 1)

These four descriptions of the HPV offer the chance to know about the virus and its effects on human health. As it was said before, these descriptions are inevitably constructed according to the goals the text has to obtain. It is ob-

Table 1: Examples of HPV description offered by the net.

Source	Definition	Ref.
Dept. of Health and Human Services - Centers for Diseases Control and Prevention	"Genital human papillomavirus (HPV) is the most common sexually transmitted infection (STI). The virus infects the skin and mucous membranes. There are more than 40 HPV types that can infect the genital areas of men and women, including the skin of the penis, vulva (area outside the vagina), and anus, and the linings of the vagina, cervix, and rectum. You cannot see HPV. Most people who become infected with HPV do not even know they have it".	[3]
U.S. Food and Drug Administration - U.S. Dpt. Of Health and Human Services	"HPV (human papillomavirus) is a sexually transmitted virus. It is passed on through genital contact (such as vaginal and anal sex). It is also passed on by skin-to-skin contact. At least 50% of people who have had sex will have HPV at some time in their lives"	[4]
Gardasil	"Human papillomavirus or HPV is a virus you may not know too much about—but you should. So take a look around. Getting the facts about HPV and the diseases it causes is the first step toward helping to protect against it"	[5]
Wikipedia	"Papillomaviruses are a diverse group of DNA-based viruses that infect the skin and mucous membranes of humans and a variety of animals. Approximately 130 human papillomavirus (HPV) types have been identified. Some HPV types can cause warts while others may cause a subclinical infection resulting in precancerous lesions. All HPVs are transmitted by skin-to-skin contact and/or by fomites. About 30-40 HPV types are typically transmitted through sexual contact and infect the anogenital region. Some sexually transmitted HPVs may cause genital warts. However, other HPV types which may infect the genitals do not cause any noticeable signs of infection. Persistent infection with a "high-risk" subset of sexually transmitted HPVs – different from the ones that cause warts – may lead to potentially precancerous lesions and can progress to invasive cancer. HPV infection is a necessary factor in the development of nearly all cases of cervical cancer. A cervical Pap smear is used to detect cellular abnormalities. This allows targeted surgical removal of condylomatous and/or potentially precancerous lesions prior to the development of invasive cervical cancer. Although the widespread use of Pap testing has reduced the incidence and lethality of cervical cancer in developed countries, the disease still kills several hundred thousand women per year worldwide. HPV vaccines Gardasil and Cervarix, which block initial infection with some of the most common sexually transmitted HPV types, may lead to further decreases in the incidence of HPV-induced cancer."	[6]

vious that, for example, the Gardasil web page offers a very synthetic, paternalistic description; catchy in form ("you may not know too much about – but you should") and where the important fact is how to "protect" against it, while the Government page tends to minimize the danger of death, reassuring the reader ("At least 50% of people who have had sex will have HPV at some time in their lives", "You cannot see HPV. Most people who become infected with HPV do not even know they have it"). Still, they tend to have a neutral, matter-of-the fact approach, the description is about the disease, suggestions about getting the vaccine are given by using modals that are known to determine not only distance but also legal protection if the stance

would prove not to be true ("HPV vaccines Gardasil and Cervarix (...) may lead to further decreases in the incidence of HPV-induced cancer"). The semantics is not affected by the specialization of language (the information must be readable by anyone, above all those who have not a background in science matters). It comes as no surprise that most oriented sites are in fact advertisement media for products. Advertisement pages however are not so different from our web texts as they both use strong implicated words taken by professional semantic fields ("mucous membranes", "precancerous lesions", "fomites"), explicit suggestions based on research and scientific data, medical literature as reference for authoritativeness and seri-

ousness. In these pages, sentences are built with attention, they must say something and if possible let the reader be under influence by an implied idea that is NOT, however, written in the text, so that it does not appear dishonest from a legal point of view even if it definitely drives the reader opinion. For example: if a pharmaceutical industry writes in his consumer information that you must take their product to build the greatest immune system and be safe from diseases, it is certainly a legal questionable information but if the industry says their product can improve your immune system, that is the first barrier to defeat diseases, it is certainly saying something right and at the same time it is suggesting to take their product to improve your immune system. The pragmatic point of the information that is given is achieved. The use of hedging, rhetoric forms and communicative strategies offers legal protection and shape perception of reality that induce to commercial benefits. These texts, advertisements, government pages, pharmaceutical industries pages and so on are certainly successful translations (in the meaning of popularization) of science.

Medical communication in blogs

All another genre is represented by the blogs, which contain biased description of the issue and contain personal drama as well. Bloggers definitely write to throw their frustrations away, so they describe the disease just as a complement to the real goal of their text: to describe the ultimate impact of the disease in their lives, giving importance to their private events.

