

The Translatability and Use of X-Phemism Expressions (X-Phemization): Euphemisms, Dysphemisms and Orthophemisms in the Medical Discourse

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Abstract

People usually use direct or indirect expressions; they are sometimes formal, normal, polite or informal in their daily conversations. They often use one of the **X-phemism** expressions in their conversations; these expressions include orthophemisms to be normal and formal, euphemisms to be polite, positive or indirect, and/or dysphemisms to be direct and negative, the choice of using each one depends on several factors, such as the conversation situation, time, place, the speaker, the hearer and the topic of the conversation.

This analytical, qualitative and quantitative study has been conducted in the medical discourse; namely the spoken discourse (conversations) in Jordan for two purposes; the first purpose of this study is to identify the psycholinguistic reasons, motives, styles and frequency of using X-phemization, including “the indirectness” or “doublespeak” or “euphemism”, dysphemism and orthophemism expressions in the medical discourse that health care providers employ in their communication with health care users; who are mainly patients and their families. The second purpose of this study is to investigate the translatability of using these terms from English into Arabic and vice versa.

The results of this research have revealed that there are several motives, forms and styles for using X-phemism expressions in the medical discourse. Using orthophemism and euphemism expressions has been manifested by employing indirect or acceptable language or/ and hiding the information, and dysphemisms were manifested by using direct speech and language from the health care providers with the users. Moreover this

research has shown that translators and interpreters would encounter a problem in the translation of these X-phemism expressions, but they can easily and smoothly handle this issue by intelligent management of the translation and subtle consideration and awareness of the ethical and legal aspect related to the medical condition.

Key words: X-phemisms (euphemism, dysphemism, orthophemisms); X-phemization; Psycholinguistics; Medical Jargon and Medical discourse

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INTRODUCTION

People are usually considered good conversants or communicators when they are able to convey the targeted message directly and express their selves clearly. However, in our daily conversations and in certain occasions, people deliberately or indeliberately tend to be indirect and they try to hide the truth from their addressees. So, they would choose one of the **X-phemism** expressions including euphemisms, dysphemisms and/or orthophemisms and use it depending on several factors, such as the conversation situation, the time of conversation, the purpose of the conversation, the speaker, the hearer and the topic of the conversation. In other words, the conversants might use direct, indirect or normal expressions with each other in their daily communication.

For example, in using indirect expressions or what are called **euphemisms**; as one of these **X-phemism** expressions, people deliberately avoid being direct and try to hide the truth in different ways and by employing different expressions. This phenomenon is naturally

used in different fields and in all languages of the world. These expressions are used in monolingual, bilingual or multilingual situations. By using **X-phemism** expressions people try to be formal, positive, direct or indirect, or they avoid being impolite, negative, vulgar or not well-mannered with others.

There are several examples of these **X-phemism** expressions used in different fields and all languages in the public and professional world. For example, in the public field, one may say *senior citizen*, or *experienced or well experienced person* in place of an 'old' person, or use *not quite clean* instead of 'really dirty' or 'using the *facilities/WC* instead of 'going to the toilet', *reducing costs* as opposed to 'cutting peoples' salaries', *pre-owned* as opposed to 'used', *detainee* for a 'prisoner of war', *enhanced interrogation* in place of 'torture', *capital punishment* instead of 'the death penalty', *take down* in military language instead of saying 'killing someone', *not quite clean* instead of 'really dirty', *a bit shaky* as opposed to 'really poor quality', *the underworld* instead of 'hell', and *I advise* in place of 'highly thought against' or 'a very bad idea'.

In politics field or conversations, euphemism **expressions** or what is called **double speak** are often used in the political discourse, so one might say *ethnic cleansing* instead of "genocide". Another example is in the business field one may say *downsizing* or *rightsizing* instead of "layoffs or firing employees" and many more. In the education field also, one might say, the student needs *two marks to pass* instead of saying "he failed".

Likewise, in English medical conversation, or in the medical field as a part of the professional world, one can easily notice the use of this phenomenon in every day medical conversations and discourse. For example, a medical practitioner may say *not doing so well* instead of "very sick or severely injured", or *the man passed away* or *gone to the Lord* instead of saying 'died' and *substance abuse problem* or *chemically dependent* as opposed to "drug addiction", *curvy* or *obese* as orthophemism in place of "fat", and many more.

