Language ideologies in contemporary Hungarian organized medical language management

ZSÓFIA LUDÁNYI

ABSTRACT: Discourses concerning language have ideological aspects in both scholarly and everyday contexts. In the present contribution, I use data from the past two decades to examine language ideologies as they are communicated explicitly or conveyed implicitly in meta-linguistic discourse on Hungarian medical language management. Besides drawing attention to language ideologies, the paper also aims to offer suggestions for making medical language management more efficient. The material for the present study comes from approximately 80 articles published in Magyar Orvosi Nyelv [Hungarian Medical Language], between 2001 and 2017. The analysis mainly consists in identifying the most conspicuous language ideologies that are at work in the texts under investigation, using a pre-existing inventory of language ideologies. The results show that language ideologies prevailing in the analyzed articles are usually not based on actual language usage, but rather, on structuralist considerations as well as various language ideologies which uphold the authority of the standard (e.g. linguistic elitism, conservativism, purism), while the domain of language use and the layered nature of medical language are overlooked.

Key words: language ideologies, medical language, language management, language cultivation, linguistic correctness

1. Introduction

This paper forms part of a comprehensive study aimed at exploring the basic attitudes and linguistic value judgments of Hungarian native speakers – including both representatives of professionals and laymen – regarding medical language and its usage. Within this ongoing research project, the paper sets out to identify the most conspicuous ideologies about language correctness underlying organized standardization activities in Hungarian medical language. The aim of the paper is twofold: (1) to analyse language ideologies shaping contemporary medical discourse, and (2) to present a more effective approach to language management based on several other language ideologies.

In the introductory section, I provide an overview of the theoretical background of the research, i.e. Language Management Theory (1.1), then after settling some terminological issues (1.2), I briefly address research on medical language in general (1.3) as well as possible approaches to medical language (1.4) before presenting an overview of organized language management activities in Hungary (1.5). Subsequently, I discuss how I interpret language ideologies and ideologies about language correctness (1.6.). This is followed by the research material and methodology (2). In the most extensive section, I consider the most prominent language ideologies explored in the corpus (with many illustrative examples) (3), then I offer suggestions for increasing the efficiency of medical language management (4). Finally, the paper concludes with a summary (5).
1.1. **Theoretical background**

The theoretical framework of my research is Language Management Theory (LMT) (Jernudd & Neustupný 1987; Nekvapil 2006; Lanstyák 2014a). Medical language management (like language management in general) can be either a simple or an organized activity (Neustupný & Nekvapil 2003: 185). Simple management is the management of problems as they arise in specific communicative acts. Under the theory’s assumptions, simple language management is at work whenever we try to clear up some misunderstanding stemming e.g. from word choice in an everyday conversation, or when a professor gets a medical student to adopt a standard form or Greek/Latin terms instead of Hungarian ones, as demanded by context.

However, in my present contribution I address the organized form of medical language management. According to Nekvapil (2012), organized management can be defined by the following features:

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“a. Management acts are trans-interactional
b. A social network or even an institution (organization) holding the corresponding power is involved
c. Communication about management takes place
d. Theorising and ideologies are at play to a greater degree and more explicitly
e. In addition to language as discourse, the object of management is language as a system.”
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(Nekvapil 2012: 167)

In Hungary, organized medical language management has an institutionalized space for standardizing medical language, the Committee on Hungarian Medical Language of the Hungarian Academy of Sciences (HAS), as well as the journal *Magyar Orvosi Nyelv* (Hungarian Medical Language) closely related to the Committee. For a more detailed overview of organized medical language management in Hungary, see Section 1.5.

1.2. **Terminological issues**

1.2.1. **Language management and language cultivation**

In addition to the notion of language management, I use the term *language cultivation* to refer to the activities under scrutiny throughout the paper. The motivation behind this terminological choice is that in the Hungarian context, language cultivation is the most well-known type of organized language management with the highest prestige among the general public, furthermore representatives of the field also use this term to refer to their own work. The notion of *language cultivation* is also known in other European language communities, cf. Czech *jazyková kultura*, Slovakian *jazyková kultúra*, German *Sprachkultur* (or *Sprachpflege*, cf. Maitz 2010) and Swedish *språkvård* (Nekvapil 2008: 251). In the English-speaking world, where the phenomenon does not have a similar long-standing tradition, the notion *language cultivation* is used as an equivalent of the above (Lanstyák, 2014a: 20). In the Hungarian context, as noted by the *Nyelvművelő kézikönyv* [Handbook of Language Cultivation] (Grétsy & Kovalovszky 1985: 349) and *Értelmező kéziszótár* [Dictionary of the Hungarian Language] (Pusztai 2003: 990), the
aim of language cultivation is to apply the principles of language correctness to linguistic practice. However, there are numerous cases where the supposedly “correct” linguistic form is not the one serving speakers’ purposes best, but rather, the one in compliance with the codified norm of standard language. The problem is that codification is usually not based on actual language use (as we will see later), but rather, on structuralist considerations as well as various language ideologies (e.g. linguistic nationalism, purism, standardism, conservativism, rationalism1), myths (Bauer & Trudgill 1998) and superstitions (cf. Domonkosi 2007). Moreover, the codified norm is generally postulated without taking the requirements of the actual communicative situation into consideration (Lanstyák 2014a: 24).

