MEDICAL PHRASEOLOGICAL UNITS: TYPOLOGY AND OCCURRENCE. A CASE STUDY

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Abstract

This paper focuses on a contextual analysis targeting in particular the types and weight of specific phraseological units (PU) in a larger medical text, selected from the neurological recovery domain regarding ischemic cerebral vascular accidents. We consider that we should distinguish several classes of lexical-syntactic collocations that we can spot in medical discourse, on the premise that not all collocations have the same contextual status and, therefore, their occurrences in a medical text/discourse cannot be subsumed either, as phraseologisms (phrasemes), to a single category of stable structural-semantic collocations. Thus, we have pointed out in a specialized text, depending on the degree of semantic soldering, the following types of phraseological units: *non-idiomatic locutionary structures, univocally linked bi- or multi-member phraseological units, bi-univocally linked bi- or multi-member phraseological units, "cliché" phraseologisms, elliptical PU, phraseological constructions of the metaphor type*.

Key words: *phraseological unit, structural-semantic, occurrence, co-occurrence, medical term*

Résumé

Notre article est centré sur une analyse contextuelle visant particulièrement les types et le poids des unités phraséologiques (UP) dans un texte médical plus ample, sélectionné du domaine de la récupération neurologique après un accident vasculaire cérébral ischémique. Nous considérons qu'il faudrait distinguer plusieurs catégories de collocations lexicales syntaxiques que nous pouvons repérer dans le discours médical, sur le principe qu'elles n'ont pas toutes le même contexte et que, par conséquent, leurs occurences dans le texte/discours médical ne peuvent non plus être rattachées en tant que phraséologismes (phrasèmes) à une seule catégorie stable de collocations structurelles et sémantiques. Ainsi, nous avons mis en évidence dans un texte spécialisé, tenant compte de leur degré de soudure sémantique, les types suivants d'unités phraséologiques dont certains sont plus fréquents: *structures locutoires non idiomatiques, unités phraséologiques bi- ou multi membres liées de manière univoque, phraséologismes de type «cliché», unités phraséologiques elliptiques, constructions phraséologiques de type métaphore*.

Mots-clés: *unités phraséologiques, structural-sémantique, occurrence, cooccurrences, terme médical*

A simple paradigmatic approach of medical terms is not enough for two reasons, firstly because the terms do not work isolated in language and secondly, because

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specific combinatorial features may appear. Exemplifying all possible combinations of a single medical term is nothing more than setting some paradigms of syntagmatic partner terms. As such, examining syntagmatic relationships of a word means establishing the phrase partners; these terms being part of other paradigms as well, a process known as word combinations (Sârbu, R., 1986: 100). Despite acting as a closed, mono-referential or non-ambiguous code, manifested univocally, the context plays a major part as far as medical terms are concerned (Bidu-Vrănceanu, 2002: 9).

Some researchers (Rey, 1984; Hristea, 1984; Gross 1996) give to phraseological units a broader sense, including here all the co-occurrences of a term within a text, whether they have a strictly specialized character, having an idiomatic value, whether they are terminological constructions, the constituents of which have a restrictive combinative potential. In our opinion, based on the medical specialized sources referred to, we must distinguish a few categories of distinct phraseological combinations, depending on the *lexical cohesion degree* between the terms, from their *unique* or *limited determination*, to their *multiple determination.*

Further we intend to establish, based on a more developed[1] specialized text, *the typology and weight of phraseological co-occurrences*, taking into account theoretical considerations. Once selected the corpus we have inventoried the total number of occurrences (14.676) and then submitted them to a classification following the specialization degree of medical terms in concept-terms[2] (strictly specialized –*intra field terms*): *hemiplegie* (32 oc.); *hemiplegic* (38 oc.); *plegic* (12 oc.); *hemihipoestezie* (18 oc.); *tromboză* (23 oc.); *astereognozie* (8 oc.); *hemiataxie* (3 oc.); *flexie* (42 oc.); *extensie* (36 oc.); *abducție* (29 oc.); *adducție* (21 oc.), etc.; and lexeme-terms[3] (with a lower degree of specialization that can be found in other specialized fields too or even in the common vocabulary, *inter-* and *extra field terms*), such as: *mişcare* (130 oc.); *tulburări* (74 oc.); *muşchi* (60 oc.); *accident* (23 oc.); *arteră* (37 oc.); *ocluzie* (25 oc.); *placă* (13 oc.); *debut* (11 oc.); *ramolisment* (9 oc.); *spasticitate* (20 oc.); *spastic* (16 oc.); *sinergie* (15 oc.); *relaxare* (17 oc.); *postură* (30 oc.); *ortostatism* (10 oc.), etc.