The researcher has conducted this analytical, qualitative and quantitative study in the medical discourse; by which the spoken discourse (conversations) in Jordan, has been particularly studied, investigated and analyzed from the translation and linguistic perspectives. The first purpose of this study is to identify the reasons, motives, styles, forms and frequency of using X-phemization, including "the indirectness" or "doublespeak" or "euphemism", dysphemism and orthophemism expressions in the medical discourse that health care providers employ in their communication with health care users; who are mainly patients and their families.

The second purpose of this study is to investigate the translatability of using these terms from English into Arabic and vice versa. Moreover, it tries to explore the

motivations, styles and forms of using these expressions other than the traditional ones discussed in the previous pieces of research, such as Sallo (1994), Myers-Scotton (1995), Burrige (1996), Auer (1998), Nurmi and Pahta (2005), Allan (2005), Nilep (2006), Mahootian (2006), Rice (2010), Woods (2012), and among others.

The term, "**X-phemism** refers to the union set of euphemisms, orthophemisms and dysphemisms" Allan (2005). By analogy, as **euphemization** is used to refer to the process of using euphemisms as appeared in Rahimi & Sahragard (2006) and James (2011) among others, I would say, we can use the term **X-phemization** to refer to the process of using euphemism, dysphemism and orthophemism locutions in different situations. In accordance with that, terms like **dysphemization**, **orthophemization** could also be used. Thus, the term xphemization has been introduced and defined in this research (see 1.1)

In the public languages, using X-phemism expressions, or what can be called **X-phemization**, has been previously studied in different pieces of research from various aspects by linguists such as Allan and Burrige (1991), Neaman and Silver (1995), Lutz (1999), Veisbergs (2000) Allan (2005), Linfoot-Ham (2005), Allan and Burrige (2006), Bozena (2011), Hojati (2012) and among others.

In the medical discourse, X-phemism expressions including euphemisms, dysphemisms and orthophemisms are intentionally used by medical practitioners for several purposes and reasons, such as hiding the truth from health care users who are usually the patients and their families, softening the impact of what would otherwise be a very blunt, harsh, or crude message, or they intend to be indirect in their communication with health care users. Therefore they resort to softer "feel-good" words in order to transfer unacceptable or immoral ideas, or they want to conceal, or desensitize people to the realities of their diseases.

For achieving this goal, health care providers use different forms and styles of euphemization, such as using medical abbreviations, acronyms or/and clipped words, and switching from Arabic into English; these styles will be discussed in this research. However, in certain situations, health care providers might sometimes be direct in their conversations with health care users and use **dysphemisms** instead of using euphemisms. The motives and styles for using all these kinds of expressions (**X-phemism** or **X-phemization**) will be explored and discussed in this research.

A. Statement of the Problem

It is noticed that medical practitioners are not always direct in their communication with health care users; they sometimes try to be indirect, conceal or hide the truth from their addressees. Although this communication behavior is used for several reasons and motives, it might, however, lead to misunderstanding and misperception of

the main idea of the medical conversation by health care users. Eventually, **X-phemization** might lead to negative psycholinguistic effects on the health care users instead of the positive ones that the health care provider intends to achieve by using this linguistic tool in different forms and styles.

Moreover, this phenomenon would make a problem for translators and interpreters, as they need to use equivalent euphemistic or dysphemistic expressions in the target language. So, should be translators and interpreters be confined and committed to the text literally, can they translate what the medical practitioners said and what he has intended or ought to say??

B. The Significance of This Study

This study is **significant** because it handles a very important area that connects two fields together. The first one is translation of words as a medium of communication among people and the second field is people's health with its related terminological and psycholinguistic aspect of this issue. It is a vital issue in the translation and interpretation process, as understanding the X-phemistic expressions in the medical discourse will also help in performing the process of translating medical texts from English into Arabic and vice versa properly, namely in finding their target language equivalents.

Recently we've also seen amounts of indirect usage of medical language when terms such as *reproductive healthcare* or *family planning approach*, or *personal choice* are used as euphemisms which effectively allow us to avoid thinking about the ugliness of 'deliberate abortion', or they use *she lost the baby*, *it was a stillbirth*, and/or *she miscarried*; all these terms are used to replace the medically specific term and concept 'abortion', they have been used in order to make the abortion issue acceptable to the lay people. (Crawford, 2008).

