

DOCTORAL DISSERTATION ABSTRACT

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Subject of dissertation: **Medical discourse in the “Medical Tribune” and “Medycyna po Dyplomie” professional journals**

The subject of reflection in the paper titled *Medical discourse in the “Medical Tribune” and “Medycyna po Dyplomie” professional journals* is the written variant of the medical discourse represented by two professional journals that differ slightly in terms of their style. The presentation of two differing journals enabled interesting and valuable comparative studies, and allowed for the portrayal of the medical discourse as diverse and heterogeneous in many respects.

Medical journals differ from traditional journals, because they have outstanding and non-random recipients, e.g. doctors, medical specialists or students (medical field adepts). The distinction between a doctor and a medical specialist was made without coincidence, because each doctor is a specialist (as stated by S. Grucza, a specialist is a person who is not relevant due to his or her knowledge, but due to his or her linguistic properties referred to as “specialist text properties”; a person who is able to write and accept specialist texts), but even if he or she is not a specialist, he or she can be a medical journal recipient.

The objective of the analysis conducted in this dissertation is the description, definition and specification of the medical discourse in its written variant, which is represented by specialist (scientific) medical texts published in professional journals. This dissertation consists of five chapters. The first chapter constitutes a theoretical and methodological introduction and the other four chapters feature analyses of the illustrative material. Chapter one covers the depiction of the medical discourse in comparison to other discourses. It includes a discussion on the evolution of the *text* term and demonstration of the time when Polish linguistic studies started to feature discourse, which changed the point of view of linguists on a variety of issues. Due to the above, the similarities and differences between these two terms and the definitions of various researchers are

presented. Then, the dissertation features various definitions of discourse, because it is a non-uniform term, and the points of view of researchers from various countries (including, among others, discourse according to French and German researchers). Due to the fact that medical discourse is viewed by researchers as a collection of texts that are part of it, the analysis covered the essence of specialist texts constituting carriers of specialist knowledge and the positioning of medical texts in text typology. The last part of the chapter is the definition of medical discourse viewed as a variant of specialist discourse, presentation of its specific features and determinants, as well as reference to the definition of Spanish-speaking researchers, who in their studies recalled the definitions of professional, medical and specialist discourse.

Due to the fact that the doctoral dissertation adopts the definition of medical discourse as a communication incident, it was important to commence material analysis from the transmitter-receiver relations, pay attention to various types of transmitters and receivers emerging from journals, and to the linguistic methods of creating such relations. The analysis encompassed the transmitters of both journals, starting with the leading article, through texts written by journalists (the “Medical Tribune” journal) and ending with specialist (scientific) medical texts which are most important for this dissertation. The analysis also allowed for the demonstration of the specific stylistic determinants of medical texts. Specialist communication, the manner of its understanding and defining by various researchers were also defined here. The portrayal of discourse in the context of transmitter-receiver relations in journals representing a slightly different style allowed for the conclusion that medical discourse is diverse not only in terms of the topics of texts published in them, but also in terms of their style (scientific, popular science, didactic style).

Chapter three starts with a reflection on terminology and its position among other fields of the linguistic science. The chapter includes the specification of its features as well as scientific approaches of various authors dealing with this topic (S. Gajda, J. Waniakowa, W. Babik, etc.). However, the definition of M.T. Cabre, in which terminology is strictly related to discourse, is most important for this doctoral dissertation. The next part includes deliberations on the relations between a term, knowledge and discourse. Numerous definitions of a term, the authors of which are Spanish-speaking researchers (M.T. Cabre, A. Seoane, I. Kostina), demonstrate that a term is a factor that creates discourse, determines discourse and conditions the degree of its specialisation. These are specialist forms of discourse, the proper selection of which serves to develop a

medical text. Furthermore, terms are important for discourse, because they manifest the most, are fully shown they take on new meanings during a discourse (the meanings are sometimes changed and modified thanks to a specific discursive context). It turned out that a term cannot be analysed without a discourse, because these are linguistic and professional communication units that can be linked with units of consciousness. The dissertation also includes a discussion of the communicative theory of terminology (La Teoría Comunicativa de la Terminología - TCT), which is important for Spanish-speaking researchers and for this dissertation, and which is viewed as a linguistic theory related to communication objectives and based on the cognitive component. It mainly draws attention to the communicative dimension of terminology at different levels for specialist fields. This chapter features an analysis of medical terminology in terms of semantics, with special consideration of its semantic groups important for the given occupational groups. Over a dozen different groups that are important for this discourse were distinguished. The chapter also demonstrates the specificity of medical terms put into context and the special role of adjectives in shaping the analysed type of discourse. It turned out that one-word terms are dominated by nouns, but the communication of medical knowledge also takes place using two-word, three-word and even more complex terms (mainly when the name expressed by the noun is imprecise and does not constitute a specific dose of knowledge for the recipient). Adjectives are used to clarify general terms and sometimes convey the status of a term to general nouns.