As the Hungarian general public is unfamiliar with the notion of language management (LMT), those concerned with medical language management (primarily doctors, see Section 1.5) obviously do not refer to their practices as such. Nevertheless, it is justified to subsume these activities under language management since they involve the identification, analysis and treatment of language problems. What members of a given community (in this case the medical profession) perceive as a language problem is highly dependent on ideologies in the light of which linguistic situations are interpreted (Lanstyák, 2014b). This applies especially to organized language management, where speakers’ background knowledge, beliefs, language ideologies and linguistic attitudes are of crucial importance (Neustupný & Nekvapil 2003: 185; Hübenschmannová & Neustupný 2004: 90; Lanstyák 2014b: 327, 332). As I will show later, the language problems identified by medical language cultivation (medical language management) are perceived as such from the vantage point of standard ideology, which holds on to the idea of language correctness and linguistic purity.

1.2.2. **Medical language**

At this stage, it is also necessary to clarify what I mean by “medical language”. As is the case with specialized language in general, medical language is also layered as a function of its domain of use. According to Roelcke (2002: 13), medical language has three interrelated domains of use: academic or theoretical language (Theoriesprache/Wissenschaftssprache); the language used during everyday professional work (Praxissprache), and the so-called transfer language (Transfersprache) that conveys scientific and professional results in layman terms to the general public. Academic or theoretical language includes scientific lectures, literature (studies, monographs, etc.), medical education, and so on. So, there is no single, unified medical language, as the domain of use and the users themselves always remain central factors. However, more often than not, when we use

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1 The terms for the different ideologies are my translations. The ideologies listed in the original languages are as follows: nyelvi nacionalizmus, purizmus, standardizmus, konzervativizmus, racializmus in Hungarian (Lanstyák 2011, 2014a), jazykový nacionalizmus, purizmus, štandardizmus, konzervativizmus, racializmus in Slovak language (Lanstyák 2016).
the terms “medical terminology” and “medical language”, we mean – first and foremost – academic/theoretical language (Kuna & Ludányi 2019). In my paper, I also use the term “medical language” in this narrower sense, as the language management activity under scrutiny is specifically targeted at this domain of use, while the other two scenes will be discussed only marginally.

1.3. Research on medical language

Linguistic research on medical language tends to focus primarily on transfer language, and doctor-patient communication (e.g. Nowak 2010, Bigi 2016). Regarding academic/theoretical language, most studies have offered rather descriptive terminological analyses (see e.g. Lippert 1999 on German medical language), or examined specific linguistic phenomena and forms (for instance nominal phrases, prepositions, foreign suffixes, etc.) as realized in medical texts (e.g. Nilsson 2009, Szulczewska 2013, Majewska 2015).

By comparison, linguists seem to be less concerned with medical language management. One exception is a monograph by Rababah (2014) on Jordanian language planning and language management of medical terminology. In Jordan, English serves as both academic and transfer language, but Arabic is also used in the latter function. Due to the underdeveloped state of Arabic medical terminology, Rababah puts forth a practical strategy and also recommends setting up a terminological committee. Cengizhan and Tanış (2010) examine the state of Turkish medical language, and they emphasize the importance of replacing foreign terms by newly coined Turkish equivalents that the patients can understand. A project at the University of Zagreb called Croatian Anatomical and Physiological Terminology is also worth mentioning. In this project, linguists and doctors work together to develop a Croatian anatomical and physiological terminology and disseminate it among academics, translators and medical professionals (Vuletić et al. 2018). Anglicisms and the influence of English are often discussed in publications on medical language both by linguists and medical professionals (see e.g. Gjuranićoha 2011 on Croatian, Fuentes Valdés 2015 on Spanish, Bacelar et al. 2009 on Portuguese, Hasse & Fischer 2003 on German, and Kontra 1982 on Hungarian).

1.4. Scientific and folk views on (medical) language

Several layers of medical language management can be distinguished. Firstly, it involves recommendations based on findings from linguistics and corpus studies (e.g. Rababah 2014). Secondly, it also includes meta-linguistic observations and language management objectives set by doctors and representatives of related disciplines (i.e. linguistically untrained professionals). The public forum for such discussions in Hungary is the journal Magyar Orvosi Nyelv [Hungarian Medical Language]. These views and publications, however, cannot be regarded as scientific language management activities, as they are characterized by lay or folk views and linguistically unstructured argumentation (Preston & Robinson 2005).
1.5. Medical language management in Hungary

Organized medical language management has always been connected to the Hungarian Academy of Sciences (HAS) since its inception in the 1820s (for a more detailed discussion, see Ludányi 2013: 21–23). The unification of medical orthography began in the 1970s. The 1992 Medical Spelling Dictionary was edited by the HAS committee on medical language. The Hungarian Academy of Sciences also supported the 2001 launch of the interdisciplinary journal Magyar Orvosi Nyelv. Published twice a year, it is the first journal in Hungarian which is concerned with the language, the linguistic practice and the terminology of a specific field. Its authors come from a variety of fields: they include doctors, biologists, chemists and engineers from the natural sciences as well as linguists, medical historians, etc. from the humanities. Although the title of the journal which includes the word nyelv (‘language’) may suggest otherwise, Magyar Orvosi Nyelv is not a journal of linguistics but rather an open forum where all people concerned can discuss issues related to medical language. Consequently, the journal is not aimed exclusively at linguists, and in fact, 80% of its readership is constituted by doctors.

Besides publications on the history of medical language, the journal also features texts concerned with language management issues centred around the following three major topics: (i) the orthography of medical terms (graphisation), (ii) the standardization and codification of a medical language norm, and (iii) the expansion and development of Hungarian medical vocabulary by coining equivalents for the exponentially growing number of foreign (primarily English) terms (especially in the field of molecular biology).