Moreover, although the phenomenon of using X-phemism expressions in the general public language and communication has been studied by several scholars, fewer researchers have studied the same phenomenon in the medical discourse in English (Tayler & Odgen, 2005; Taylor, 2008). Furthermore, to the best of the researcher's knowledge, this phenomenon has not been previously studied from the translation perspective in Arabic medical discourse and particularly in Jordan. So it is worth to study this field from different aspects.

1. THE RESEARCH METHODOLOGY

The researcher has tried in this research to study the use of all types of **X-phemism** expressions including euphemism, dysphemism and orthophemism ones because of the significance and importance of studying all these types, as all people use them in their daily communication and conversations. So, this research used different data collection instruments and tools to investigate and study

the **X-phemismization** phenomenon in the medical discourse from different aspects including the motives, styles and types of euphemism, dysphemisms and orthophemism expressions and their translatability from Arabic into English and vice versa.

1.1 The Operational Definition of Related Terms

Before starting the discussion of the results of the study, it is necessary to define certain key terms that have been used in this research. The **operational definition of related terms** in this study includes defining the **medical language (Discourse)** or it is called **medical jargon**. **Jargon** is the specialized language used by a particular group of people; they could be professional or non-professional, for example medical, mechanical or engineering jargons. In this study, medical jargon will be investigated and studied. Medical jargon is a monofunctional language; it is used within the medical field for the purpose of communication among the medical group members, who are the medical professionals such as physicians, nurses and other allied health personnel.

So, medical language is considered as a **jargon** used among medical professionals; it is rich of specialized vocabularies and terms. "**Jargon [medical jargon]** is not a pejorative or [bad] term in itself. It's simply a shorthand way of communicating with colleagues, a specialized language used within specialized groups. There's good jargon and there's bad jargon. But it all depends on how it's used. If it's used to obfuscate, to defraud, it's very, very bad" (Woods, 2012). Although, people are traditionally taught to avoid jargon in formal communication, this may not be applicable in the medical discourse, because medical practitioners use it a mode of communication with their colleagues (Coutler & Ellis, 2006).

In the case of the medical field in Jordan, they use English as the medical language or jargon or it is a mixed language of both Arabic and English, especially English medical terms. I use, here, the term jargon because it is used as the communication mode among health care providers.

As previously mentioned (see , the term **X-phemism** includes all expressions of euphemism, dysphemism and orthophemism, and the process of using these terms could be called as **X-phemization**, which could be defined as the process of using one of the X-phemism expressions including euphemisms, dysphemisms and orthophemisms in any discourse for any motive or reason and by using them in any suitable linguistic form or style.

The word "**euphemism**" comes from the Greek morpheme "eu" means "good" and "-pHEME" means "speech" or "saying", and thus it means literally "to speak with good words or in a pleasant manner." The Online Oxford Dictionary (2014) defines euphemism as "a mild or indirect word or expression substituted for one considered to be too harsh or blunt when referring

to something unpleasant or embarrassing” The word etymologically comes from the Greek *euphēmos*, from *euphēmisein* “use auspicious words”, from *eu* “well” + *phēmē* “speaking” (Oxford Dictionary, 2014).

Hence, the process of using these expressions is called “**euphemization**”. Euphemism refers to the substitution of an agreeable or less offensive expression in place of one that may offend or suggest something unpleasant to the listener, for example saying “passed away” instead of “dead” etc.. However, dysphemism has the opposite meaning of euphemism.

The Online *Oxford English Dictionary* also defines **euphemism** as a rhetorical device or “figure of speech which consists in the substitution of a word or expression of comparatively favorable implication or less unpleasant associations, instead of the harsher or more offensive one that would more precisely designate what is intended.” It may also refer to intentional vagueness in language. On the other hand, **dysphemism** has the opposite meaning of euphemism.

Another synonymous term for euphemism is the term **doublespeak**; this term was firstly coined in the 1950s, by George Orwell 1949, it is the language that deliberately disguises, distorts, or reverses the meaning of words. Doublespeak may take the form of **euphemisms**, such as using “downsizing” for layoffs, in which case it is primarily meant to make the truth sound more palatable and acceptable to the hearer (Lutz, 1996). This term is usually used in the general language.

