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THE LANGUAGE OF MEDICINE: SOME REMARKS ON THE COMMUNICATIVE INTENTION VIOLATION

Key words: the language of medicine, communicative intention violation, psycholinguistic awareness, frame structures, prevention

This concise study will serve one general goal which, contrary to what may be inferred from the title with the reference to medical arts, will be specifically of psycholinguistic rather than medical character. The objective is to trace the possible cognitive outcome consequent on the language and conversational style typical of the medical expertise today. It will be shown how the stylistic and lexical convention can alter the process of treatment or even the pre-treatment phase, when prevention is pointed as the best medicine.

The inspiration to examine the language of medicine and its role in the process of the medical treatment came from a short written announcement I spotted on the board in one of the local shops of my homeplace. The note read:

The health centre in D. organises free of charge examination including:

- testing bones in the direction of osteoporosis;
- testing the lungs in the direction of asthma.

If you are interested, you are invited...

[translation – M. B.-T.]

Far behind us is the time when language was treated as an abstract system of sounds, words and sentences, functioning in isolation to the biological, mental and cultural contexts in which human activity is embedded. In order to understand the genuine effects of any linguistic activity one has to bear in mind a number of psycholinguistic mechanisms – intrapersonal and interpersonal in character – that organise communication. Today, the psycholinguistic perspective which has found its faithful

advocates among researchers in the language studies, accounts for such subtleties as the speaker's and listener's mental structures, updated continually and dynamic in nature, while analysing the speech acts; other essential aspects contextualising any linguistic exchange are the systemic parameters describing the language as being applied for the communication goals of the communication dyad participants. Among these systemic values there are: the conversational style and the lexical choice.

The psycholinguistic analysis of linguistic behaviour requires one more level of the analysis to be introduced. Namely, in the current stage of evolution of the human organism, cognitive activity of humans is controlled by both: the rational mind and the emotional mind; as language is a mental process, the two ways of processing the data: cognitive and emotional, apply to the linguistic data processing as well. Furthermore, apart from the emotional code, different situational or cultural contexts pre-mark the ultimate conversational effect as well. They can shed a totally new light on and may bring totally 'new readings' to even identical linguistic utterances. Consequently, the process of both language production and language reception, being dynamic and subjective, are of creative nature. Towards this kind of explanation is the below study of the language of medicine oriented.

1. The communicative intention violated

All that one is trying to accomplish with one's language is referred to as his/her communicative intention [Dirven 1998: 162,163]. When one wants to put his/her thoughts or opinions into words, one aims to evoke some result; the intention may be to inform, to release the emotions, or to manipulate the receiver. Regardless the goal, a healthy person – in the sense of the general cognitive abilities being within the norm – is equipped cognitively to adjust the linguistic means to the awaited and intended communicative outcome. Simultaneously, the receiver of the message is able to decode the intended information in the intended way, that is activate the required frame of communication. The cognitive scenario of a successful communication involves the encoding and decoding processes based on the stylistic and lexical cues which, in turn, activate proper cognitive frames [Kiklewicz 2007]. In other words, the cognitive function of the style and lexical decision which orchestrate the linguistic performance consists in the activation of mental information structures in the cognitive system of the message receiver. Any defects in this process of identifying and locating a given message within a proper conversational frame are characteristic of various cognitive syndromes, schizophrenia being one of them [Kiklewicz 2007]. In such conversational situations, the defectively functioning language processor of the message receiver cannot decide on a mental frame to switch on and apply in the linguistic comprehension process.

Usually, however, healthy users of language hold the opinion that they are able to adjust the linguistic device to the metalinguistic aim in their linguistic activity, which is, unfortunately, not always the case. People with low psycholinguistics awareness are hardly ever aware of the consequences of their linguistic choices. The case discussed

in the current study exemplifies the incompetent language use, which leads to an unsuccessful communicative exchange. The primary intention of the author of the note in question must have been to inform the reader about the unique offer put forth by the local health centre. Free tests, checking the condition of the bone structure and functioning the lungs, constitute the opportunity that cannot be missed these days; after all, normally, the state-guaranteed specialist help in Poland requires a lot of patience on the part of the patient who has to take into account a considerable time period of waiting in the queue to the specialist, along with other needy patients. However, the underlying suggestion included in the text under discussion seems to include the incentive to take care of one's physical condition, for which is still some time. The author of the announcement aimed to attract **healthy people** who would like to keep their wellness up. However, the two adverbial phrases: 'in the direction of osteoporosis' and 'in the direction of asthma' spoiled the effect and, while violating the communicative intention of the author on the one hand, turned the offer into an invitation for already osteoporosis-suffering or asthma-suffering patients; on the other hand, made those not diagnosed, the cases already classified. The most probable result brought by the announcement was that the voluntaries for the tests comprised mostly asthmatics, osteoporosis-suffering people or those who were convinced or in fear of having contracted either of the two disorders.

2. Psycholinguistic considerations

Humans understand the stimuli they receive from the external environment provided that their cognitive representations contain proper information, that is, the keys to the cognitive package brought by the stimuli. The reformulated semantic theory proposed by George Mandler seems to be the happiest postulate since the time when semantics of the portion of language was equated with the sum of the composing lexemes. Mandler proposes a holistic vision on the linguistic meaning. The scholar notices that 'meaning equates (cognitive) structure' [Mandler 1984: 51]. If some information is to be comprehended (or even received into one's awareness), a mental counterpart or symbolic representative has to be activated in the mental vision of the world. Humans collect these 'mental keys' throughout their lifetimes; new data which enter the cognitive apparatus push away old data, modify them, or help to generate generalisations. In this sense, it is always possible to 'teach the old mind new tricks'. Moreover, the cognitive mechanism of forming and updating the cognitive map is based on two complementary ways of handling the input: the cognitive/declarative/procedural processing and the emotional processing. There are cognitivists who assume the existence of two distinct 'minds' within one cognitive system; these minds may have their neurobiological unfolding in the dichotomy of the right and the left hemispheres. The biology of cognition has it that the two cerebral hemispheres are simultaneously involved in any mental operation, preferring their own, specific strategies of dealing with this input [Springer and Deutsch 1998].

