



*Lingue, linguaggi, letteratura*, 6

collana diretta da Adriana Corrado,  
Gabriella Di Martino, Giulia Papoff

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*Genre(s) on the Move: Hybridization and Discourse Change in Specialized Communication* is the result of a government-funded research programme of national interest (PRIN) titled *Tension and Change in English Domain-specific Genres*, involving research teams from five Italian Universities: Bergamo, Milano, Napoli Federico II, Roma "Foro Italico" IUSM and Torino. All contributors in this volume analyze specialized genres in private and public as well as professional and institutional domains. The overall focus is genre hybridization across time and space (inclusive of resistance and creativity) and the coherence across the volume is achieved through the acknowledgement of contemporary socio-discursive practices, especially new technologies, globalization, multimodal representation and role-relations.

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*In copertina:*  
Francesco Caliendo, *Propulsione*

*Genre(s) on the Move  
Hybridization and Discourse Change in Specialized Communication*

# *Genre(s) on the Move Hybridization and Discourse Change in Specialized Communication*



SRIKANT SARANGI, VANDA POLESE, GIUDITTA CALIENDO (eds)



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## Preface

This volume is one of the final products of a government-funded research programme of national interest (PRIN), *Tension and Change in English Domain-specific Genres* (Prot. No. 2007JCY9Y9). The project, which focused on the evolving aspects of private and public, professional and institutional discourses, aimed to record the transformations undergone by domain-specific genres, drawing attention to such phenomena as genre hybridization, creation, resistance and change mediated through the impact of the new technologies and globalization. The scientific coordinator of the project, which involved teams from five Italian Universities – Bergamo, Milano, Napoli Federico II, Roma “Foro Italico” IUSM and Torino – was Professor Maurizio Gotti of the University of Bergamo. The leaders of the University teams at a local level were: Professor Maurizio Gotti (University of Bergamo), Professor Giuliana Garzone (University of Milano), Professor Gabriella Di Martino (University of Napoli Federico II), Professor Paola Evangelisti Allori (University of Roma “Foro Italico” (IUSM)), and Professor Giuseppina Cortese (University of Torino).

The volume as a whole constitutes a forward step in the tradition of domain-specific English use, a research field which has dominated the research profiles of many Italian academics and scholars internationally. In Italy, more specifically, many research activities have been devoted to this field of study over the years, encompassing funded research projects, PhD courses, conferences and seminars at all levels. Academic ‘migrations’ have been an inevitable part of such intense research activities, fostering cross-boundary convergence.

The volume mainly comprises the results of research conducted within the framework of the PRIN project by scholars from the five Italian Universities. The additional contributions reflect the interests of scholars exploring genre hybridization, also with reference to the British and the U.S. contexts and to the supranational organizations such as the European Union and the United Nations.

The chapters have been organized into two thematic Sections: (I) *Genre(s) on the Move in Private and Public Domains*; and (II) *Genre(s) on the Move in Institutional and Professional Domains*, the former dealing with contributions which investigate genres in private and public settings, the latter investigating genres in institutional and professional settings, both sections foregrounding the phenomena of hybridization, change and resistance.

The contributions, based on different datasets and drawing upon different analytical frameworks, engage with a range of aspects of private, public, institutional and professional communication. Main issues at stake are: whether, how and to what extent globalization and the new technologies have affected genre(s) with regard to modalities and strategies of communication; which discourses (e.g. legal, political, informative, administrative, etc.) have been influenced by other discourse practices and, conversely, which discourses have resisted changes and retained traditional features.

Also of interest in the context of this volume are: (i) genre types: i.e. what genre types these transformed discourses belong to, what semiotic features characterize these interdiscursive processes and what underlying socio-discursive practices can be identified analytically; (ii) genre evolution: what distinctive traits highlight the evolution of specialized communication with regard to specific genres; and (iii) new genres: what distinctive features are prototypical of the new emerging genres.

The main title of the volume, *Genre(s) on the Move: Hybridization and Discourse Change in Specialized Communication*, encapsulates the two key axes – spatiality and temporality – that account for the dynamic transformations many of the genres routinely undergo in order to maintain their social purpose, while retaining flexibility for further change and evolution. In a nutshell, genres have wheels that help them move across time and space!