Doublespeak is usually associated with political language. It is usually used to a) avoid or change responsibility, b) diverts reality by making the bad or unpleasant look good or pleasant, and vice versa, and c) confusion by using unknown or devised jargon to the hearers. It is also called doubletalk or doublethink. (Vande Kopple, 2007). So, it is basically the same process of using euphemism, but the speaker intentionally tries to deceive the hearer or addressee.

Another X-phemism expression is Orthophemism, which means “straight talk”; direct or neutral expressions that are neither sweet-sounding, evasive and polite expressions as the euphemisms, nor harsh, blunt and offensive as the dysphemistic expressions. This term was first coined by Allan and Burridge (2006) from the Greek, “proper, straight, normal” plus “speaking”. Both orthophemisms and euphemisms are used consciously or unconsciously; they are used to avoid the speaker being embarrassed and/or ill thought of and, at the same time, to avoid embarrassing and/or offending the hearer or some third party. This coincides with the speaker being polite.

However, an **orthophemism** is typically more formal and more direct (or literal) than euphemism. On the other side, **euphemism and dysphemism** are usually more colloquial and figurative (or indirect) than orthophemism. For instance, one might call someone *fat*; in this case, s/he

is direct which means he has used a dysphemism (Allan & Burridge, 2006).

To sum up, as alternatives to offensive expressions, **orthophemisms**, like **euphemisms**, will typically be preferred as desirable or appropriate terms used instead of **dysphemism** expressions. Examples of all three kinds of X-phemism expressions would be “*pass away*” used as a euphemism, “*snuff it*” used as a dysphemism, and “*die*” is used as an orthophemism. However, understanding the minimal difference between these terms might be problematic, since the meaning may vary considerably between dialect groups and even between individual members of the same community (Allan & Burridge, 2006)

1.2 The Objectives of This Study Are as Follows:

(a) Identify the styles, motives, forms and manifestations of X-phemisms (euphemisms, orthophemisms and dysphemisms) used in medical discourse

(b) Investigate the translatability of X-Phemism expressions from English into Arabic and vice versa

1.3 The Sample and Population of This Study

All medical language users were the targeted **population** of this study. However, fifty questionnaire forms were distributed opportunistically and at random to 50 health care providers; they are considered as the random **sample** of this research. I gave them to any medical practitioner who was in duty at that day. I received back 44 filled forms which equate 88%. 12 of them were female and 32 male physicians from four hospitals, two governmental and two private hospitals.

Moreover a number of experts and professional translators and interpreters have been consulted to identify their opinions of translating X-phemism expressions from English into Arabic and vice versa.

1.4 Data Collection Instrument and Administration of This Study

The researcher developed a questionnaire form which is composed of two main parts; the first part includes six questions. The purpose of the first part is to survey which type of X-phemism expressions are used by the health care providers. Each question has five items, the participants were asked to select the most appropriate choice for them. The items are as follows; if the participant circle (a) “direct” option; this means that s/he informs health care users directly about their serious disease, in other words s/he uses dysphemisms expressions. But if s/he selects (b, c, or d) choice; this means that he has used euphemism expression or doublespeak. Finally, if s/he has selected the last option (e) by choosing the formal term in his conversation with health care providers; this means he has used orthophemism expressions (see Appendix 1).

The second part of the questionnaire is composed of eight close-ended questions. The purpose of this part of

the questionnaire was to explore the X-phemization styles used by the health care providers and how often they are used by the medical staff. The answer for each question is composed of five-degree scale ranging from “never used” to “regularly used” (see Appendix II).

Both questionnaire forms were written in English, as health care providers in Jordan are bilingual and able to communicate in both languages Arabic and English. Moreover, the items of the questionnaire were explained and clarified by the researcher to the participants. The questionnaire forms of the study were also distributed and administered to the respondents (participants) by the researcher himself.

1.5 Data Analysis

The results of the questionnaire responses were calculated and get the ratio out of 100%. The researcher prefers to depict the results of this study by using tables, in order to give a quick summary and view of the results to the reader.

1.6 Limitations of the Study

Although the sample for the questionnaire of the research has included only 44 respondents from 3 hospitals, but the researcher identifies that the purpose of this sample is to explore the different motives and styles of X-phemization, and not giving statistical data about this issue, as this phenomenon can clearly and easily noticed and observed by the specialists as well as the lay people.