In sociological terms, the blog consists in a sort of opening to a plurality of points of view that are represented by the readers. This kind of communication is of personal kind so it obviously stresses on individual identities that are unique and at the same time sharable. The blogger expresses himself and his personal issues but the intent is always sharing them so that other people may get some sort of solidarity in an active way (they have the same problem and have their spirit raised because they share their experience with others, feeling themselves as part of a group, or in a passive way because they share their emotions with the writer).

Moreover the blog offers the most modern kind of communication, which can be defined as "in movement": in a small space of time, static blogs (where the stories are offered by the writer without the possibility for a reader to answer back) have become weblog (with commentaries and trackbacks). Blogs are now a

publishing platform where private communication (messages in feedback) is elaborated in editorial style (one-to-many communication). They combine two different aspects of communication: if on one hand they are spontaneous (they often have orthographic mistakes, they tend to represent oral communication with deictic expressions or fillers), on the other hand they are planned texts (as the blogger surely reads his post before publishing it).

The analysis of patients' blog

As it has already been said, the intent in these stories is not only to provide information but to convey a fact in a specific advise: to be aware of emotional consequences (may they be bad or good ones). The following texts (tab. 2 and 3), taken from the cited web pages (7, 8), have been divided into sections and analysed (tab. 4 and 5). The analysis of both were then compared to find common elements of medical language, description of true facts and expressions of emotion. Also, in a further attempt, we have tried to find linguistic expressions that reveal the writers' social orientation and values.

The purpose of the first story (tabs. 2 and 4, Ref. 7) is not to provide details about the disease (although all the medical words are explained) but to express the author emotions and distress. The author does not hide her communicative purposes and the attitudinal analysis confirms what the reader could understand from the reading of the story. The emotive stress concerns the reactions to the medical system and above all the chains of events that has changed the writer's attitude from a confident one to a worried, paranoid status.

The purpose of the second story (tabs 3 and 5, Ref. 8) changes from the one of the previous text. The focus is not on the disease (Medical Language appears just to indicate some events) but on the perception of the patient in relation to the others may they be patients (positive judgement, solidarity) or herself (shame and disgust). Medical staff is here perceived as concerned but they do not have space in this report. The author focuses on her relationships (friendships, lovers) and certainly there is a deep concern in the external world, expressed by affect (anger to her previous partner, shame, love for because of her friend's solidarity) and by judgement (seek of justification, shame for what the other could think of her).

The two texts open with explicit affect, but they differ on the kind of judgement they have in. In the first case, the author has a negative explicit/implicit judgement toward the medical staff, that

Table 2: Text from "My Story thus far..." [8]

You never want to hear your Dr tell you—"If the results come back **worse**, we're going to sit down and have a nice long talk..." Granted. That's better than "We need to have a nice long talk." But **you still don't want to hear it**.

I began having problems in March 2006 after a miscarriage. I was told by the **extremely uneducated** physician's assistant (**Who BTW wasn't supposed to work on me the ways she did...**) that I either had **Pelvic Inflammatory Disease**...Or something else (I can't remember, how horrible is that?) ... I've got the records someplace... Anyway so I travel to Scottsbluff for a **Colposcopy** and **Biopsy** of my **cervix** to find out what's going on. 2 weeks later I have my results. I don't have **PID**, I don't have cancer... I have **Low Grade Squamous Intraepithelial Lesions... LSIL**... *Which basically is a change in the cells of the cervix.* **HSIL (High Grade)** *can* turn into cancer.. I was aware at the time that I **may** or **may not** have **HPV**, however I was never told if I had it or not—and never asked.

I was told I needed a repeat **Pap** in 4 months. 4 months later at my repeat... **I was cleared**. I was to come back in 6 months.

(...)

At the end of January/beginning of February I get a call from my Dr's nurse—She wants to schedule me for **cryosurgery** to just get *the cells frozen off* and see if that helps.

In the mean time I'm researching this stuff and talking to friends who've been there, done that. Because I'm **worried** about the **annoying little** cramps, the **strange** discharge and **the lack of appetite** I've been having. **Also** the 20 lb weight loss in 2 months, which could be **and probably is** a direct result of the lack of appetite. I discover a few things, but never really find out why my Dr wants me in for cryosurgery. **Usually they wait** until the repeat pap and then decide...