Srikant Sarangi, Vanda Polese, Giuditta Caliendo

KIM GREGO, ALESSANDRA VICENTINI

## Holiday Dialysis in Italy on the Web: Multidimensional Hybridization in Institutional Healthcare Communication\*

### 1. *Introduction*

Within a broader project regarding how (ethically) healthcare institutions communicate to citizens/possible patients through the web<sup>1</sup>, this paper explores the very recent emergence of medical or healthcare tourism<sup>2</sup>, which seems to be particularly suitable to analyse how the phenomenon of linguistic/communicative hybridisation is at work at many levels.

This one domain has rapidly developed in the last few years due to the advent of globalisation on the one hand, radically changing the models of production and consumption worldwide and setting up new modes of service provision and utilisation (Catenaccio 2009), and the availability of cheap, fast and reliable ICT tools, as the Internet, on the other.

At first, healthcare tourism aroused a strong interest in the media, especially as far as its economic, social and political implications are concerned. It was then soon after dealt with by scholars, who tried – and still are trying – to define and classify it, despite its multifarious and ever-changing nature (Goodrich 1993, 1994; Borman 2004; Henderson 2004; Connel 2006; Bies/Lefteris 2007). Indeed, novel and interesting aspects are constantly coming to light about its promotion strategies to potential users (either patients or tourists or both), thus possibly contributing new insights into genre and communication theories.

What researchers have especially been looking at in these years is to verify whether the realisations of healthcare tourism are to be intended

\* Research for this paper has been carried out jointly by the two authors. Kim Grego, in particular, is responsible for sections 4.2 and 5 while Alessandra Vicentini for sections 1, 2, 3, 4.1. The general framework has been elaborated together.

<sup>1</sup> The research project, involving the Universities of Milan and Varese, started out almost three years ago with the aim of collecting and investigating significant written and spoken texts as regards healthcare communication and, in particular, the medical institution-patient relationship and its possible ethical and ideological implications.

<sup>2</sup> From now on denominated healthcare tourism.

as a branch of healthcare or tourist discourse or, rather, a mix of both, combining motivations, communicative and linguistic canons. The holiday dialysis trend, in particular, is nowadays a fact and a specific instance of the phenomenon as a whole, developing both globally and locally as it does. Not only can it be seen as a part of the tourist industry, strategically offering healthcare services in addition to tourist attractions, but also as an area of the healthcare business, displacing high-level Western healthcare facilities in low-cost, usually non-developed or developing countries.

Such hybrid nature, lying at the basis of the concept and definition of healthcare tourism itself, suffices alone to assume that the promotion of healthcare tourism destinations will combine different discourses, one aimed to promote healthcare services and the other – in so far as healthcare tourism can be considered a branch of tourism – the destination as such. It is the interplay of these two discourses that is the object of this paper, with particular reference to healthcare tourism promotion in Italy.

## 2. *Background and aims*

In order to analyse and fully understand the Italian version of the phenomenon of healthcare tourism, it is worth shedding some light on its historical development, since its first appearance on the international scene to the adoption of specific and multi-faceted local attributes, by referring to the numerous studies elaborated so far<sup>3</sup>.

Conventionally deriving from a well-known, age-long tradition of travel for health purposes (spas and sanatoriums were the available options where to spend a wellness holiday in the past), which seldom involved actual medical treatment, the modern corresponding trend is represented by luxury clinics (above all exotically located), always “linked to medical intervention” (Connel 2006: 1094) – a consideration, the latter, that also applies to the Italian case under scrutiny in this paper.

<sup>3</sup> To name but a few, Kahn (2005) and Sheenan *et al.* (2007) deal with destination promotion theories and marketing of tourism, while Borman (2004) and Connel (2006) are devoted to healthcare tourism as a new, hybrid phenomenon. Specific health tourism destinations are touched upon in Henderson (2004), Goodrich (1993) and Catenaccio (2009), which respectively describe healthcare tourism to Southeast Asia, Cuba and India, the latter also focusing on web-mediated communication as a particularly relevant strategy for promotion and identity building.