2. REVIEW OF LITERATURE

After reviewing the related literature, the researcher has noticed that there are several research papers, as previously mentioned, tackled the use of euphemisms as part of the X-phemism expressions in different general language discourses, such as Myers-Scotton (1993), Sallo (1994), Auer (1998), David (2000), Nurmi and Pahta (2005), Nilep (2006), Mahootian (2006), Rice (2010), Woods (2012) among others. However, the issue of X-phemization in medical discourse has not basically been studied by researchers, although it has been marginally or generally mentioned by some researchers in their studies, such as Lankamp 1989, Del Mar, Doust and Glasziou (2006), O'Brien (2010), Baker and Sibonile (2011) among others.

Moreover, most of these research papers and books have basically studied the use of euphemisms. But, few of them have discussed the other side of the coin which is the use of dysphemisms and orthophemisms. Noman (2013, p.1), in his study, has attributed the reason for having a limited number of research discussing the issue of dysphemisms by researchers to the socio-cultural nature of these expressions, as they “address culturally sensitive areas and this is why they have not received a lot of academic attention from applied linguists in

general and sociolinguists in particular”. So, researchers avoid studying it comprehensively, and they try to focus on studying euphemism expressions in particular. Additionally, to the best knowledge of the researcher, no previous research has studied the translatability of X-phemism expressions in the medical discourse (Jamet, 2012).

Euphemisms have been referred to as verbal placebos, and ways of discussing unpleasant topics in a more palatable manner. But do euphemisms really change the way we think? And should Health care providers be encouraged to use them freely and excessively? This is a suitable area for further research to be conducted to investigate the actual psycholinguistic effect of using X-phemism expressions on the addressees.

The use of **Euphemisms** has commonly different motives for different individuals' applications; one may find people use euphemisms in areas concerning aging and death, different functions of the human body, diseases, crime and punishment, the language of government, and the game of war. So, for example, instead of saying that someone *died*, we say they *passed away*, *bombing raids* become *surgical strikes*, and *bombs dropped on our own troops* become *friendly fire* (Allan & BurrIDGE, 2001).

Traditionally, euphemisms deal with words related to human body secretion, sickness crimes but nowadays it might include all life aspects such as politics, business among other aspects. Euphemisms are emotionally acceptable words or expressions used instead of other synonymous offensive or unpleasant words, Veisbergs (2000). Euphemisms are also used in different forms, such as using circumlocution, acronym, hyperbole, understatement, and metaphor.

War also, often, gives rise to euphemism, because the truth is too hard to bear or even bare. During the First World War soldiers who were effectively became *insane* by the horror of war was replaced by the expression *battle fatigue*. Finally today this term has been replaced by the term *post traumatic stress* or *disorder*.

Grazian (1998, p.37) considered X-phemistic and doublespeak expressions in the extreme side as a way of making “lies”. However, Hasegawa (2001) as discussed in (Hayes, 2005) concluded that there are countless X-phemisms and doublespeak in our daily conversations, and we live in a world of X-phemisms and doublespeak that enhance and enrich our language. They are not lies but they are “strategic misrepresentations”, “reality augmentations” or “terminological inexactitudes”.

In medical jargon, many medical terms are ultimately derived from euphemisms, for instance, the word stool came from “go to the stool,” and diabetes came from a Greek word meaning “to go a lot,” since people with diabetes urinate frequently”. (Allan & BurrIDGE, 2001, p.78). So there is a significant linkage between medical jargon and using X-phemism expressions.

Other scholars employ an additional category related to the use of X-phemism expressions; it is called doublespeak. Lutz (1990, p.34), defines doublespeak as “the language that makes the bad seem good, the negative sound positive, and the unpleasant appear attractive, or at least tolerable”. Lutz also advocates that doublespeak would appear in different forms; a) Euphemism is the use of expressions that are designed to avoid a harsh or distasteful reality but becomes doublespeak when it is introduced to mislead or deceive, b) Specialized language used in some particular field such as a trade, profession or similar group, called jargon, so medical jargon or discourse is one of these professional languages and it is the main concern of this study, c) “gibberish or gobbledegook” or bureaucratese languages and Inflated (hyperbolic) language (Hasegawa, 2005).

Euphemism, dysphemism and doublespeak seem to have very analogous and different features, especially dysphemism and doublespeak. However, in fact, a fine distinction can be made between euphemism and doublespeak; in using X-phemism expressions the speaker conveys his or her view to the audience and there is no intention to deceive them. If you consider the receiver’s feelings and avoid negative aspects toward the interlocutors’ affection, this is euphemismization. If it intentionally and/or unintentionally works negatively, this is dysphemismization. If locution, however, contains intention and motivation to mislead or deceive the audience, then the proper linguistic expression for this process is doublespeak.