2.1. The frame analysis

The mental representation, otherwise referred to as ‘the mind’, divides itself into the mental mechanisms and data, the later being portions of information encoded and continually updated in the mind, termed concepts, scripts, frames, schemata and other. These chunks of information when activated form one’s awareness [Mandler 1984: 70]. As it has been already assumed, the stylistic and lexical parameters of the message have a cognitive consequence in the receiver’s mind, activating proper cognitive frames. According to Barsalou, a frame is an attribute – value set, where its attributes are the constant, abstract features of an object, and the values are its concrete realisations. If one considers A MEDICAL TEST as an attribute of a frame, constituting A MEDICAL CONSULTATION in general, two values come into play and fall into a complementary relation, which are tests to name the illness in case of some symptoms, implying a given disorder; or tests which are to acknowledge the health and strength of the organism, when the organism is, generally speaking, in a good condition. The cognitive system when confronted with the notion ‘a medical test’ will search through the received message for more data to determine one value or the other. The obvious choice the reader of the note under the current discussion is going to make will be the former value, which composes a frame of a medical consultation for determining a disorder. The clue comes from the two adverbial phrases: ‘in the direction of asthma’ and ‘in the direction of osteoporosis’. The cognition of the reader of the message will be quite literarily directed towards these values.

3. Disorder-directed modelling

Similarly to the unique relationship between the parent and the child, based on the expert behaviour on the part of the parent and the pupil role of the child, the doctor and his/her patient enter a communication dyad being based on the relation between a suffering person and the care-taker or help-giver [Puppel 2000: 129–141]. The parallel analysis can go further, the patient seeks help and advise, hence his/her cognition is ready and open to receive and internalise the guidelines how to cope with the problem. One can assume that a patient seeking the doctor’s advice has prepared his/her mental structures for reshuffle, having given inner consent and having built a necessary motivation to loosen the cognitive structures and immerse into the mental phase of the epistemic openness [Maruszewski, Ścigala 1998; translation of the Polish term – M. B-T]. The doctor, acting as an expert, is expected to provide the professional advice; in a sense, the doctor models his/her patient and implies the role the patient is to play as... a patient. The way in which the formal notice in question is written awakes in the potential patient’s mind the scene of any lungs’ ailments being somehow linked with asthma; and any bones disorder being due to osteoporosis. On the one hand, the notice refers to the knowledge of lungs or bones disorders, already stored in the mental representation of the potential patient; on the other hand, the notice builds

up a new mental scene which will, in the future, get activated every time any problem with the bones or the lungs occurs.

One of the first linguists to mention the psycholinguistic consequences of careless language in medicine was Alfred Korzybski [Steinberg 1998: 166]. Korzybski believed that improper language damages the brain and contributes to susceptibility to various diseases; only by transforming the language is one able to retrain the cell pathways in the brain. Although Danny Steinberg, in his monograph on psycholinguistics presented Korzybski's ideas as far-fetched, one cannot escape the impression that Steinberg's irony¹ was pre-emptive [Steinberg 1998: 165–166]. It is not my intention in this paper to discuss the freshest discoveries within neuropsychology but, to counterargument Steinberg, one needs to realise that the human mind is characterised by its life-long maturational and reshuffle potential; thus by means of proper therapeutic techniques or self-work (language being the most widely used and effectively potent tool in modern psychotherapy) one can alter the neural circuits in the brain, which equates correcting one's chosen cognitive reactions.

4. Conclusions

This brief analysis of the medical announcement constituted an inspiration to consider the inevitability and two-directionality of the dyad: mind – language. The mind generates language, but the language sent and received has the potential to (re)model the mind. The immediate psycholinguistic conclusion is that not only linguistic but any professional expertise today requires this psycholinguistic awareness of the cognitive effects of the stylistic and lexical choices of the language communication participants. The above presented brief discussion points to the necessity of more conscious linguistic choices on the part of people working in the health care sector, which appears to be equally vital as proper choices of drugs. Prevention is the best cure, and it refers, above all, to the psycholinguistic modelling of healthy people who are potential patients, so that they will consider disorders as marginal life episodes. Doctors are able to refocus patients 'in the direction of health'; when confronting an illness, such patients will visualise the problem as a temporary obstacle towards good psychophysical condition, while patients oriented 'in the direction of an illness' are likely to strive to notice new signals confirming their fate to be ill.

¹ At that stage of neurobiological and psycholinguistic research into the human brain and nervous system, Korzybski's ideas must have been perceived as very original, if not shocking. From the contemporary perspective, however, his analyses can be regarded as pioneering contemporary proposals of psychoneuroimmunology.

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Summary

The Language of Medicine: Some Remarks on the Communicative Intention Violation

The paper constitutes a psychodynamic analysis of the language as used in the medical expertise today. Particularly, low psycholinguistic and stylistic awareness on the part of medicine practitioners is discussed, which contributes to the communication intention violation, ultimately to communication failure between the doctor and the patient being two participants in the communication dyad. This preliminary discussion points to the necessity of more conscious linguistic choices on the part of people working in the health care sector, who can model their patients 'in the direction of health', and start prevention programs based on psycholinguistic modeling via language used in communication with the patient.