In the texts we inventoried and analyzed in this paper we did not spot a discourse embodying only ultra-specialized terms (concept-terms) of a certain medical field, on the contrary we noticed the circulation of terms in several specialized fields, even their migration towards the common lexicon. For example, one can notice in the following fragment the contextual use of medical terms with various degrees of specialization:

"În cadrul *sindromului unilateral al teritoriului superficial* întâlnim frecvent o *hemianopsie homonimă* contralaterală cu conservarea *vederii maculare*. Uneori apar doar *hemianopsii în cadran* (superior) sau *scotoame hemianopsice*. Bolnavul mai poate prezenta şi diferite forme de tulburări de percepție (halucinații vizuale, *metamorfopsii*, *poliopie*, persistența anormală a imaginilor după îndepărtarea stimulului)" (Sîrbu, E., 2008: 29).

We have often found contexts with a high degree of closed code, untranslatable for non-specialists in the analysed field, with a rigid language where concept-terms are predominant:

[1] We selected for this analysis a few chapters (chap. 3, 4, 5, 6, 7) from the work of Elena Sîrbu, 2008.

[2] The term was selected from Alice Toma 2006, p. 332-333.

[3] The term was selected from Alice Toma 2006, p. 333.

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"Tulburările de sensibilitate obiectivă constau in *hemihipoestezie* contralaterală leziunii cu afectarea, în special, a sensibilității proprioceptive. Afectarea sensibilității profunde determină *astereognozie*. Tulburările de schemă corporală se manifestă prin *hemiasomatognozie*, *anosognozie*, *anosodiaforie*" (Sîrbu, E., 2008: 30).

During the analysis there was a higher number of lexeme-terms, intra- and extra-field, with a lower degree of specialization used in the medical field of neurological recovery, but also in other medical areas, or even in the common lexicon. We can say that the exclusive existence of the concept-terms in the formation of a specialized text is almost impossible to spot, being necessary to call upon lexeme-terms too, as a liaison between multiple disciplines.

Taking into account the descriptive linguistic analysis of terminology, anyone can admit the "dynamics of medical terms in usage", their permanent flow towards and from other specialized areas or common language (Cabré, 1991: 21, 31; Bidu-Vrănceanu, 2007: 25-28). From the following example one can notice the lower degree of message codification due to abundant use of lexeme-terms, among other high-specialized terms, used in a smaller number:

"În ceea ce priveşte bilanţul motor global, mişcările sunt mult mai complexe şi se urmăreşte participarea simultană a mai multor muşchi sau grupe musculare, putând interesa fie numai unul din membrele *plegice*, fie *hemicorpul* în întregime" (Sîrbu, E., 2008: 38).

1. Medical discourse, like all specialized languages, possesses a large area of non-idiomatic locutionary structures that circulate at inter- and extra-disciplinary level and appear in a large number within the corpus submitted to analysis: *a executa o manevră*; *a se manifesta prin procese de*; *se caracterizează prin*; *se dezvoltă stări de*; *se mai întâlnesc fenomene de*; *se pun în evidență*; *se ia în considerație*; *aprecierea controlului*; *poziția de start*; *evaluarea capacităților relevante*; *sub aspect fiziologic*; *se confirmă existența unei corelații*; *la nivelul regiunii… se înregistrează*; *se evidențiază intervenția*, etc.

2. Within the investigated corpus, according to the *soldering degree* between co-occurring terms, we were able to distinguish numerous univocally linked bi- or multi-member phraseological units, where only one term is strictly specialized, with an average degree of soldering, with combinative restrictions and occurring in collocations with common lexemes. Among them we enumerate those with a higher incidence index in the analysed corpus: *teritoriu infarctizat*; *arteră sylviană*; *ocluzia arterei carotide*; *crosa aortică*; *carotidă internă proximală*; *placă ateromatoasă locală*; *hemiplegie contralaterală*; *apraxie constructivă*; *apraxie de îmbrăcare*; *hemignozia spațială stângă*; *hemipareză moderată contralaterală*; *tromboza arterei carotide*; *deviere oculogiră*, etc.

3. We have also selected **bi-univocally linked bi- or multi-member PU**, where terms are strictly specialized *concept-terms*, and all the components of the phraseologism present combinative restrictions and a high soldering degree. Among them we mention PU with a higher degree of incidence within the analysed corpus: *hemianopsie homonimă*; *anevrism aortic*; *afazie senzorială transcorticală*; ***apraxie ideomotorie***; *cecitate monooculară*; *infarct de arteră cerebrală*; *sindrom ischemic de trunchi cerebral*; *stenoză carotidiană*; *tromboză de arteră cerebrală*; *pareză de trigemen motor*; *hemisindrom cerebelos*; *agnozii vizuospațiale*; *tromboză vertebrală distală*; *scotoame hemianopsice*, etc.

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4. When analysing the corpus there were also registered some stereotypical constructions or "cliché" phraseologisms containing words taken from the common language but frequently found in specialized texts, having specific meanings, such as: *debut brutal de nevralgie*; *instalarea unei tetraplegii*; *sunt incriminate reacţii de decompensare afectivă*; *crize convulsive*; *se descriu ramolismente la distanţă*; *se sugerează iminenţa unei tromboze*; *pronaţia membrului superior neinteresat*; *codificarea bilanţului sfincterian*; *deficit de aport sanguin*; *debit cerebral*; *reeducare neuromotorie*; *blocaj verbal*; *tulburări de discriminare tactilă*, etc.