So I get to my repeat Pap (Last Monday) and my Dr is acting **strangely**. He's usually a **pretty funny** guy... He likes to joke around and make you feel comfortable y'know? Not Monday. **He was all concerned and crap**. So.. I was really **uncomfortable**. **Something was up**. He asked me why I was there. I told him for a repeat pap "Because you wanted me to..." He explained to me that my Pap came back **abnormal (Big shocker there...)** and that I have **the strain or kind or type** of HPV that causes Cervical Cancer... The "Bad kind" as he called it. I remember from reading about it there are hundreds of types of HPV and that a select few cause Cervical Cancer. And I think to myself "**Of ALL** the types of HPV... I get the one that causes Cancer. And God hates me for not going to church..." Although I must admit. I knew deep down **something was wrong** because I just don't feel right lately.

So anyway—he tells me if this test comes back with no more changes.. I'm off the hook after a Pap in 4 months one in 6 after that and then I can go back to yearly Pap tests. I swear... I've had more Pap tests in 3 years than my Mom has her whole **damn** life. He also tells me "If the results come back worse, we're going to sit down and have a nice long talk..."

So. **I know these things**. Cervical Cancer doesn't spread that fast. In fact, it **usually** takes years for HPV to actually morph into Cervical Cancer. I know that I haven't missed a Pap test my entire life. I know that I don't smoke and that helps my chances. I know that cancer doesn't run in my family.

I also know the one exception to all those "rules". She's **the daughter of a co-worker** who spoke with me on the phone, briefly yesterday.

She **had never missed a pap**. Her cancer **spread like wildfire** and when I say that, I mean it. Cancer isn't in her **family history** and **she doesn't smoke**... **Yet** she contracted Cervical Cancer and it spread so rapidly she had to have a very **serious** procedure done. Something I'm not really trying to think about at this point. However, she was **still** able to have 3 kids. So there is **hope for that**.

Anyway. At first I **was** kinda **humorous** about it, **confident** that everything would go well. **At this point it's starting to wear on me**. The what ifs and all that.

is angrily described both for their human and professional peculiarities (they are described as uneducated and incompetent). The doctor she talks to is an ambiguous *textual persona* who is not always clear with his patient, so it seems he increases her anxiety. In the second text there are no reference to a medical staff but the author expresses affect toward the people she lives with. That affect is conveyed first in a negative self-judgement and then in the wish of doing the correct and solidly thing.

Conclusions

An analysis of two different blog website pages are surely insufficient to serve as a basis to consider valid statement about the language

used by patients about particular medical issues. These are not examples of how the net offer information about health issues to its readers, although wandering through the net, blogs certainly offer a way to know something by some other's "direct experience". Blog spaces on one hand offer a kind of communication that lacks in awareness but on the other hand provide a greater amount of available first information.

My purpose is not to offer an account of the texts but to indicate how a text apparently of the same nature offers insights that the Appraisal analysis detects. The *textual persona* definitely changes the approach to the description of events and perceptions, as suggested by the

Table 3: Text from "My Story thus far..." [8]

I was first diagnosed with HPV when I was 21 years old. And of course, my first initial reaction was **disgust with myself** (and *my past partner I had*), **sadness, anger, confusion** and probably most of the similar emotions a person would feel if/when they first find out they had an STD. I found out that I had low risk (wart causing) HPV and later, through a pap, I found out that I also had high risk HPV.

It wasn't until I started researching HPV (thanks to ASHA and other websites) that I **came to terms** with my HPV. I realized that it could have been my ex-partner that had given me HPV, but it also could have been any of the partners I had had prior to that. *I am/and was not a very promiscuous* person. I have only had 4 partners. But I learned that a basic rule for HPV is, if you have had sex with more than one person and so has your partner, then the risk of getting HPV is greater.

I **ended up** having to have a colposcopy done on my cervix. **They were concerned** that I could possibly have some pre-cancerous cells. I also had my warts frozen and **that only** took about 4 visits before I was "symptom" free. The colposcopy **literally scared** me. I think when someone tells you that they are checking for pre-cancerous cells, **there is a part of you that immediately assumes the worse**. I was **extremely ashamed** of myself. *I was dating a lot, but not intimate* with anyone once diagnosed. I **was too scared** to tell anyone what was really going on with me. I thought that any person interested *would just run away and think I was a horrid person. I distanced myself* in any relationship that I had.

Once I got my results back from the colposcopy, which were negative, I **relaxed** a little bit. I started out by telling one of my really close friends about my HPV and found out that she was **extremely supportive**. I ended up dating a **great guy**, told him about my HPV (that was probably one of the *most nerve racking nights* of my life!) and he ended up being ok with it. We got married a year later and are still together. He just started showing the low risk signs of HPV about a month ago and has to get it taken care of. I **feel bad**, because we both know that I "gave" this to him. *But he still loves and supports me anyways.*

I have had **ups and downs** since first being diagnosed with HPV, but in some since **it has made me a different person**. *There isn't a day* that goes by that *I wish that I had made some better choices* in my life, but in some respect *I think that by my having this STD I have been trying to help others with this*. I have had, through sharing my story with friends, found others with this and am **surprised by how ignorant** people are about STDs in general. *I just hope that I can help one person and let them know that it is ok*, I think that's all I ever wanted when I was first diagnosed...someone to say that **it was ok, and that I would get through it**.