So, doublespeak is when the speaker pretends not to render the truth of the issue but to switch the locution intentionally and obfuscate the truth. It is the language which entraps you by concealing the truth. Therefore it cannot be categorized as similar to euphemism; instead it is closer to dysphemism. It must be stressed that unlike the intention of euphemism and dysphemism, there are no positive aspects to be switched by doublespeak because if there is, its function would not exist in order to change the negatives to positives. The decision for this transmitting is usually associated with a wide range of contextual factors such as people’s status, background information and so forth. In other words, the decision will be made by the way you view the object.

3. RESULTS, FINDINGS AND DISCUSSION

3.1 The Styles, Forms and Motives of Using X-Phemism Expressions in the Medical Discourse

The analysis of the data of this research has revealed that there are several motives and styles for using X-phemism expressions in the medical discourse. Using euphemism

expressions have been manifested by using indirect or acceptable language or/ and hiding the information from the health care users. The use of dysphemism expressions has been detected by the direct language and information employed by health care providers with their health care users, whereas orthophemism expressions were realized by the use of formal language in the medical discourse.

About 43% of the respondents of the health care providers use indirect or acceptable language if their patient has a serious disease, such as heart valve or coronary arteries diseases, this means that they have used euphemization in this situation, and about 40.9% of them were formal in their conversation with health care users; this means that they use orthophemism expressions and only about 13.6% of the participants use direct language or dysphemism expressions; because being direct in this case with health care users would hurt their psychological status. So, the presence of a serious disease is a motive for using euphemism and orthophemism expressions (Table 1). Approximately, similar results have appeared in medical providers’ conversations with patients who suffer from fatal diseases and terminal cases, such as different types of cancer and advanced heart disorders or diseases (Table 1).

Another motive for xphemisation and euphemization has appeared in the medical conversations used with patients who have been inflected by venereal diseases, such as syphilis, gonorrhea or AIDS (Item 4, Table 1). In these cases, as more than 52% of health care providers try to be formal; which means that they use orthophemization, and explore the truth to the patients by using both direct and 30% of them use the indirect or acceptable language in their conversations (Table 1), because these diseases are infectious and epidemic, and they can easily be transmitted into their partners if they don’t consider or being aware of the medical prevention precautions. So, health care providers need to say the truth clearly to the health care users.

Moreover, they may use euphemistic or orthophemistic expressions in order to be formal. If they want to express some taboo concepts, these concepts might be related to the body organs or to the body secretions of humans, fertility or infertility as mentioning these concepts in vulgar language cause embarrassment to both health care users as well as health care providers (Item 5, Table 1).

In fatal diseases, health care providers try to be formal and serious, as more than half (52.3%) of the participants use orthophemism expressions in their conversations with patients who suffer of fatal diseases (Table 1), such as cases of cancer or brain death. This can be attributed to the fact that they would like to inform the health care users officially and directly about their health conditions for legal reasons, and to prepare them for the worst expected result, which is the death. So, this can be considered as a motive for using **orthophemism expressions (orthophemization)**.

However, about 41% of the participants use dysphemism expressions and 30% also use direct formal language with those careless and unaware patients (Table 1), who do not consider the danger or seriousness of their diseases, or they do not comply with the medical instructions and prescriptions (non-compliant patients) (Table 1, item 6), for

example, patients who have lung cancer but they continue smoking despite the medical advice to discontinue it, as it is considered medically one of the most predisposing factor for cancer. Thus, such situation would motivate the health care provider to use dysphemism expressions and be direct with health care user.