An analysis of the lexicon of terms encompassed by medical discourse is an important research aspect, hence the next chapter concerns the methods of building medical discourse and the manner in which general terms change in a discourse and through it, as well as what new meanings of terms emerge from specific contexts. The methods of creating medical terms were divided into four groups, which were discussed in order. The first group concerned the specialisation of meaning, i.e. the semantic shifts of terms and the occurrence of terms in new, atypical contexts without changes in their meaning. The second group was related to the terminological metaphor, which was defined and compared to traditional metaphor with specification of their similarities and differences. Metaphors were divided into several groups: group related to a disease and its symptoms, with the processes and reactions taking place in the organism, and with the properties of organs and their functions in the organism. The discussed terms are not part of jargon. Metaphors occurring in medical jargon are metaphors that are not subject to lexicalisation, i.e. their definitions cannot be found in a dictionary. The third group

concerned the inter-terminological polysemy, i.e. the use of terms in medical discourse deriving from other discourses (e.g. chemical, biological, computer science discourse, etc., albeit used in a very different context). The last discussed and analysed group allowed for the conclusion that medical discourse utilises terminological units that are no longer used, i.e. archaisms. The various mechanisms discussed in this chapter are what distinguishes medical discourse from other specialist discourses, because it does not only include terms from related fields (biology, chemistry), but also terms that do not belong in exact sciences (law, economics).

In the fifth, last chapter, terms were analysed formally due to what was written by S. Gajda, i.e. that terminological studies should be aimed at seeking the so-called grammatical properties of terms. Despite the fact that a formal analysis is not as important for discourse, it is necessary because it allows for characterisation of the essence of terms and isolation of their specific features. Terms are related to knowledge communication which is an inseparable element of each specialist discourse, including medical discourse. Terms are used by specialists to communicate contents to and share information with the recipient. A grammatical analysis allowed for a better comprehension of the specificity of terms and their deeper understanding. The chapter presents various types of derivations and it can be noticed that the analysed terms were dominated by derivatives from prepositional phrases. Then, the chapter features an analysis of borrowed phrases characterised by the use of international words. It distinguishes the types of Latin and Greek prefixes that are most specific for the medical lexicon. The borrowed phrases also include hybrids, i.e. terms that feature Latin or Greek prefixes, but a native core.

An analysis of the medical texts constituting part of the medical discourse allowed for drawing various conclusions about the discourse's essence. It is possible to notice a clear trend of drawing near economics in using prepositional phrases, among others, which provide essential, precise contents in a condensed form. For medical discourse, the most important are topics related to the treatment, diagnostics or prevention of diseases, hence all the semantic groups analysed in chapter three are strictly related to this (the names of medications provide the recipient with information on what to use for treatment, the names of tools are related to the execution of various procedures, operations that serve patient treatment, the names of parameters, indicators help in identifying the disease, etc.). The medical discourse is largely diverse and heterogeneous, because it includes analyses of specialist texts with a low level of readability (belonging to the "Medycyna po Dyplomie" journal), but also those with a higher level of readability (which can be found

in the “Medical Tribune” journal). It can therefore represent different stylistic varieties: the didactic, scientific and popular science style. The transmitters of medical discourse are mainly doctors, medical specialists and even if the texts are written by journalists, they must be acquainted with the topics related to the broadly defined medicine.

The medical discourse has an outstanding and demanding recipient, i.e. a doctor, medical specialist or student (i.e. medical field adept). It is a discourse of knowledge and its communication can take place with the use of tables, charts, bulleted contents, descriptions of diseases, various types of definitions as well as with the use of the so-called medical exams published at the back of the journal issue, featuring questions and a, b, c answers; this is to incentivise the recipient to check his or her knowledge. However, terms are the most important element of this process. The medical discourse is a type of discourse in which an important aspect is the plain related to words (terms), because terms are important tools that constitute this type of discourse and they fit into the depiction concerning knowledge communication and transfer.

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