1.6. Language ideologies

The texts on language management under scrutiny are concerned mostly with standardization, by which I mean that they aim at giving advice on how to use (medical) language in a formal, official environment. And since a normative (medical) language variant cannot be described in purely linguistic terms, only by extra-linguistic attributes (Milroy 2001), anyone wishing to analyze standardisation needs to be concerned with language ideologies as well.

In the literature, we encounter several conceptions of language ideologies according to whether or not they serve a specific purpose, and if they do, what that purpose is (a detailed summary of various definitions of ideology is offered by Laihonen 2009: 25–27). During linguistic activities as a type of social action, language users conduct reflective and evaluative actions; that is, speakers have an opinion about their own linguistic actions as well as those of others. The system of motivations, aims and expectations underlying their evaluation is moulded into language ideologies, in other words, language ideologies constitute the presentation and representation of a given language from a certain point of view with a certain purpose (Tolcsvai Nagy 2018: 33). In this research, I rely on Lanstyák’s (2016) narrower approach by considering language ideologies as points of view and attitudes: I define language ideologies as ideas and philosophies that (a) explain facts and (b) justify and legitimize activities related to language and verbal communication.
Adopting an essentialist perspective (Silverstein 1979: 202–203), I regard language ideologies as static, neatly separable entities having names of their own which are expressed more or less explicitly by authors and analyzed by linguists (Sebők 2017: 13).

Lanstyák differentiates between general language ideologies and so-called language ideologies about language correctness. The latter are specifically concerned with language variants and language forms; in other words, they are used to justify decisions about linguistic correctness. Although some of these ideologies are also related to more general – social and political – ideologies, in this paper, I expressly focus on language ideologies about linguistic correctness. Having said this, I also take some of the more closely related general ideologies into consideration.

As I have already pointed out earlier, language ideologies play an important role in language management: “[t]he ideologies guide, influence or underline what can be noticed as a deviation from the norm, what can be evaluated (negatively, positively or otherwise) and so forth, that is, they guide the management process” (Nekvapil & Sherman 2013: 86).

When discussing language ideologies, we need to reflect briefly on the issue posed by the attitude of the researcher. Is it the task of the research on language ideologies to evaluate the ideologies themselves, i.e. the extent to which they are in accordance with the stance of linguistics as a science or with the “proper” view of language? Or should it be restricted to the mere exploration and description of ideologies, i.e. in a manner that the ideologies represented by the researcher herself are manifested to the least possible extent (cf. Woolard & Schieffelin 1994: 57–58)? The present analysis is descriptive in nature, with the exception of Section 4, where I give recommendations concerning a more professional approach towards the management of medical language.

2. Corpus and methodology

My aim is to examine lay views on medical language coming from doctors and other representatives of related disciplines in the broader sense (such as biologists, pharmacists, etc.). In addition, based on the study of existing medical language management activities and an exploration of ideologies underlying them, in Section 4 I will give some recommendations for increasing the efficiency of language management.

In Hungarian language management, the meta-linguistic observations made by public figures (artists, scientists, politicians, etc.) are traditionally held in high regard. The doctors and the representatives of other related disciplines, whose linguistic views my study is concerned with, are all acclaimed and renowned in their respective fields.

The material of the research comes from issues of *Magyar Orvosi Nyelv* published between 2001 and 2017. I examined around 80 articles on the topic of linguistic correctness. The journal was chosen because, as a forum for discussions about medical language, it represents contemporary Hungarian medical language management very well. I examined the articles by the method of content analysis in order to identify the dominant language ideologies underlying meta-linguistic discourse about medical language, most of which is aimed at language management.
For classifying and labelling the respective language ideologies, I used the terminology offered by Lanstyák (2016). His glossary of language ideologies identifies, names, lists and categorizes language ideologies that “exist” in the world. Following Lanstyák’s suggestion, in case of matches in content between a text under study and the descriptions of ideologies in the glossary, I marked relevant passages by appropriate labels from the glossary (e.g. linguistic personalism, linguistic purism). However, of course, this “propositional approach” is not, and cannot be, equated with critiquing the ideologies on the basis of their “scientific value”.

3. Results

Based on the journal articles that have been analyzed, it seems that language problems arising with regard to scientific texts revolve around the following two overlapping issues: 1) the general wording and style of scientific publications, 2) the influence of English. In what follows, language ideologies are presented in their relation to these two topics.

3.1. Language problems concerning style

In the journal’s column titled Szócsiszolás ‘Polishing words’, articles are concerned with the simplification and polishing of medical scientific texts which have already been published. One common linguistic problem with medical texts is their cumbersome, overly complicated style mired by “long-windedness”. Several articles aimed at language cultivation address the question as to how (by what linguistic devices) such complicated texts can be simplified. These reflections give evidence of the ideology of linguistic simplicism, as their authors deem structurally simpler linguistic forms to be inherently more correct than complicated ones. Naturally, there are situations in which striving for simplicity is indeed justified; in other cases, however, they may be a need for lengthier, more complicated forms (e.g. in explanations). Simplicity, brevity, conciseness and linguistic economy are portrayed as absolute values in these reflections (linguistic brevism, synthetism, effectivism). This is best illustrated by the title of one the articles, Tömören, helyesen, érthetően ‘Concisely, correctly, comprehensibly’, which implicitly identifies correctness with conciseness. Conciseness is sometimes celebrated as a feature of genuinely Hungarian (and therefore “correct”) style, with this feature even regarded as being typical of Hungarian, as in examples (1), (2).