Many and diverse definitions/classifications have been put forward over the years, once again confirming the complex nature of the issue. In particular, Henderson (2004), stating that the phrase “medical and health tourism” covers a variety of different sectors, proposed to distinguish four macro-areas – reproduction, illness, enhancement and wellness<sup>4</sup> – out of which the one labelled “wellness” has evidently inherited the traditional spa tourism status, while the other three result from recent developments and can be ascribed to a variety of factors. Illness-related healthcare tourism most probably derives from the exorbitant cost of surgery and long waiting lists in many Western countries, whereas enhancement tourism can count on – besides obvious privacy advantages – the additional benefits of a holiday following the voluntary surgery performed. Still different are the reasons lying behind fertility tourism, to which patients resort not only on financial grounds, but also because of the availability in foreign countries of treatments that are forbidden by law in their home countries.

Based on the above described general scenario, this analysis will look at the discourse of web-based healthcare tourist promotion in Italy, with particular attention to the framing strategies used to construct both clients and service providers in the field of dialysis.

The holiday dialysis case has been selected as a suitable focus for this research as it is expected to offer possible interesting stances on the way both communication and language work when phenomena of a hybrid type are at issue.

The interaction between the healthcare and tourist discourses in the Italian healthcare framework of reference will therefore be investigated to highlight the nature and application of discourse and genre hybridization.

### 3. *Corpus and method*

The corpus, identified and collected for a previous study on multilingualism in Italian institutional healthcare web-based communication<sup>5</sup>, consists precisely of 178 websites of ASL (Local Health Enterprises), 95 websites of AO (Hospital Enterprises), both groups making up the

<sup>4</sup> The same classification is mentioned in Catenaccio (2009), adapted from TRAM report (2006: 11), based in turn on Henderson (2004).

<sup>5</sup> See Grego/Vicentini (2009).

operative part of the INHS<sup>6</sup>. The starting point for website selection was the site of the Ministry of Health<sup>7</sup>, which features links to both such national-level and local bodies and organisations. Also to notice is that they all are public entities, 97% publicly funded, and only official websites were obviously considered. Some sample healthcare corporate websites were also chosen to briefly contrast corporate and public features of healthcare web-mediated communication.

Finally, it is worth highlighting that, in order to qualitatively compare the Italian situation to the international scene, as stated in section 1, specific websites were selected from a variety of sites devoted to the promotion of healthcare tourism internationally, showing some of the different kinds of healthcare tourism applications worldwide.

From the methodological point of view, the analysis was both quantitative and qualitative and consisted of two main stages: firstly, a preliminary review of the sites constituting the Italian healthcare-based macro-corpus as above described was carried out to highlight the presence of healthcare tourism – at large – and holiday dialysis – in particular; secondly, the investigation attempted to interpret the data qualitatively, with a primarily multimodal discourse-analytical focus (Kress/van Leeuwen 2001, 2006), furthermore gaining additional insights from Critical Discourse Analysis (Fairclough 1993, 1995, 2003).

#### 4. *Communicative analysis*

##### 4.1. *The international situation*

At the international, particularly non-Western level, both institutional and corporate offers and, consequently, promotion are present. Interestingly enough, there generally emerges substantial interaction/integration between Western and local healthcare principles/values, which seems necessary to better promote the destination – mainly targeted at international clients/patients – and provide credentials to it.

However, whereas institutional communication focuses on the promotion of national (healthcare and tourism) values, thus striving to sponsor the country as a destination for tourists, corporate communication preferably

<sup>6</sup> Abbreviation for Italian National Healthcare System (*Servizio Sanitario Nazionale*).

<sup>7</sup> The Italian Ministry of Health (*Ministero della Salute*). Available at: <http://www.ministerosalute.it> (Last accessed: 1 December 2009).

endorses Western healthcare tradition and values, being directed as it is at new, possibly well-off clients.

The affluent, the rich, usually the European, or even the new rich, are indeed the target audience constantly emerging from the plethora of websites devised to promote healthcare tourist services internationally, although different are the motivations, destinations and consequent promotion strategies employed. It also goes without saying that the criterion adopted for promotion is mainly economic.

