Introduction

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The issue of health literacy has become central in the debate on healthcare communication, particularly when dealing with chronic conditions. In the definition of the World Health Organization, health literacy is identified as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health"[1]. Chronic conditions require constant communication and a variety of communicative channels that might provide support for the patients and caregivers, as well as favour adherence to the recommended healthcare practices. While there has been a considerable body of research into doctor-patient discourse, the majority of the studies have focused on oral interaction and on unmediated consultation, exploring the interaction between patient and doctor. The relative scarcity of linguistic studies on other communicative situations highlights the need for further research on the whole range of communicative practices and situations, such as communication with and through caregivers, communication between patients/caregivers themselves, use of print materials or web-mediated genres. The literature on the quality of written communication, in particular, is largely based on statistical estimates of readability of patient information leaflets, rather than on a functional analysis of recontextualizing procedures which serve the purpose of making information relevant to the specific reader. This becomes central when addressing communication with caregivers, who need to be able to mediate health practices. Indeed, the links between literacy and health are undoubtedly worth investigating, as limited health literacy among patients/caregivers may result in poorer clinical outcomes and poorer patients' life quality due to lack of adherence

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[1]   https://www.who.int/healthpromotion/conferences/7gchp/track2/en/

to the recommended treatment (Sørensen et al. 2015; Rowlands et al. 2017; Dray – Papen 2007; Filippone et al. 2013). The effects of such poor health literacy have already been studied in diverse chronic conditions such as asthma (Mancuso – Rincon 2006), HIV/AIDS (Kalichman et al. 2000), diabetes (Collins – Lewis 2013; Bigi – Rossi 2015; Turnbull 2015).

The present special issue plans to provide a wider, encompassing overview of present research on health communication and literacy, by looking at it from a multiplicity of perspectives, which range from studying websites and online articles to examining Information Satisfaction Questionnaires; from exploring online forums to analysing nurse-patient face-to-face consultations.

The Internet and web applications in general have lately been playing a significant role in health knowledge dissemination, both as sources of information and communication channels (Eng et al. 1998). This has paved the way for more participatory medicine, as health professionals are no longer the sole providers of information and patients join discussions themselves. This kind of dynamic online communication was defined by Greene et al. (2010: 287) as "Health 2.0". It "offers patients an opportunity to […] learn about their illness and to gain support from others with similar experiences". In this way patients are "increasingly conceptualized as unique and active health consumers and, importantly, as having a right – and a social responsibility – to empowerment, that is, to make informed decisions about their health and health care" (Bondi et al. 2015: 14).

However, alongside the expression of personal experience and the understanding of illness shared among a virtual community, also more traditional forms of communication, like nurse-patient face-to-face interactions, can still provide useful insights and even serve as benchmarks for evaluating the communicative effectiveness of medical consultations, thus empowering medical and healthcare professionals in communicating with their patients and contributing to an improved quality of life for any groups of patients.

The first four papers of this special issue focus on the same context, consisting of the communication dealing with paediatric neurological syndromes. The opening paper by Diani investigates the webpages jointly created by medical experts and parents whose children are affected by neurological disorders resulting in epilepsy. By exposing how the writers of these webpages establish a relationship with their readers by means of metadiscursive devices, the paper highlights the participative, dialogic and inclusive way of exchanging adopted.

Lazzeretti and Poppi's contribution analyses the degree of accuracy, alteration or bias of a corpus of selected web texts appearing in websites dealing with autism, Dravet syndrome, Angelman syndrome and others. Special attention is given to the range of expressions used to identify patients and in particular to the use of person-first vs. identity-first language, with a view to assessing their relevance and evaluating whether the person-first language issue is indeed crucial in the process of online dissemination of medical knowledge.

Sezzi and Bondi's paper examines the popularizing strategies employed in the websites of the Matthew's Friends Foundation (UK) and the Charlie Foundation (US), which promote information on the Ketogenic Diet (KD), a dietary treatment for intractable epilepsy. In particular, the analysis makes use of discourse and corpus tools to show that, despite focusing on similar aspects and using similar techniques, the two foundations differ in the frequency of use of explanations and question-answer sequences, as well as in the way they interpret their roles as mediators of knowledge.

