Parallel Session 28: Discourse analysis contributions to PCST study

**RADIOSCOPY OF THE PSYCHIATRIC SPEECH**

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**Key words:** sociolect medical, psychiatrist, scientific terminology, popularization

**Summary**

Wimmer, in 1982, endeavoured to distinguish common language and language of speciality but the medical speech can common, be specialized if not both at the same time. The fact that a psychiatrist, in the exercise of his practice, address himself to various types of interlocutors, the fellow-members, the patients, the associations of patients *, it is led to adopt several types of speech. In a context external with the medical field, the informative speech, is centered on popularization thus simplified.

Thus, how to define "the medical speech clearly"? How to highlight the intention to communicate of a psychiatrist through written text of popularization? This work proposes to define the typology of the medical sociolect in the psychiatrists within the framework of popularization. By analyses of writings with intention to popularize, we show that the medical sociolect is not built according to a scientific terminology which dictates the bases of the medical terminology. It evolves, it is unstable and cannot escape from the influence from its successive users.

* regrouping of patients and family of patients around the same cause, like the fight against the same disease, generally formalized under the aegis of an association.

**Introduction**

The popularization of psychiatry as object of research

The popularization of psychiatry, which falls under medical popularization itself overlapping in the scientific popularization, so quite widespread today, is paradoxically not studied. Often regarded as simplified lacunar, approximate information, popularization in psychiatry settles as well as the scientific paper in the polemic which opposes the erudite knowledge to the profane knowledge. It becomes, in this context, a particularly sensitive study object.

The nearly simultaneous publication of two books in 2003 and of acts of a centenary congress make it possible to develop a comparative analysis of this same type of communication through two speeches, into psychiatric speciality and for public.

Need or required?
We distinguish already three types from the psychiatric speech: that of the psychiatrist, that of the patient, and that of the media and mediators. We will be interested here in the speech of the psychiatrist only. We base ourselves on the classification of Regent (1992) evoked by Christian Balliu (2001) and distinguish three types of psychiatric speech:

the esoteric intern speech, i.e. inherent with the microdomain, allowing the exchange and the discussion of information his even of the specialisation
(The esoteric external speech, which leaves the microdomain (general practitioners or doctors of other specialities). This speech will not be treated here.

the exoteric speech, primarily aiming at informing in a simple, clear way and concretizes a public external with the psychiatric activity (patients, association of patients), but necessarily in contact with the latter by consultations, treatments or of a legitimate will of information.

Esoteric intern speech

The approach of the psychiatrist is informed methodically with tools and references explicit, adapted and verifiable. It is before a whole theoretical approach, methodological, or practical which to check a theory, develops a method, analyzes the operation of a phenomenon while making it comprehensible using intellectual diagrams of reference. The psychiatrist announces his theoretical and conceptual referents. The reproducibility of the comprehension of the "operation" of the phenomenon is an indisputable requirement of the scientificity. A "scientific" approach thus refers primarily to a scientific theory and concepts. The theory was elaborate starting from experimentation, of assumptions formulated and validation/invalidation of these assumptions on the phenomena.

The esoteric intern speech is built on statements in fact IE "any assertion which can be confirmed or refuted by the examination of evidence provided by the directions or their technological prolongation" (Stern 1979) - example of a statement in fact: "Since 1953, the teenagers suicide increased by 300 %". It is an assertion in connection with what is. That includes information which is true, those which are false and those whose truth or falseness is unspecified.

A medical text comprises many terms of speciality but also good number of words borrowed from the usual vocabulary which taken, independently, does not predispose to think that one is in the presence of a medical text, of speciality which more is.

Esoteric extern speech

First of all, the psychiatric speech of popularization differs from a "narratologic" step or "esthetics" in that that the psychiatrist cannot be satisfied simply to bring back phenomena or to subject its own feelings to us. For a communication bound for large public, the step rests on the principle
that the reader inevitably does not have at his disposal knowledge necessary (Mucchielli (2000) talks about “intellectual equipment sufficient for a comprehension which exceeds the comprehension of the vulgum pecus”).

The exoteric speech, simple, informative, abounds in normative statements i.e. an assertion in which one evaluates or one prescribes - example of normative statement: "the divorce is a painful experiment". It is an assertion in connection with what should be. Such an assertion cannot be shown nor refuted by the examination of significant evidence because it connects an object and a value, i.e., a personal judgement. The following statements are normative statements. They are subjected to a regulation or value judgment.

Opposition common language / language of speciality

Several authors dissociate common language and language of speciality. According to Wimmer (1982), here how are distinguished scientific language and from speciality and common language:

<table>
<thead>
<tr>
<th>Scientific language and of speciality</th>
<th>Common language</th>
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<tbody>
<tr>
<td>Precision</td>
<td>Indetermination</td>
</tr>
<tr>
<td>Univocity</td>
<td>Ambiguity</td>
</tr>
<tr>
<td>Economy</td>
<td>Redundancy</td>
</tr>
<tr>
<td>Situational invariance</td>
<td>Situational multiplicity</td>
</tr>
<tr>
<td>Report with the matter / the object</td>
<td>Multiplicity set of themes/evaluation</td>
</tr>
<tr>
<td>Theoretical level</td>
<td>everyday life</td>
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</tbody>
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With this inventory the opposition of Kocourek (1982) is added

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<tr>
<th>Subjectivity</th>
<th>Objectivity</th>
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"It [the language of speciality] aims at the ideal of intellectualization, i.e., the semantic precision, conceptual systematization, emotive neutrality, the formal and semantic economy; it thus tends [...] to neutralize or contain emotivity, subjectivity "Kocourek (1982).

Conclusion

The speech of the psychiatrist intrinsically to his field of specialization makes the use of the common language, the objective being for him to make itself comprehensible by its pars, a contrario when it intends to popularize, it does not hesitate to balance the speech of key concepts by the use of complex terms loans to the scientific semantic field of psychiatry. Thus, the distinction between language of speciality and language common, if expensive to several
authors, can then be regarded only as one Utopia "the biunivocity, dreams of any terminologist, remains a pious wish which will never be" (Balliu, 2001).

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