



The Lexical Inventory Typology in Specialised Discourse

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Abstract

The present paper considers situation-bound characteristics of the literary medical discourse lexical inventory in the English language. The study is based on the lexical analysis of the medical words and word combinations presented in the American television series “House M.D.” (production of Heel and Toe Films, Shore Z Productions, Bad Hat Harry Productions, NBC Universal Television Studio, Universal Media Studios, Universal Television), “Chicago Med” (production of Wolf Films Universal Television), and the novel “The Final Diagnosis” written by the American author A. Hailey. The rationale for the problem of the research lies in insufficient information on oral communication in specialized communicative spheres of various levels, in particular in oral medical discourse, especially within the classification of specialized discourse speech genres against the background of lexical inventory typologisation. Therefore, the work examines situation-bound characteristics of the English medical vocabulary. Our hypothesis is stated as follows: communicative conditions determine the lexical features of words and expressions used within the specialized discourse.

Keywords: Language; Communication; Linguistics; Terminology; Lexical Inventory.

1. Introduction

1.1. The Notion of Discourse

Discourse can be viewed from the pragmalinguistic and sociolinguistic approaches (Elkommos, 2018; Marmaridou, 2011; Yoon, 2010). The former describes the phenomenon as a mere interactive communicative activity which presupposes a shift of speech acts, communication strategies, verbal and non-verbal actions. The focus is on the situation-bound characteristics of the communicative process and the features of interlocutors (Kecskes, 2010). According to the latter approach, discourse is equal to the interaction within a specific sphere of communication, thus allowing us to distinguish between person-oriented and status-oriented discourse.

The person-oriented discourse is represented by people who know each other well and (or) place absolute trust in each other, whereas status-oriented discourse means communication between people of different social groups with their roles being determined by the communicative situation itself (Petrenko & Melezhik, 2019). Both types can be further classified. For example, personal discourse is divided into every day and existential discourse. Status-oriented discourse can be institutional and non-institutional. The former is brought into correlation with existing social institutions.



Institutional discourse is defined as the communication of specialists with each other or with non-specialists. To classify professional discourse, L. S. Beilinson enumerates the following criteria: the channel of communication, the status of interlocutors and their behavioural peculiarities, the prevailing environment (Beilinson, 2009; Chekulai, Prokhorova, & Kiseleva, 2020; Kecskes, 2010). Both sociolinguistics and pragmalinguistics consider the characteristics of interlocutors and communicative circumstances as the main features of the communicative situation. Meanwhile, the peculiar central property possessed by the participants of professional discourse is their professional competence, which presupposes specialists' knowledge of the subject and tool spheres of communication.

The current paper is based on the notion of institutional discourse, and we take into account two types of discourse: ordinary professional discourse and pure professional discourse.

Medical discourse, literary or real, is one of the varieties of institutional communication and thus has its unique features. Being characterised by the types of interlocutors and their interrelationship, this discourse determines the linguistic peculiarities of their communication.

1.2. Lexical Inventory

Taking into account the recent research of D.V. Kazakova, we adhere to the opinion that the specialised vocabulary of professional and nonprofessional participants is heterogeneous in its composition (Kazakova, 2013). Specialised vocabulary in medical discourse can be classified as specialised standard (or codified), which we classify as terms and specialised non-standard (or uncoded) which we correlate with the units of popular professional language.

We present the main criteria for distinguishing specialised vocabulary of medical discourse (Dement'ev, 2010; Gotti, 2003; Lonati, 2020; Lu, 2020). The terms are strictly unambiguous within their terminological field and emotionally neutral, whereas stylistically neutral professionalisms tend to transform large and hardly pronounceable terms. Emotionally coloured professionalisms are doublets, or alternatives, of terms, while professional jargonisms possess a high degree of expression.

It is worth noting that the speech of a specialist goes beyond the use of strictly professional vocabulary. They also apply neutral vocabulary, which corresponds with the relevant professional subject matter.

1.3. The notion of speech genre

The notion of "speech genre" still remains one of the most controversial linguistic issues. The present paper distinguishes the genres of medical discourse in accordance with three obligatory criteria (communicative intention, the status-role characteristics of the interlocutors, the subject of discussion) and three variable criteria (communicative tactics, the tone of communication, composition). A speech genre occurring within and outside this or that discourse, it is possible to speak about peripheral and authentic genres. In this article, only authentic genres of medical discourse are considered. We designate medical examination, surgery, anamnesis, medical consultation.

1.4. Research Objective

The research looks at situation-bound features of the English medical vocabulary.

2. Material and Methods

The following methods are used in the present work: scientific literature analysis, random sampling selection method, classification, component analysis based on dictionary definitions, quantitative method.