Caregiver informative materials are the subject of Cavalieri et al.'s contribution, focusing on KD materials distributed in Italy. By combining an ethnographic and a textual perspective, i.e. textual ethnography (Swales 1998), the authors look at the perceptions of caregivers on the current communicative situation and analyse the overall structure of the texts, the technicality of the vocabulary, the number of content words per clause ('lexical density'), and the clarity of the role relationship between author and reader. The results of the analysis confirm the relevance of key linguistic features in enhancing the quality of informational texts for caregivers.

The next three papers study social networks and forum discussions. Patients participating on a peer-to-peer basis are shown not only to seek information and guidance but also consolation, comfort and encouragement. Maci's paper, for instance, looks at support groups on healthtalk.org with a view to detecting how information and knowledge (and empathy) are conveyed to other people in a similar situation, with the aim of filling a cognitive and emotional gap. The analysis unveils the highly emotional connotation of the most frequently used verb, *know*, used to look for the listener's agreement, to show the parents' awareness of their child's medical condition, or to refer to when they were in turmoil due to shock and did not know it, and had no control over matters.

Similarly, Zabielska deals with lay medical language (Kokkinakis – Toporowska-Gronostaj 2006). By focusing on the main features of the patients' language used in the increasingly popular (Dosani et al. 2014; Neda

et al. 2017) English Facebook ear nose and throat forums about cochlear implants, the study shows that among many other features, the lay language employed seems particularly emotional when explaining specialist issues, which may also prove to be useful for the doctor's perspective, the co-communicator in the doctor-patient dyad (Brown et al. 1997; Dobson 2003; Shoaib et al. 2016).

Online forums are the subject of Mansfield's paper, too. In fact, the author analyses a popular website Diabetes.co.uk as an instance of a virtual community of practice. The dataset includes news about diabetes and about people with diabetes, with posts published by Diabetes.co.uk staff and users who share their experiences with the disease. Findings show how the discussion forum posts frame diabetics as patients seeking to achieve empowerment and self-management from their peers who transmit experiential knowledge of their chronic condition. Moreover, the discursive strategies identified fall into two categories: a popularised medical news genre providing knowledge produced by the website staff, and an emotionally-charged informal written-to-be-spoken discourse shared by users joining the discussion forum.

By using SketchEngine software tools, Mattiello's study investigates the figures of speech that are used to disseminate health information to non-experts in online articles related to the topic of the obesity epidemic. While a quantitative analysis of the key words collocating with the lemma *obesity* shows its relevance to health problems and diseases such as diabetes, heart disorders, or depression, a qualitative analysis of figurative language in the corpus demonstrates that reporters privilege the use of metaphor, simile, metonymy, and hyperbole to increase individuals' health literacy and to help people make appropriate decisions related to nutrition, healthy eating, and physical exercise.

Turnbull investigates how health information and advice is communicated to the elderly on the Internet. Since recent studies have shown that there is a worryingly low level of health literacy among the elderly, the quality of health information made available to the public is of the utmost importance. By focusing on the strategies adopted to explain 'technical' information to the reader, and those aiming to establish a relationship of trust between the addresser and addressee, the study takes into account both the cognitive and communicative dimensions of knowledge transfer, and shows how some websites mainly focus on imparting specialized knowledge, while others take a much broader view of the issues under consideration focusing

on the well-being and quality of life of the person, which are, in any case, fundamental aspects of health.

Finally, Cheng's paper examines the genre of nurse-elderly resident consultations in Hong Kong, focusing on how the closings of their interactions are structured. The author aims to ascertain the extent to which the patterns of closings conform to the canonical closing, or archetype closing, identified in telephone calls and conversations in American English, how the nurse and the elderly resident compare in initiating different patterns of closings, and the contextual and interactional reasons for any suspension or delay of a closing in the consultations. Findings show that the closing structure is genre-specific, dependent on such factors as institutional roles and communicative goals, conversational contexts, and relationships of the speakers.

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Dedication

While this issue was in preparation in September 2018, we received the sad news that Prof. Lavinia Barbaresi Merlini had passed away. We would like to dedicate this issue of *Token* to her memory. Lavinia was a pioneer in English Linguistics in Italy and a source of inspiration for many of us, who had the privilege to meet her and appreciate her scientific insight, as well as her modesty and unfailing generosity.

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