(1) […] elvész a tömör, zamatos magyar szövegezés. ‘[…] the concise, flavorful Hungarian formulation is lost’

(2) A magyar nyelvet az egyszerű, tömör kifejezés jellemzi […] ‘Hungarian is characterized by simple, concise forms of expression […]’

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2 The quotation marks indicate the fact that language ideologies do not objectively exist in the world, rather they are always construed in discourse. Language ideologies “exist” only in a single way: through the fact that we think and talk about them (for details, see Lanstyák 2016).
A popular topic of the journal’s articles on language cultivation is the criticism of expressions called function verb structures (Lanstyák 2019) in linguistics. These forms are generally called by language cultivators “overstretching expressions” suggesting a negative value judgement.

According to an article, the correct form of the expression *I. stádiumban kerülnek felismerésre* (‘[they] are diagnosed in stage I’) would be *I. stádiumban ismerik fel* (‘[they] diagnose [them] in stage I’). “*Igényes beszédben lehetőség szerint kerülni kell őket*” (‘In polished speech they should be avoided whenever possible’), suggests the author of the article.

In (3), the ideology of **linguistic personalism**, which treats impersonal wording as an inherently negative phenomenon, is also manifested. Those subscribing to this ideology consider it important in all cases that the agent’s person receive explicit marking, even though it is a typical feature of the text type of scientific publications to favour impersonal construal. The attacking of function verb constructions (Lanstyák 2019) is a recurrent theme in the journal, as shown by examples (3) and (4).

Examples (3) and (4) also illustrate an additional language ideology, so-called **linguistic elitism**. In Hungarian society, just as in many other modern European-style societies (cf. Beneš et al. 2018), **language elitism** is an influential ideology that is also closely related to the standard ideology. In the traditional branch of Hungarian language management, called “language cultivation”, linguistic correctness is based on the language practices of the highly educated strata. Continuous reflection on the state of language and its conscious cultivation has had an ongoing intellectual tradition in Hungarian culture since at least the 16th century and it is mostly practiced by teachers and writers. The management of medical language that I examine also fits into this tradition.

The ideology of elitism manifests itself in the use of the attribute *igényes* (‘polished, of high quality’, literally: ‘demanding’) often referring to a form considered correct by language cultivators, whereas the attribute *igénytelen* (‘sloppy, unpolished, of low quality’, literally: ‘undemanding’) applies in these texts to forms they regard as incorrect, as it is well-evidenced in (3), (4), (5). In another article (5), the author disapproves of using *ugyanakkor* (originally an adverb meaning ‘at the same time’) as a conjunction expressing opposition (as a synonym for *ellenben* ‘whereas’ or *viszont* ‘but’):


> ‘The donor is always anonymous. At the same time [correctly: however, but] it is important to note that […] An author of high quality would use such formulations under no circumstances.’
However, the use of the attribute *igényes* often does not refer to the language use of educated speakers, nor does *igénytelen* necessarily characterize the linguistic forms used by uneducated groups. These evaluative attributes often convey merely the subjective attitude of speakers to a given linguistic form by branding the expressions they do not like as *igénytelen* or ‘being of lesser quality’. Lanstyák (2011: 150) considers the adjective *igényes* as a “pseudo-word” of Hungarian language cultivation, with an elitist flavour, which is adopted by representative works of Hungarian language cultivation such as the *Nyelvművelő kézikönyv* [Handbook of Language Cultivation] (Grétsy–Kovalovszky 1980–1985) and the *Nyelvművelő kéziszótár* [Concise Dictionary of Language Cultivation] (Grétsy–Kemény 2005) as a euphemism standing for ‘of the standard language variety’. Its propagation is aimed at convincing speakers that forms employed and recommended by language cultivators are inherently better and more correct independently of the context in which they are used.

In traditional Hungarian language cultivation, the great figures of high literature are often seen as paragons whose linguistic practices should be followed (linguistic bellettrism). In the texts I examined, this ideology is somewhat rare, since the practices of academia and high literature are rather different. Still, it does appear in some reflections on medical language, in (6) for instance, alongside other, more general ideologies such as language decay and necessity of intervention.

(6) Ha Vörösmarty Mihály veretes vagy Arany János csodálatos dallamú és szókincstú mondatait a jelenlegi médiaszövegekkel összevetjük, szomorúan döbbenünk rá, hogy a gyengülő-fakuló, betegskedő magyar nyelv gondozó örszemekre, társadalmi összefogásra, illetve alapos orvoslástra szorul.

‘When the meticulously written sentences of Mihály Vörösmarty or the wondrously rhythmic sentences of János Arany\(^3\) and their vocabulary are compared with texts from contemporary media, one can hardly escape the painful realization that the Hungarian language is waning and ailing and is in desperate need of watchful eyes, social solidarity and attentive care.’

The strength of the ideology of linguistic bellettrism is shown by the fact that according to the author of (6), the style of classic writers of the 19th century can be set as an example for journalists producing texts in a different register, in the 21st century.

Beyond criticizing the style of scientific publications, the authors of language cultivating articles under study are also keen to delve into issues pertaining to the correct use of specific words. Let us now see a few examples for this.

(7) A kommunikáció is divatszó, ebben a felhívásban teljesen fölösleges.

‘The word *communication* is also a fashionable catchphrase, in this call it is entirely unnecessary.’

(8) A tanfolyam két modulból áll […]. A modulok egyenértékű, önállóan is elvégezhetők. – Bár nagyon divatos, itt teljesen fölösleges a modul használata.

‘The course consists of two modules […]. The modules can also be completed separately. – Although it is certainly very fashionable, the use of *module* is entirely unnecessary here.’