To testify to how motivations combine with destinations and related marketing and communication strategies, some examples featuring the latest international healthcare tourism trends were selected: the case of countries that recently joined the EU (e.g. Romania, Bulgaria, etc.), being usually renowned for illness treatment and reproduction expertise and, among the Asian countries investing heavily in the healthcare tourism industry, the cases of China and Singapore. The latter, in particular, is the subject of a recent piece of news, "Organ traffic flourishes"<sup>8</sup>, reporting that the government allowed and is now trying to regulate the buying and selling of organs among live people, thus triggering off a potential flux of 'tourists' willing to benefit from organ transplant. This is also what China is trying to do in order to stop the phenomenon, which flourished because organs transplanted were, and still are, mostly taken from people sentenced to death, often without their consent or their family members', a fact generating a particularly fierce ethical debate.

The above reported instance shows that a clash or an interaction between values – sometimes engendering moral and ethical implications – is often at work when dealing with healthcare tourism, a condition to be ascribed to the fact that the construction of credentials in such a domain mainly relies on cost / time / life saving, high-quality technology and law circumventing. This is especially the case when in the tourists' home countries some treatments are forbidden by law (see fertility tourism as mentioned in section 1).

The following are just a few examples of web-mediated international corporate communication in the field of healthcare tourism, which emphasise the use of both written and visual contents to promote each

<sup>8</sup> Asian News (2009). Available at: <http://www.asianews.it/index.php?l=en&art=16152&size=A> (Last accessed: 20 December 2009).



specific destination. AB Dental Care<sup>9</sup> is a Romanian-based corporate website offering dental treatment in Romania: the target audience is clearly European (“that you would have to pay in England, France, Italy or Spain”; “EU standards”), and most credentials are based on cost saving (“you can save about 50%”), and on technology and high-quality standards (“we use exclusively high-quality materials”; “materials, technology and equipment used are in compliance with EU standards”).

In the Singapore Health-Tourism.com homepage<sup>10</sup>, the logo payoff (“Medical tourism made simple”) testifies to how healthcare tourism has already developed in a structured industry, providing clients/users with all suitable products/services they are in need of. Interestingly, here the building up of credentials is also carried out at the iconic level: a white/Western man (probably a physician) and an Asian-looking nurse or physician are present in the website’s heading, presumably to promise EU standards and technological reliability. The Gateway to Chinese Medicine, Health and Wellness, Acupuncture.com<sup>11</sup>, offers not only traditional Chinese treatments, but also reproductive medicine and fertility services, thus confirming the presence of both globalized and hybridized patterns within the healthcare tourism domain.

#### 4.2. *The Italian situation*

When moving on to the specific case of Italy, one realizes that the situation is definitely still in progress. There certainly is a growing interest, but statistics on the phenomenon are scarce. Reasons for this are multiple and do not apply only to the Italian scenario. Firstly, this is a subject having highly moral (i.e. personal), ethical (i.e. social) and deontological (i.e. professional) implications. For example, there are life-saving and non-life saving practices: indeed, there is a substantial difference between a kidney or heart transplant and breast augmenting surgery. Secondly, there are legal and illegal practices: without going so far as to consider the illegal purchase of organs<sup>12</sup>, suffice

<sup>9</sup> AB Dental Care (2009). Available at: [http://www.abdentalcare.ro/dental\\_treatment.html](http://www.abdentalcare.ro/dental_treatment.html) (Last accessed: 20 December 2009).

<sup>10</sup> Singapore Health-Tourism.com (2009). Available at: <http://www.health-tourism.com/heart-surgery/singapore> (Last accessed: 20 November 2009).

<sup>11</sup> Acupuncture.com (2009). Available at: <http://www.acupuncture.com> (Last accessed: 20 November 2009).

<sup>12</sup> Even in the cases of China and Singapore, hinted at in section 4.1, the practices mentioned were legal or at least being regulated by the government.

it to consider fertility or abortive treatments alone, which are legal in some countries but illegal in others. Finally, relating to all the above but also to each individual's own social community or communities, there is the issue of stigma and the subsequent need for discretion that may be associated to the subject.