Table 1
Motives of Using X-Phemism Expressions

Motive	Direct language		Indirect language		Don't tell		Use acceptable words		Use formal expressions	
	Numb.	Perc.	Numb.	Perc.	Numb.	Perc.	Numb.	Perc.	Numb.	Perc.
1. Language used in serious diseases	6	13.6%	9	20.5%	1	2.3%	10	22.7%	18	40.9%
2. Language used in fatal diseases	5	11.4%	4	9.1%	3	6.8%	9	20.5%	23	52.3%
3. Language used in venereal diseases	6	13.6%	5	11.4%	0	0	13	29.5%	21	47.7%
4. Language used in AIDS-like diseases	9	20.5%	1	2.3%	1	2.3%	10	22.7%	23	52.3%
5. Language used for taboo concepts	3	6.8%	16	36.4%	2	4.5%	12	27.2%	11	25%
6. Language used with non-compliant patients	18	40.9%	6	13.6%	0	0	6	13.6%	14	31.8%

The results of this study have also revealed that health care providers use different styles and forms to achieve and perform the X-phemization process, particularly euphemism expressions. For example, 59% of participants use medical terms in English in order to be euphemistic with health care users. More than 50% of the participants also often use medical abbreviations and acronyms in order to hide the truth from health care users (Table 2).

However, about 43% of the participants might switch totally into English in order to avoid being directly with health care users, although they admit that they most of the time switch into English unconsciously. In other words, they switch into English deliberately (Item 8, Table 2). Another style or form of euphemization is by using high Standard Arabic medical term instead of the common familiar term, for example to say "ihtisha'a athalat alqalb" meaning myocardial infarction instead of saying "jaltah" which has a negative effect on the hearer's ear. These high standard Arabic terms are usually not known to the lay people especially the least educated ones.

Health care providers do not prefer to hide the truth from health care users although they try to use acceptable expressions that have the least negative effect on the hearers. This result appeared clearly from answers to questions 5 and 6 (Table 2). They prefer to be formal and tell the truth in different ways or forms rather than to hide it from the health care users for legal reasons.

Finally, the last form of X-phemization has appeared by using the English scientific names instead of their trade names for certain known medicines or drugs, such

as using Diazepam instead of Valium or Paracetamol or Acetaminophen instead of Panadol, as these terms are known to the lay people, or they even use the high standard Arabic medical terms for certain diseases as euphemistic or orthophemistic techniques. Health care providers intend to use this style because these drugs have known and familiar trade names and hearing these words by health care users might have no psychological effect on them and the psychological progress of their medical treatment (Item 7, Table 2).

Moreover, health care providers may use the scientific term of certain common diseases, such as the term "dementia" is replaced with the scientific term of this medical case (e.g. corticobasal disease) or the 'cognitive impairment', because the term dementia is known to the lay people, and it has become a general word not a medical term, and to avoid the bad image of a demented individual which means crazy (Woods, 2012).

This strategy could work temporarily, and these terms could primarily avoid the stigma of dementia, but, are they any more relevant to a lay audience? Do they transfer the desired information to the patient and loved ones about the condition? People, however, might argue that they simply create more confusion. Another important question, how could the translator or interpreter translate them directly by using orthophemistic expressions, or indirectly by using euphemistic ones? However, an informal survey of a few physicians revealed that euphemisms can have a role to play in avoiding confusion with patients, but the key is honest, open communication in language that all parties understand (Woods, 2012).

Table 2
Forms and Styles Used in X-Phemization

Form/style	Never		Rarely		Sometimes		Often		Regularly	
	Numb	Perc.	Numb	Perc.	Numb	Perc.	Numb	Perc.	Numb	Perc.
1. Using English medical term	0	0	0	0	7	15.9%	26	59.1%	11	25%
2. Using English medical abbreviations and acronyms	0	0	3	6.8%	10	22.7%	23	52.3%	8	18.2%
3. Total switching into English	2	4.5%	6	13.6%	8	18.2%	19	43.2%	9	20.5%
4. Using high standard Arabic medical terms	5	11.4%	9	20.5%	11	25%	7	15.9%	12	27.3%
5. Hiding the information	20	45.5%	18	40.9%	6	13.6%	0	0	0	0
6. Deliberate use of English	1	2.3%	4	9.1 %	8	18.2%	15	34.1%	16	36.4%
7. Using scientific English names instead of trade names of medicine	0	0	5	11.4%	18	40.9%	13	29.5%	8	18.2%
8. Using English unconsciously	0	0	3	6.8%	19	43.2%	16	36.4%	6	13.6%

To sum up, health care providers use all X-Phemism expressions in their daily medical conversations for several motives, such as the consideration of the health care users' psychology. They also use orthophemism expressions, for example, in order to tell the truth in a formal and official way; this strategy is applied in cases of fatal and serious diseases, or they use dysphemistic expressions in limited cases. They, furthermore, use euphemistic expressions and even medical jargon in order to conceal the truth to avoid hurting health care users' feelings.