As one can notice within the PU excerpted from the analysed corpus, lexemes such as *debut*, *teritoriu*, *instalare*, *incriminare*, *criză*, *abolire*, *discriminare*, *debit*, *deficit*, *blocaj* belong to common language or to other specialized languages, being used in a medical context with a precise specialized meaning, for example:

"Sindromul Avellis, se caracterizează prin *abolirea* unilaterală a reflexului faringian şi velopalatin, voce bitonală, disfagie" (Sîrbu, E., 2008: 32).

Equally, verbs such as *a se incrimina*, *a se reeduca*, *a se sugera*, *a se descrie* embody a totally different and somehow marginalized semantic feature in medical discourse:

"*Sunt incriminate*, de asemenea, atât reacţiile de decompensare afectivă, specifice handicapaţilor fizic, cât şi insuficienta pregătire psihologică a acestora" (Sîrbu, E., 2008: 41).

5. Elliptic phraseological constructions are also present in the analysed corpus of texts, in a smaller number, but having a significant role in strictly rendering the neurological recovery formulae with maximum precision: *testul index-nas*; *testul călcâi-genunchi*; *sindromul umăr-mână*; *bolnav în decubit dorsal*; *bolnav în ortostatism*; *în decubit lateral*; *ridicare în ortostatism*; *genunchi în hiperextensie*; *flexia şoldului din şezând*; *flexia şoldului din ortostatism*; *rotaţii ritmice stânga-dreapta*, etc.

One can notice the lack of some prepositions *from* (*de la*), *to* (*până la*), and the noun *posture* (decubitus ~, hyperextension ~), as shown in the following example:

"Schimbări ale poziţiei capului (flexie-extensie) facilitează mişcările tonice, de redresare a membrelor (flexia capului antrenează semiflexia plantei plegice, bolnavul fiind *în decubit lateral*" (Sîrbu, E., 2008: 79).

6. We have also selected a few marginalized phraseological structures having an interesting semantic structure, formed on the basis of a metaphor, following the resemblance between the specialized terms described and their referents from the non-specialized reality: *aspect de mână talamică*; *hemiplegie tranzitorie în basculă*; *senzaţia de lamă de briceag*; *senzaţia de roată dinţată*; *etapa de mână pilon*; *mână în gât de lebădă*; *zona golului de forţă*; *refacerea sensibilităţii fusului neuromuscular*; *zona de penumbră*; *embolii de punte*; *pareza vălului*, etc.

"Rezistenţa la întindere în spasticitate dă *senzaţia de lamă de briceag*, fiind prezentă doar la începutul mişcării, apoi dispărând brusc, în timp ce în rigiditate *senzaţia* este *de roată dinţată*, rezistenţa manifestându-se pe toată amplitudinea de mişcare" (Sîrbu E., 2008: 38).

Therefore, the highest incidence index in the analysed text belongs to *non-idiomatic locutionary structures* (1157 oc., i.i. 54%), followed decreasingly by *univocally linked PU* (612 oc., i.i. 28%), *bi-univocally linked PU* (248 oc., i.i. 12%), "*cliché*" *stereotypical PU* (93 oc., i.i. 4%), *elliptic constructions* (29 oc., i.i. 1%) and *metaphor constructions* (18 oc., i.i. 1%). One can say that different types of specialized

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phraseological units detain in the corpus submitted to analysis a weight of 46% from the total of occurrences, while non-specialized combinations – free collocations – represent more than half of the total of co-occurrences. This analysis validates the assumption we proposed at the beginning of the paper, saying that when it comes to specialized texts (implicitly the medical ones) it is not the strictly specialized terms that prevail, but the lexeme-terms common to other fields too, or taken from the common language that play a binding role to achieve communication and adequate understanding of the scientific message as precisely as possible.

7. Conclusions

It can be said that medical texts are usually established by including medical terms of various types – strictly specialized terms or terms with an inter- and extra-disciplinary area of operation – in idiomatic and non-idiomatic lexical combinations within certain contexts where absolute weight belongs to common use lexemes that acquire special meanings in the specialized communication act (text/discourse).

Within the various types of phraseological units taken into consideration from the perspective of lexical-semantic welding between the components, the most frequent are non-idiomatic locutionary structures, or collocations of a free character, where constituent terms combine freely, without restrictions, with other lexemes from the use of other specializations too, or from the common use, then, in a decreasing order of their incidence in the corpus submitted to analysis, univocally or bi-univocally linked phraseologisms, idiomatic phraseological constructions, composed of lexemes-terms (resulted following a metaphor-based semantic transfer, in the semantic substance of some terms taken from the common language), phraseological clichés and elliptic lexical collocations.

In our paper we have highlighted both the variety of phraseological units, described from the semantic structural perspective, and the degree of occurrence (percentage) of these types of phraseological constructions in specialized discourse.

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