The sources of information that are indeed available mainly rely on the press, i.e. they are to be found at a popular/dissemination level<sup>13</sup>. On the whole, official data seem to be either missing or very hard to find. For example, Italy's official Statistics Institute, ISTAT, monitors the Italians' reasons for travelling abroad, but the featured options only include holiday-making and business (ISTAT 2009). On the other hand, it is only fair to report that another official institution, the Bank of Italy (2009), has indeed started to differentiate between reasons for travelling abroad, listing, as it does, in the fourth position 'treatments and spas' (It.: *cure, terme*). Of course, this is very vague from a medical point of view, and definitely belongs to the old fashioned category of 'health travels' mentioned in section 1.

#### 4.2.1. Italy's corporate healthcare tourism

The next paragraphs will analyse the situation more in detail, starting from corporate healthcare tourism, i.e. the business oriented sector thereof. Here, there emerges that the world wide web is the number one marketing channel, and that the services on offer are varied and substantial. Nonetheless, they are hardly quantified and controlled if, indeed, they are even quantifiable and/or controllable at all, given that, as seen above, data and statistics are missing and, when present, they are incomplete and therefore non-reliable<sup>14</sup>.

The analysis of a typical corporate website of an Italian company selling healthcare tourism suffices to offer a taste of the corporate healthcare tourism situation. The [www.vacanza-dialisi.it](http://www.vacanza-dialisi.it) company<sup>15</sup> is based in Sicily

<sup>13</sup> See, for instance, "Il boom del turismo medico" (transl.: The boom of medical tourism), in *Donna Moderna* (Trentin 2008); "Non solo vacanze low cost. Dal dentista dell'Est per due soldi..." (transl.: Not just low cost holidays. To the dentist's in the East for a few pennies), in *Panorama* (Calderoni 2008).

<sup>14</sup> For example, the Italian Ministry of Foreign Affairs (2009) does provide information about travelling for healthcare purposes but, as yet, it provides no specific statistics on the phenomenon.

<sup>15</sup> *Vacanza dialisi* (2009). Available at: [http://www.vacanza-dialisi.it/italiano/centro\\_dialisi.html](http://www.vacanza-dialisi.it/italiano/centro_dialisi.html) (Last accessed: 20 November 2009).

and offers sailing cruises for dialysed patients around the island. Nothing on the website is actually professional: there are only a mobile phone number and a private email address, neither really 'corporate' in either appearance or content.

Another page from the same website<sup>16</sup> shows, in equal percentages, iconic information about the medical dialysis centre and the entertaining side of the holiday. Precisely, if considering the downloadable PDF leaflet appearing in the page, it is apparent that it deals exclusively with the tourist side of the holiday.

#### 4.2.2. Italy's institutional healthcare tourism

Turning to institutional settings, when it is public healthcare institutions that offer healthcare tourist services, it is worth specifying that Italy is currently a highly devolved country, especially as regards policies such as healthcare. Indeed, after the constitutional amendment of 2001 (Italian Constitution, Art. 117, amended 2001), differences between Italy's various regions have increased and are very well reflected in their respective official websites, including the healthcare ones (see Grego/Vicentini 2009, section 1).

By analysing the selected and collected corpus (see section 3), it has been possible to identify the main features of institutional healthcare tourism. In this area, contrarily to its corporate counterpart, the offer of services is scarce. The reason behind it can be traced back either to the fact that the phenomenon is only just beginning, or that it is not currently being advertised enough, at least on the web. It is probably a combination of both, given that the trend is at its onset, thus still necessarily growing, and also remembering that all the available sources are of a popular nature.

Furthermore, there are great regional differences, due to the recently devolved administration of the Italian public healthcare as mentioned above and also, presumably, to the different attraction rate of Italian regions: e.g. Molise is apparently not as attractive, in tourist business terms, as Veneto or Tuscany (and here official statistics are available)<sup>17</sup>. But, especially, the divergence lies in the dissimilar standards of each region's health services and structures, which is another fact, and which is reflected in the respective websites as interfaces between (regional)

<sup>16</sup> See footnote 15.