Random selection is an efficient, scientific process in which every unit in a population has an equal chance of being selected to be included in a sample. The premise of probability sampling is based on this principle and is fundamental to probability methodologies and generalizability. Random selection removes bias in sampling selection, but in its place introduces random error. The only true technique for gaining a representative sample in research is random selection.

3. Results and Discussion

In the investigation of the literary medical discourse, 75 episodes of the mentioned speech genres were analysed. The results are presented in Table 1.

Table 1. *The quantitative correlation between types of medical vocabulary and their speech genres*

Speech genres	Medical Examination	Medical Consultation	Surgery (Doctor-Patient)	Surgery (Doctor-Doctor)	Anamnesis (Doctor-Patient)	Anamnesis (Doctor-Doctor)
Episodes	11	19	7	14	12	12
Common language	43 – 80%	83 – 58 %	21 – 75%	70 - 4,5%	34 – 66%	63 -54%
Colloquial vocabulary	1 – 2%	2 – 1%	1 – 3,5%	4 – 2,5%	1 – 2%	–
Terms	5 – 9%	34 – 24%	4 – 14,5%	39 – 24%	10 – 20%	33 28%
Stylistically neutral PPL	1 – 2%	14 – 10%	–	28–17,5%	5 – 10%	15–13%
Emotionally connotated PPL	4 – 7%	9 – 6%	1 – 3,5%	15 – 9,5%	1 – 2%	5 – 4 %
Jargonisms	–	1 – 1%	1 – 3,5%	5 – 3%	–	1 – 1%
Total	54– 100%	143 -100%	28 - 100%	161 – 100%	51 – 100%	117 – 100%

The lexical inventory of the discourse under research should be considered in connection with speech genres in more detail.

3.1. The communication line “Doctor-Patient.”

Anamnesis

We analysed 12 episodes of the given type of communication. The total number of lexical units is equal to 51. There are 35 common words, ten terms (one is given with the label "chemistry", another one is with the label "anatomy"), five stylistically neutral professionalisms, one stylistically connotative professionalism, one colloquial word. For example,

Patient: You sure this isn't gonna hurt?

*Doctor: Yeah. It's just scary as hell. See, we go through the **pupil**. But you won't **feel** it. The **eye's** been **paralyzed**. The **needle** travels to the back of the **eye**, which is where we'll perform the **biopsy** on your **retina**. (“House M.D.”)*

According to the Oxford and Macmillan dictionaries (M. Dictionary, 2020; O. E. Dictionary & Street, 2019; Merriam-Webster, 1995) the selected words *pupil*, *feel*, *eye*, *paralyzed*, *needle* belongs to the vocabulary of the common language. The concepts of *biopsy* and *retina* are given in the Macmillan dictionary with the label "medical". As for these nouns, only one meaning is found within the medical terminological field, they denote specialised concepts, and as they are stylistically neutral, we consider them as terms.

Thus, in the speech genre "Anamnesis" (a doctor and a patient participate in the communication) nonspecial lexicon prevails– 68% (which 2% of which are made by the vocabulary of colloquial style), then terms – 20%, stylistically neutral professionalisms – 10% and stylistically connotative professionalisms – 2% follow. Jargonisms are not found.

In our opinion, such a low percentage of emotionally coloured words is caused by the heavy workload of the specialist, time limits for the attendance of a patient, a large number of clients. To manage to collect necessary data about personal medical details of patients, provide adequate analyses, the doctor has to achieve the maximum mutual understanding with patients. It is possible to achieve these objectives only in case the agent of an institutional discourse uses neutral vocabulary, i.e. the vocabulary, which is clear to all.

3.2. The communication line “Doctor-Doctor.”

Anamnesis

We analysed 12 examples of communication between specialists within the considered speech genre. The vocabulary comprised of 117 words and word combinations in total. Among them: there are 63 units of the common

language, 33 terms (two are with the label "anatomy", three with the label "biology", one with the label "science", eleven with "chemistry"), 15 stylistically neutral professionalisms, five stylistically coloured professionalisms, one jargonism.

One more example,

Trauma surgeon: What do we get?