\(^3\) János Arany (1817–1882) and Mihály Vörösmarty (1800–1855) are both among the most famous classics of Hungarian poetry.
In (7) and (8), the words *divatszó* ‘catchword, catchphrase’ and *divatos* ‘fashionable’ indicate the presence of the ideology of **linguistic hyperfrequentism**, which sees the frequent use of certain linguistic forms and “language trends” in general as something negative. This ideology is often exploited merely to conceal the author’s personal distaste for a given word and/or for its foreign origins. Moreover, the word *modul* has no single-word domestic equivalent in Hungarian and in the technical sense of the word the same holds for *kommunikáció* as well.

It is often observed that the writers of language cultivation articles ignore the real use of language, reject linguistic forms by referring to linguistic logic, and suggest something else on this basis. The author of example (9) states the following:

(9)  *A terhesség szó – ám bár elterjedt és mindenki érti – a szerkesztőség szerint kerülendő, mert a gyermekvárás nem terhes, hanem áldott állapot.* Helyette a *várandós, másállapotos, állapotos, viselős* stb. alkalmazását ajánljuk. Állásfoglalásunk szerint a *terhesség* szó csak a *terhesség-megszakítás* kifejezésben fogadható el.

*‘The word *terhesség*⁴ – although widespread and understood by everyone – should be avoided according to the editors since expecting a child is not a burden but a blessing. Instead, we suggest the use of *várandós, másállapotos, állapotos, viselős* etc.⁵ According to our standpoint, the word *terhesség* is acceptable only in the expression *terhességmegszakítás*.’*

The author of the article seems to disregard the facts of language use. Although he mentions that the word *terhesség* is “widespread and understood by everyone”, i.e. he admits that it is a usual and stylistically neutral linguistic form referring to the state of being pregnant in today’s standard Hungarian, he still recommends synonyms with a substantially different stylistic value: all his alternatives except *állapotos* are distinctly polished, slightly archaic or sophisticated (it is not impossible to use *állapotos* in informal language, since it is stylistically neutral, being stylistically unmarked in any type of texts, though *terhes* is a much more frequent synonym). He ignores the fact that these forms would be perceived in everyday discourse as odd or even mannered, i.e. he takes no notice of the contextual determination of linguistic forms (**linguistic autonomism**). Instead, all he has in mind is that in an idealized language completely independent of its speakers, derivative forms of the word *teher* (‘load, burden’) should be used exclusively in cases where expecting a child is construed negatively as in the case of *terhességmegszakítás* (‘abortion’). The author views the linguistic form that should be avoided according to him through the ideology of **linguistic logicism** and **rationalism**. If the word *teher* (‘load, burden’) has a negative semantic component then its derivative forms *terhes* (‘pregnant’) and *terhesség* (‘pregnancy’) should also be used only in cases where expecting a child is in fact a burden to those concerned. This suggestion is motivated by the expectation that language should be in accordance with the principles of human reason-

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⁴ The noun *terhesség* ‘pregnancy’ goes back to *teher* ‘load, burden’, thus evokes the meaning ‘having a burden’.

⁵ All suggested alternatives mean ‘pregnant, expectant’ but their connotations are positive, e.g. *várandós* is derived from the verb *vár* ‘wait, expect, look forward to sg’.

⁶ The compound *terhességmegszakítás* (lit. ‘pregnancy abortion’) is the Hungarian equivalent of abortion.
ing, in other words it should be logical. In addition, the recommendation may also be motivated by the author’s aiming for euphemism and political correctness. The linguistic forms he endorses make it possible to avoid calling a woman terhes when she is happily expecting a child, which she might feel offensive (linguistic inoffensivism).

The so-called linguistic necessism can be also defined as a more general ideology, which claims that there are unnecessary, consequently incorrect forms in language – regardless of their context. Defined as a language ideology about linguistic correctness, linguistic necessism means that if there are multiple forms with the same denotative meaning, only one of them is correct, the rest are unnecessary, thus less correct or even incorrect. The presence of this ideology can be easily recognized from the lexemes szükségtelen and fölösleges (‘unnecessary’, ‘redundant’). This ideology appears in (10), where the author analyzes the language of an academic presentation given at a medical congress to an audience of doctors.

(10) A petefészek-daganat kifejezés mindenki számára érthető, az ováriumtumor idegen kifejezés így teljesen szükségtelen, magyar szövegkörnyezetben nem is szerencsés. ‘The term petefészek-daganat [‘ovary tumour’] can be easily understood by everyone, so the use of the foreign expression ováriumtumor [‘ovary tumour’] is not just completely unnecessary but also inappropriate in a Hungarian context.’

Technical vocabulary can be expanded in a number of ways, for instance by coining novel words or by adopting loanwords from foreign languages. Both methods have language ideologies associated with them. The texts under scrutiny are characterized in general by linguistic conservatism and originalism. These ideologies consider traditional forms (which have been present in the technical vocabulary for longer) and etymologically more primary variants to be more correct than newer forms, which are regarded as inappropriate (11). The word ősi (‘archaic’) in the title of the article also speaks for the presence of these ideologies.

(11) In the article Vitairat egy valós, ősi, megkerülhetetlen bonctani kifejezésért ‘An essay in defence of a real, archaic and unavoidable anatomical expression’, the author regards the traditional, older forms to be correct. These have the -ecs diminutive attached: orsósontfejecs, singcsontfejecs ‘capitulum radii, capitulum ulnae’. By contrast, he regards the variants without the diminutive (orsócsontfej, singcsontfej ‘caput radii; caput ulnae / head of radius; head of ulnae’) to be incorrect, calling them an “Anglo-Saxon trend” and he regards their use as servilism.