<sup>17</sup> See data on tourist accommodation in ISTAT (2004), Table 2.21.

institutions and citizens<sup>18</sup>. In institutional healthcare tourism too, the web is the favourite marketing channel and, again, official statistics as to which regions offer healthcare tourism services are either missing or incomplete, therefore, non-reliable. Thus, the issue of quantifiability and controllability of these events also remains relevant.

Following all the above considerations and the detailed scrutiny of the websites in the research corpus, when looking for ASL / AO websites with holiday dialysis services advertised in Italian, the findings<sup>19</sup> are as follows:

1. ASL Alba-Bra, Piedmont;
2. ASL Siena, Tuscany;
3. ASL Forlì, Emilia-Romagna;
4. ASL Cagliari, Sardinia;
5. ASL Olbia, Sardinia;
6. ASL Sassari, Sardinia.

ASL / AO websites with dialysis holiday services advertised in Italian are therefore just 6, plus two more ASLs (ASL Civitanova Marche, Marche and ASL Macerata, Marche) which do offer the service, but do not advertise it on their websites<sup>20</sup>. Of these, only 2 out of 6 advertise their healthcare tourist services in English. These 'far-sighted', internationally oriented websites are: Alba's (Piedmont), which sports a full English translation of the Italian version and a perfectly bilingual Italian and English version of the PDF advertising leaflet. The other one is Siena's (Tuscany), offering a partial English section of the full Italian webpage, as well as an application form in English.

#### 4.2.2.1. The Alba-Bra ASL: a case study

For the purposes of this study, the Alba-Bra ASL website was deemed especially interesting to analyse, as it is the one that offers the most information in English. The top right corner of its English version, which is dedicated to holiday dialysis in the local Langhe area<sup>21</sup>, hosts the downloadable PDF advertising leaflet (Figure 1) that will be analysed in

<sup>18</sup> See data on regional public health expenditure, where Molise, for example, spends more per person on health than Veneto or Tuscany (ISTAT 2009).

<sup>19</sup> As of 18 November 2009 (last consultation).

<sup>20</sup> They are advertised, instead, on their Region's official website, so institutionally one level higher.

<sup>21</sup> ASL Alba-Bra. Holiday Dialysis (2009). Available at: [http://www.aslcn2.it/pagine/eng/dialisi\\_vacanze.lasso](http://www.aslcn2.it/pagine/eng/dialisi_vacanze.lasso) (Last accessed: 20 November 2009).

detail in this paragraph as especially representative of the type of communication investigated here.

**ALBA DIALYSIS CENTRE**  
Ospedale San Lazzaro

**BRA ALBA ASL CN2** REGIONE PIEMONTE

# HOLIDAY DIALYSIS

## AMONG THE COLOURS, SCENTS AND FLAVOURS OF THE LANGHE

Patients will be able to arrange for dialysis stations with latest generation equipment for performing all dialysis techniques, equipped with television and located in a comfortable, air-conditioned and newly-opened environment.

The Dialysis Centre offers shifts from 18:00 to 22:00 for those who wish to have more free time to take advantage of the many tourism opportunities in this area.

For those unable to reach the Dialysis Centre independently, a transportation service is available at controlled prices, run by the volunteers of ASL.

For information and reservations contact the Nephrology and Dialysis Centre  
ASL CN2 - Ospedale San Lazzaro  
12051 Alba (CN) - Via P. Belli, 26  
from 9:00 to 16:00 (Monday-Friday)  
**+39.0173.31.65.79**  
nefrologia.alba@aslcn2.it

For accommodation contact  
Ente Turismo Alba Bra Langhe Roero  
tel. +39.0173.35.833 - [www.langheroero.it](http://www.langheroero.it)

More details available at the website  
[www.aslcn2.it/dialisivacanze](http://www.aslcn2.it/dialisivacanze)