Table 4: Analysis of the text reported in tab. 2.

You never want to hear / you still don't want to hear it.	The story starts with an authorial annotation. She's talking about something that is not already known by the reader, she creates expectations. Also she puts herself in a higher position like someone who has an experience which let her give suggestions or recommendations.
extremely uneducated physician's assistant (Who BTW wasn't supposed to work on me the ways she did, I was told, Usually they wait, strangely , He's usually a pretty funny guy, He was all concerned and crap, Something was up, abnormal	Authorial relationship with the medical stuff. The first thing that traumatises her is just the lack of politeness. Then she reacts to what is going on, she realises that there is something wrong but she's not able to understand her doctor's behaviour. In particular note the passive form "I was told" sentence: she tends to evidence the distance between the stuff and herself. Of course, the narration results with a different point of view: different would have been the words: "my doctor told me"
<i>Which basically is a change in the cells of the cervix, get the cells frozen off</i>	Authorial explanation of particular medical procedures, so that the reader knows about the topic
<i>Can, I may or may not have</i>	Modal verbs are very important as they inform about the closeness between the information and the giver. Here modals are used to hedge the information and express doubt
Worried, annoying little (cramps), strange, the lack of appetite, uncomfortable, Big shocker there, Of ALL the types of HPV, something was wrong, damn, I was kinda humorous, (I was) confident, At this point it's starting to wear on me	Distress, paranoid behaviour, change of attitude (from humorous/confident to uncomfortable - worried (expression "wear on me"))
I know these things, usually, I also know the one exception to all those "rules", the daughter of a co-worker	The author tries to look objectively to the facts. She analyses direct and indirect influences, starting from the family history to her general habits. But then she turns into an emotive being: she stops analysing facts (the rules), she actually puts distances between her and "those" rules (indicating something far away from her) and she talks about someone she knows.
the daughter of a co-worker, had never missed a pap, Her cancer spread like wildfire, family history, she doesn't smoke, Yet, serious procedure done, still, hope for that	Here the narration runs fast. She starts again talking about facts but "yet", notwithstanding all the rules she is an exception. The only hope she has in store concerns the possibility to have children.
Pelvic Inflammatory Disease, Colposcopy, biopsy, cervix, PID, Low Grade Squamous Intra-epithelial Lesions, LSIL, HSIL (High Grade), HPV, Pap, cryosurgery	Medical Language

study of these two texts. In fact, the second text undoubtedly offers some interesting insights into the way someone can react according to social values, thus giving rise to questions on the society the author lives in. It would be interesting, for a further study, to apply this analysis on a valuable set of texts, written first hand by patients who need to express their feelings and

doing so offer a reflexion not only of their personality but also of the society, its values and rules. The understanding through linguistic analysis of the social and psychological mechanism that works in particular times, such as when dealing with a disease, can offer a way for doctors and specialists to help people who need special care.

Table 5: Analysis of the text reported in tab. 3.

sadness, anger, confusion, I came to terms with my HPV, literally scared, there is a part of you that immediately assumes the worse. I was too scared, any person interested <i>would just run away and think I was a horrid person, distanced myself</i> in any relationship that I had, I relaxed a little bit., <i>most nerve racking nights</i> , I feel bad, I have had ups and downs, <i>I wish that I had made some better choices</i> , surprised by, it was ok, and that I would get through it	Affect. The adjectives tend to be of negative kind, they express distress not only for the disease but also for the perception of herself according to external values. She's not only scared, she's ashamed. She also tries to feel positive for the potential future ("I would get through it")
HPV, STD, colposcopy	Medical Language.
disgust with myself, I was extremely ashamed, <i>I am/and was not a very promiscuous, I was dating a lot, but not intimate, has made me a different person</i>	Attitude. The author tries to assess her behaviour according to social values.
They were concerned	Authorial consideration about the medical stuff
she was extremely supportive, great guy, <i>But he still loves and supports me anyways</i> , how ignorant people are	Reactions of her micro society. On the one hand there is the concept of support she's found in a friend of her and a guy, on the other the ignorance she's come
<i>I think that by my having this STD I have been trying to help others with this, I just hope that I can help one person and let them know that it is ok</i>	Once again, the authorial position is not focused on herself, but on the others. She gives attention on what she can do or how she can help.

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