Linguistic conservatism also appears in example (12). The standard, official term for the staff members of the ambulance service is mentő (‘paramedic’). A newer, less formal and more colloquial form is mentős (‘paramedic’). In example (12), the author claims that the older and traditional form found in the dictionaries is the correct one, and the other variant is not just inappropriate but should not even exist.

(12) Egyre inkább terjed a mentős kifejezés. Ez mint egykori mentő-t, azaz mentőorvost, rettenesen zavar. […] Van mentőautó, mentőorvos, mentőápoló, de mentős nincs. ‘The expression mentős is spreading more and more. As a former mentő [‘paramedic’], this annoys me greatly. […] There is mentőautó [‘ambulance car’], mentőorvos [‘ambulance doctor’], and mentőápoló [‘ambulance nurse, paramedic’], but no mentős.’
The word *mentő* has become ambiguous since it has acquired the meaning of ‘ambulance car’. It can even be said that normally *mentő* is used to refer to the ambulance car and therefore it is precisely *mentős* which is unambiguous and should be promoted by language cultivators on the basis of the much valued ideology of linguistic isomorphism. This ideology has it that linguistic forms having a single function or meaning are inherently more correct than those having multiple functions or meanings. Using the form *mentő* only in the sense of ‘ambulance car’ and *mentős* meaning only ‘paramedic’ is in perfect accord with the demand of unambiguity, while using *mentő* in two senses is not.

### 3.2. Language problems concerning foreign words

Most language ideologies about linguistic correctness are concerned with foreign (mostly English) words. An example for the ideology of so-called linguistic domesticism can be seen in (13), where well-established linguistic forms (i.e. ones that are widely used as integral parts of the linguistic system) such as loanwords are considered to be inherently more correct than other less or non-integrated linguistic forms. It is important to note that the word *bypass* has no widespread Hungarian equivalent in medical language. Labelling it as “non-integrated” is to hide the fact that the author disapproves of its foreign origin. (I will return to the ideology of linguistic purism later.)

(13) Igaz, hogy nagyon sok angol szakszó (*grade, bypass* stb.) elterjedt, alkalmazásuk is kényelmes, ám ezek mégsem jövevényszavak, vagy még nem azok. Legtöbbjük magyarral jól helyettesíthető, nem érdemes átvenni azokat, sőt célszerűtlen is: magyar szavakat szorítanak ki. ‘It is true that there are many English technical terms (*grade, bypass*, etc.) that are widespread and their use is convenient but these are not loanwords, at least not yet. Most of them can be easily substituted by Hungarian words, so it is not worth adopting them, moreover it is counterproductive: they push out Hungarian words.’

It is important to highlight the ideology of linguistic extrudism here, which is not an ideology about linguistic correctness *per se* but more general than that. Yet, it often shows up alongside ideologies about linguistic correctness, suggesting that certain linguistic items deemed “inappropriate” by certain other ideologies are dangerous because they extrude other items from the language. This ideology also appears implicitly in examples (7) and (8), where the author offers a linguistic analysis of an advertisement for a course found in a pharmaceutical newsletter.

Aiming for linguistic economy is only natural. For instance, considering the layered nature of medical language, the use of a foreign term in everyday professional discourse may be more appropriate (if it comes to mind faster) because at this layer of language use, fast and efficient communication is imperative as – in extreme cases – people’s lives may depend on it. The ideology of linguistic lenism views the need to be economical as a negative phenomenon caused by speakers’ negligence and love of comfort. These forms are scorned as inappropriate – without regard to their context – as opposed to the more complex, more traditional and “less economical” variants. The excerpt in (14) provides examples for this view.
A magyar szakkifejezések angol megfelelőjét használni (pl. *felvétel* helyett *uptake*, *bemenet* helyett *input*, *felszabadít* helyett *rilízel*) hallgatóság előtt a nyelvi tunyaság megnyilvánulása vagy a mondanivaló hiányának tudalékos leplezése a bennfentesség látszatának keltésével.

‘Using English terminology instead of Hungarian (for example *uptake* instead of *felvétel*, *input* instead of *bemenet*, or *rilízel* [‘to release’] instead of *felszabadít*) in front of an audience is linguistic sluggishness, or a clever way to cover up one’s lack of a message by appearing to be a competent insider.’

Moreover, example (14) also displays the ideology of **linguistic moralism**, as the author associates the use of English loanwords with a morally questionable form of behaviour (hiding the lack of a message by wording that suggests self-importance). Apart from the discussed ideologies, **linguistic purism** is also present in excerpts (13) and (14). This concept can be interpreted in a number of ways; however, in my definition it is a language ideology about linguistic correctness that regards domestically created words more appropriate than foreign loanwords, regardless of context or domain of use. Linguistic purism usually comes to prominence in times when a nation feels threatened in its existence, but it may also manifest itself during times of socio-political changes (Simon 2007). In the case of medical language, one such change is the influence or dominance of English (Kontra 1982). In fact, most language ideologies about linguistic correctness in the previously cited excerpts actually concealed intolerance against foreign language influence. For example, in excerpt (10) the author reflects on the linguistic aspects of a presentation held at a medical congress. The author claims that the foreign term is unnecessary because the Hungarian term is adequate and can be understood by everyone. By doing so, he ignores the fact that the text was a scientific presentation meant for professionals and not for a lay audience, so the use of a foreign term could not have caused difficulty in comprehension. Here, the ideology of purism can only be ascertained on the basis of contextual knowledge.