*Hospital nurse: 22-year-old male, shot in the left **lower back**, no **exit wound**. 140 over 80, **heart rate** 60, minimal **blood loss**.*

*Trauma surgeon: Okay, those are good numbers. **ABC's** intact. On my count. One, two, three. Get his clothes off and roll him over. **Chest and pelvis X-ray, KUB**. («Chicago Med»)*

The dictionaries of general and common language Oxford and Macmillan consider the word combinations *lower back*, *exit wound*, *heart rate* and *blood loss* as units of the common lexicon. The same class of lexicon lexical units supplement *X-ray*, *chest*, *pelvis* supplement the same class of the vocabulary. The acronyms and abbreviations *ABC* and *KUB* transform "airway, breathing, circulation" and "kidneys, ureters, bladder" respectively (Farlex Partner Medical Dictionary) (Law & Martin, 2020). None of these abbreviations occurs in the dictionaries of general practice. The words are stylistically neutral. All this allows us to designate them stylistically neutral professional vocabulary.

Thus, in the speech genre "Anamnesis" (the communication is carried out between professionals), specialised and non-specialised types of vocabulary are used almost in the same number: the amount of common lexicon is 54%, special – 46%. Meanwhile, in the latter terms – 28% and stylistically neutral professionalisms – 13% prevail.

The stylistically coloured professionalisms – 4% and jargonisms – 1% is used less. We explain rather a high percentage of the codified vocabulary by the fact that accurate interpretation of objective indicators about the patient's state of health provides the correct diagnosis and therapy regimen. To avoid misunderstanding and to minimize the number of professional errors, specialists' resort to the use of official designations of objects, phenomena, processes and so forth.

4. Summary

Thus, we analysed from 7 to 19 episodes of communication lines in such genres as "Medical examination", "Medical consultation", "Anamnesis", "Surgery". Totally, 554 lexical units were under consideration. At the same time, we note that in the two latter genres communication can be carried out as between a doctor and a patient, and also between professionals only.

The results showed that the use of the lexicon of this or that type by the professional in many respects depends on communication conditions. If a doctor and a patient (or his close relative or friend) participate in communication, then the professional uses nonspecial lexical units – words and expressions of common language concerning medicine. If the basic communicative pair is presented by professionals, then in percentage terms special lexicon can prevail over nonspecial vocabulary, or be almost equal to it as well.

5. Conclusions

The research of institutional communication is one of the priority areas of modern linguistics. Today there are many works of national and foreign scientists devoted to the problem of medical discourse. Its subtypes (pharmaceutical, nursing), communicative behaviour of participants (the tactics and the strategy of speech behaviour), features of particular speech genres, the lexical aspect of medical communication is studied.

The conducted research has all the prerequisites for further development in respect of real medical discourse and in respect of lexical stock consideration for the subsequent comparative and contrastive analysis in other languages due to the fact that possible lexical loans in languages and languages for special purposes (LSP) "widen the lexical-semantic groups related to developing spheres of social life such as science and engineering (information technology, in particular), economics and finance, mass culture, sports, politics and government, medical industry" (Takhtarova, Kalegina, & Yarullina, 2015). Meanwhile, each language has inner peculiarities which challenge its learners along with its native speakers (Babenko, 2015) to reveal the semantics of the concept of the national character through various forms of art



(Sabirova, Solovyova, Pomortseva, & Antonova, 2019) along with the study of specialized and professional discourse. Besides, the English language can be considered as an international communication agent on the national language protecting policy (Kalegina, Takhtarova, & Zaglyadkina, 2015).

The analysis of words and word combinations showed that the appeal of the specialist to the vocabulary of this or that type depends on communication conditions. If a doctor and a patient take part in communication, then in the speech of the former nonspecific lexical units prevail (common and colloquial). If communication happens between professionals, then the amount of specific vocabulary can exceed the number of common words and expressions, as well be almost equal to it. Such ratio is considered quite logical owing to the fact that there are always more those wishing an appointment with a doctor, than the time allowed for work with a patient, so the specialist has to come quickly into contact and mutual understanding with his clients.

It is possible to achieve it provided that the professional uses the vocabulary clear to all. When it concerns the communication of specialists regarding professional subjects, doctors operate with special codified lexicon as its unambiguous and comprehensive character helps to reduce professional errors to a minimum.

The professional stylistically connotative vocabulary is not typical for communication between a specialist and a non-specialist as it creates a barrier to mutual understanding and thus undermines the level of the doctor's credibility before the patient.

In the professional intercourse specialists, on the contrary, do not exclude units of popular professional language, professionalisms and jargonisms. As the work of medical professionals is full of difficulties and stressful situations, specialists find a way to relieve nervous tension in the use of figurative words and phrases.

5.1. Contribution

The vocabulary's peculiarities correlate with the communicative situation (speech genre) peculiarities that reflect it. The basic units of the advanced discourse lexical inventory are known to be words and units of technical common language. The paper finds the notions of literary medical discourse to be the prerequisite for studying the actual medical discourse.

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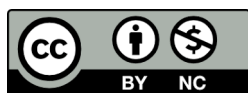
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