Figure 1. *Alba-Bra ASL Holiday Dialysis advertising brochure*

The communicative analysis should start by pointing to, in the top-left corner, the logos of 1) the hospital centre, 2) the ASL and 3) the hosting region, Piedmont. These confer a sense of authority and reliability

to the whole text. Secondly, in the top-right corner, there is the very attractive, marketing-oriented, sun-coloured heading “HOLIDAY DIALYSIS AMONG THE COLOURS, SCENTS AND FLAVOURS OF THE LANGHE”, appealing to at least three human senses: vision, smell and taste – hearing being the only excluded sense. Thirdly, in the centre-right position, the key position, there is the actual written text. Even a quick glance at it would reveal that it contains no references to the recreational aspect of the service. Except in the heading, the tourist aspect is conveyed exclusively by non-textual semiotic codes, images mostly: this is a relevant feature, showing that, whenever the medical aspect is being discussed, the codes and the genres chosen are those traditionally connected with specialized communication. The images associated to the written text (in the centre) contribute to conveying a traditional – thus safe, trustworthy and prestigious – image of the advertised healthcare service. Fourthly, in the centre-left area, there is a map showing where Alba is located in Europe, with indications about how to reach it, and how to get in contact with the providers of the service. Incidentally, this area of the leaflet also includes yet another logo: that of the official Tourist Office for the area, complete with contact details and website address. The whole bottom part of the page, accounting for about one third of the entire leaflet, is occupied by a large photograph showing a neat little village surrounded by green hills below a clear blue sky: only at this point does the reader realise that this picture in fact makes up the background (the light blue colour is the sky’s) of the entire document and of the information it reports. Not only, this final picture already starts fulfilling the promise made in the heading of beautiful colours (the blues and reds and greens), scents (the green pastures promise good food), and flavours (the many vineyards promise excellent wine).

## 5. *Conclusions*

The study is believed to have highlighted both general and specific examples of the phenomenon of multi-hybridization. At the discourse level, to start with, holiday dialysis as a subject – and the analysed text in particular – is undoubtedly a hybrid of healthcare / wellness, business and tourism, and it also touches upon their sub-discourses such as law, morality, ethics, appearance / acceptance (in the case of cosmetic treatments) – each presupposing specific yet often overlapping practice and discourse

communities. Tourism itself is a hybrid, encompassing both business and entertainment, and even less usual discourses such as religion (e.g. in pilgrimages) and sport: it is, in brief, a hybrid of all the possible macro-motivations why a person would want to travel. Not to be ignored is also the general notion that the communicative setting is hybrid too, when products with both an institutional and a corporate nature are considered.

With reference to the channel, this too is highly hybridized. Generally speaking, the Internet is *per se* multimedia supported, therefore a multimediuum itself (compare, for example, Askehave and Ellerup Nielsen 2005). The specific text analysed is, in particular, a PDF file including both images and text, therefore both verbal and non-verbal languages are at play. The PDF can moreover, as is well known, instantly become a paper document the moment it is printed while, in its electronic version, it also contains hyperlinks to all the web addresses and emails it hosts, so even the simple, one page PDF considered in this study has proved to be highly multimodal. Furthermore, if any predictions can be made at all, it is that hybridisation is probably developing further, to the point of including new multisensorial elements<sup>22</sup> like those based on smell and touch. This would only add to the observable growing trend of providing the audience with samples of the product as realistic as possible, to apply what is called emotional or experiential marketing (Schmitt 1999) and, in short, to make “the colours, scents and flavours” of communication as real as possible.

Finally, the multi-hybridisation trend is also and especially found as regards genres. In the example considered in this paper, the online PDF leaflet alone contains many instances of different genres or sub-genres: the map, the logo, the contact information, the photo gallery, the (corporate and institutional) advert. Genre hybridization as a trend in online institutional communication is confirmed as existing and increasing in Italy; in particular, the growing hybridity of institutional and corporate healthcare discourse is especially communicated through the use of hybridized genres. If this – as it appears to be (Garzone 2007) – is a general tendency of the www, then the Italian web-based healthcare institutional discourse uses the most up-to-date communication strategies and thus well represents, locally, the global trend.

<sup>22</sup> Some already exist: the browsable brochure / leaflet, the virtual tour, the audio and video embedded documents, etc.

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