The presence of purist ideologies in the management of Hungarian medical language is not unparalleled internationally. For instance, in a text on the management of Turkish medical language, the authors use the metaphor *pollution* for loanwords, see (15). The title of the article is also telling: *Purification of the medical terms in Turkish* (Cengizhan & Tanış 2010).

(15) However, if every profession group commit to use [sic] foreign words in the conversation, the pollution of language is inevitable.

In the context of foreign language influence, I will now present ideologies about the interaction of languages.

Just like in the international literature on medical language management, the influence of English is an important subject in Hungarian medical language. The articles I examined generally recognize English as the “lingua franca” of science, yet the ideology of **linguistic colonialism** (and the related ideology of **linguistic imperialism**) is strongly present. This ideology regards loaning foreign words, just like the name says, as a form of linguistic colonialism. In (16), the phrase *önkéntes rabszolga* (‘voluntary slave’) indicates the presence of this ideology.
Ideologies that view the influence of English as a danger frequently occur in discourse related to language management, not merely with relation to the loaning of lexemes but especially in cases where this influence goes beyond the lexical level and it can also be observed in the grammatical system (linguistic dilaborism) (17).

Interlingual forms mixing the elements and syntactic patterns of English and Hungarian clearly receive a negative evaluation. For example, one article’s author calls them “jumbled sentences which are neither in English nor in Hungarian but rather in some mule language”. To this he adds (and rightly so) that the use of interlingual forms is common in translations. Such negative judgments indicate the implicit presence of the ideology of linguistic perfectionism, as the use of interlingual forms is attributed by the author to “linguistic sluggishness” among other things, i.e. to the fact that producing such texts require less mental effort in comparison to texts created with greater care.

In articles on the influence of English, the ideology of linguistic sufficientism is also implicitly present. This ideology regards the language of the concerned community – in this case, Hungarian medical language – to be sufficiently developed and rich enough not to be forced to loan lexemes or other linguistic items from foreign languages. On rare occasions, this ideology appears explicitly, as in (18).

Finally, I consider it necessary to mention a few counterexamples as well. These occur more rarely in comparison to purist, nationalist ideologies, the articles under study also occasionally give voice to views that are more tolerant or even positive about language contact and the integration of foreign words and patterns (linguistic internationalism). They generally support keeping foreign terms because they more accurately express the intended meaning than the corresponding Hungarian expressions, i.e. the terms are not equivalent (linguistic intranslatabilism) (19).

(16) Valóban az angol nyelv önkéntes rabszolgái akarunk lenni?

‘Do we really want to become voluntary slaves of the English language?’

(17) […] az indoeurópai nyelvek a mondat szerkesztésünket is befolyásolják […]. Az angol nyelv uralma azonban már a fogalmazásunkat is bomlásztja, sőt befőrközözt a gondolkodásmóddunkba is. Az indoeurópai nyelvek szüntelen hatásának legnagyobb veszélye ez, és nem a sok idegen szó, ez károsítja leginkább a magyar szaknyelvet és így a köznyelvet is.

‘[…] Indo-European languages also influence our sentence construction […]. The hegemony of English is not just degrading our way of writing but also our way of thinking. This is the gravest danger with the influence of Indo-European languages, not the number of loanwords. This is what causes the most damage to Hungarian professional and everyday language.’

(18) Anyanyelvünk kellőképpen csiszolt, szógazdasága szinte felmérhetetlen, nem szorul idegen segítségre.

‘Our mother language is sufficiently polished and has an immense wealth of vocabulary; it does not need foreign help.’

(19) Azoknak a szerzőknek a véleményével rokonszervezek, akik mértéktartó magyarázat mellett az idegen szavak befogadásának jelentőségét, illetve a két folyamat egészséges egységsúlyát hangsúlyozzák. […] A rekonstruált nem új tulajdonságú, a mutáció nem egyenlő a változattal […], és a molekuláris genetika sem fordítható molekuláris öröklődésnek vagy fejlődéstannak […].
‘I sympathize with the opinion of authors who emphasize the importance of integrating foreign words besides the need to coin Hungarian ones, aiming for a healthy balance between the two processes. […] Rekombinánés ‘recombinant’ is not új tulajdonságú ‘having a new property’, mutáció ‘mutation’ is not the same as változat ‘variant’ […] neither can molekuláris genetika ‘molecular genetics’ be translated as molekuláris öröklődés or fejlődés ‘molecular inheritance’ […]’

In a previous questionnaire study (Ludányi 2018) on the linguistic attitudes of doctors and medical students, several informants expressed the ideology of linguistic intranslatabilism, cf. (20) below.

(20) Sokszor a magyar szóhasználat nem annyira bevett, esetleg pontatlan lehet, félelrétesekhez vezethet.

‘Often the Hungarian word is not so common, it could be inaccurate and lead to misunderstandings.’

Several informants did not consider the dominance of English as a problem in medical language, some even regarding it as a positive phenomenon in view of the fact that English is the language of international scientific communication. As the questionnaire research showed, the attitudes of doctors (especially the younger generation) to medical language are shaped by the ideology of linguistic internationalism or globalism to a much greater extent than suggested by the corpus of the present research. This is not surprising, however, as by its own admission, the journal Magyar Orvosi Nyelv is aimed at the “Hungarianization” of medical language. From this it naturally follows that the editorial board is more likely to accept articles supporting this view. In addition, it is plausible to assume that doctors having a neutral or positive attitude to the spreading of English technical terms (those who do not consider it as a language problem) are more indifferent in linguistic matters, never even contemplating the idea of producing an article on language cultivation.

4. Some suggestions for making medical language management more effective

The language problems we encounter in the language cultivating articles under scrutiny often turn out to be problems only when they are viewed in the light of the standardist ideologies mentioned above, whereas they do not pose any real problems for everyday speakers (regardless of whether they are medical professionals or patients). Obviously, there are also other types of problems in medical language (especially in transfer language), however, the exploration of these would require further research, and thus I simply mention such an example for the purpose of illustration. One article published in Magyar Orvosi Nyelv highlights a lexical gap that poses a language problem even if we “disregard” standardist ideologies (yet in doing so we still obviously stick to other ideologies since linguistic phenomena cannot be approached in a strictly ideology-independent manner). The language problem is that in Hungarian there is no stylistically neutral and common lexical item referring to miscarried babies (since the word abortum is part of the specialized language of science with its own stylistic value), thus in the transfer language it might pose difficulties to inform patients in a tactful manner.
The management of Hungarian medical language can be made more efficient if – by relying on the foundations of Language Management Theory (LMT) – it addresses the language problems of actual, “flesh and blood” speakers, i.e. if speakers have a say in deciding what constitutes a language problem and the question is not decided exclusively by language cultivators (by which I mean doctors, biologists and other professionals expressing their views regarding certain linguistic phenomena on the pages of *Magyar Orvosi Nyelv*). Language problems and language ideologies are closely related, thus the analysis of language ideologies might be exploited in uncovering the language problems of a given community of speakers. In the following, I propose some general ideologies that might be useful for increasing the efficiency of Hungarian medical language management.

Considering the strongly stratified nature of medical language, it might be useful to rely on the ideology of **linguistic pluralism** as a general principle in medical language management. Since medical language has countless different variants, each used in different domains, the unification of specialized language and the suppression of heterogeneity would be unfortunate and probably also impossible (attempts of this kind are motivated by the ideology of **linguistic homogenism**). However, the ideology of linguistic homogenism can also be defined more narrowly by applying it to certain linguistic forms instead of language varieties. If a term is abbreviated or written in different forms – for instance spelled as one word, as two words or with a hyphen – we should indeed strive for standardization and opt for homogenism instead of a pluralist ideology. Applying the ideology of linguistic homogenism is also desirable in the harmonization of terminology: a unified terminology should be developed – as far as possible – that is adopted in all Hungarian-speaking regions. This evidently applies only to unification within any of the three layers of medical language: academic, “specialist-specialist” communication, and “specialist-layman” communication.

The other fundamental ideology whose general application is motivated by the layered nature of specialized language is **linguistic situationalism**. This is the idea that context must always be taken into consideration when choosing a term, since it is by no means insignificant whether the term is used in a scientific context, in everyday communication between medical professionals or in the transfer language. An obvious example would be the choice between foreign and Hungarian terms because technical terms (such as *appendicitis*) that are less known or unknown to everyday speakers will inhibit patients’ understanding of the matter, thus in the transfer language it would be preferable to use the generally known Hungarian equivalent *vakbélgyulladás* (even if it is somewhat inadequate from a professional point of view). On the other hand, in a scientific context, the foreign term can refer to the phenomenon at hand more precisely, and adequacy is one of the most important requirements in scientific language use. The foreign term also seems to be the more felicitous choice in everyday professional language use if it comes more naturally to medical professionals, since in this context it might be of utmost importance to facilitate communication in order to speed up work – in extreme cases this might even be a matter of life and death. Besides, the use of international terms is also a way of expressing the common identity of medical workers, serving as a kind of jargon or slang.
5. Conclusion and summary

In this paper, I have attempted to identify, in so far as it is possible, the most important language ideologies about linguistic correctness in the management of Hungarian medical language against the background of international medical language research. In summary, language ideologies underlying today’s medical language management activities also constitute some of the most important ideologies underlying Hungarian language management in general. Authors of the journal articles which have been analyzed in this paper (doctors or individuals working in neighbouring professions) frequently treat canonical books of general language management such as the Nyelvművelő kézikönyv [Handbook of Language Cultivation] and Nyelvművelő kéziszótár [Dictionary of Language Cultivation] as unquestionable authorities. Pervasive trends include the pursuit of linguistic homogeneity and standardisation, while the domain of language use and the layered nature of medical language are often ignored. The Platonic view of language can also be observed in the aim to create a single “unified and ideal” medical language. The folk view of language and medical language can be observed, whereby the correctness of a linguistic form is independent of its social embeddedness. The dichotomy between correctness and incorrectness seem to be prevalent. Hungarian medical language management is characterized by linguistic conservatism and intolerance against change and diversity in language, especially in the case of the foreign (English) influence.

In order to engage in modern and efficient medical language management, those working in the field should be open to the reinterpretation of “correctness” and a more nuanced grouping of language problems arising in medical language. They should differentiate between problems that speakers actually face and those which only seem to be issues from the perspective of a standardizing ideology. In line with the tenets of Language Management Theory, it would be beneficial if language management activities focused on linguistic phenomena causing problems to the speakers themselves; for example, if “long-windedness” was only corrected when it hindered comprehension (with no appeal to the preconceived idea that concision and simplicity are basic, invariant criteria of “correctness”). For a re-assessment of the current situation and the implementation of modern organized medical language management, it is desirable for health care professionals and linguists to work closely together.

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Eszterházy Károly University of Applied Sciences, Department of Hungarian Linguistics
Eszterházy Square 1, 3300 Eger, Hungary
Hungarian Academy of Sciences, Research Institute for Linguistics
Benczúr Street 33, 1068 Budapest, Hungary
<ludanyi.zsofia@nytud.mta.hu>