3.2 The Translatability of X-Phemism Expressions

The researcher has consulted a number of translation specialists, and experts, some of them were translation professors, in order to investigate and state their opinions of translating the X-phemism expressions used in the medical discourse from English into Arabic and vice versa. The researcher has asked them about their opinion of using the literal translation of the care providers' words or they advise to transfer and translate the hidden or intended meaning. For example, if a health care provider uses English words instead of Arabic with a patient suffering of leukemia (a cancer of the bone marrow which produces white blood cells), and says "the prognosis of this disease is very bad", how shall a translator translate this sentence to the health care users?

Most of them agree that the translator or interpreter has to be honest and loyal to both the medical provider and the medical users. S/he needs to understand the medical terms or text of the health care provider and the concept or idea of the conversation, and transfers both the idea as well as words to the health care user. This issue is an important and sensitive issue for both the health care provider and health care user, because of its legal and ethical perspectives. They also attributed their opinion to the importance of keeping the health care user up to

date and aware of the progress and development of their medical condition.

Furthermore, they have focused on the health care users' rights of having enough knowledge about their conditions. So they have declared that the awareness and knowledge of the health care user to her/his condition should be considered, because sometimes particularly in fatal diseases, there are inevitable measures might be taken by them regarding their financial or will issues after their death. So, the translator or interpreter needs to be loyal with health care users. Moreover, the translator should not exceed the permissive border by adding information that has not been mentioned by the health care provider. To conclude, s/he shall be loyal to both the health care provider as well as the user.

CONCLUSIONS AND RECOMMENDATIONS

This study has concluded that there are several motives for using X-phemism expressions in the medical discourse, these motives could be summarized and categorized as follows:

A. Motives for Using Orthophemism Expressions:

- a) To be formal and official with the health care users.
- b) Expressing the seriousness and importance of the situation.
- c) Telling the truth in a direct way.
- d) To motivate health care users to be compliant with the medical instructions.
- e) To show the seriousness of the medical disorder, as it sometimes difficult to predict the complications or outcome of certain medical procedures undertaken by the health care providers.

B. Motives for Using Euphemisms:

- a) To hide the truth, as exploring it would have bad psychological consequences on the user.

- b) Being polite in order to minimize the effect of harsh and hard words on the hearer.
- c) Prepare the health care user gradually towards accepting the hard reality.
- d) To avoid using a potentially taboo words that are related to body organs and secretions, because words which refer to bodily functions, certain parts of our anatomy and sex have usually been considered “taboo” to a greater or lesser degree at various times in our culture and history.
- e) Euphemisms are basically used to put some sugar coat on the hard truth, so as not to offend anyone, or to avoid hurting someone’s feelings.
- f) To hide the truth temporarily, this strategy is used in the medical discourse, especially in fatal and serious diseases, as they wait until they receive confirmation of the diagnosis. This strategy is also used for a short period following the death incident; as they prefer to pass the information of death to the close family members gradually and not suddenly, in order to avoid hurting their psychological status.

C. Motives for Using Dysphemism Expressions:

- a) To show seriousness to health care users in specific situations, when the health care provider feels that the health care user has some sort of carelessness about his case.
- b) To motivate them to comply with the medical instructions.
- c) To help health care users to get rid of bad and dangerous habits and behaviors those have influence on their health, such as smoking.

A speaker in the medical field, who is usually the health provider, selects the suitable X-phemism expression depending on the circumstances. For example, suppose an educated person asks about his mother who died after having a brain stroke, and the health care provider does not want to shock the son with her death, so s/he would use euphemistic expression and say “You know, your mother’s condition was so serious and difficult, and I’m sorry to inform you that your mother **passed away**”. A medical practitioner might say, “May Allah have Mercy upon him” /Allah ye rahmuh/ instead of saying /mat/ in Arabic which means to die in English.

This could also happen in general and daily language. For example if one person is a close friend to another and has been informed about his friend’s mother dead; s/he would say “I am sorry to hear that your mother passed away”, so s/he used euphemistic expressions. But if s/he was not talking to a close friend; s/he might adopt a neutral tone or orthophemistic expressions and say: Did you hear George’s mother **died**? And, if s/he didn’t particularly like George or his mother you might use a slightly dysphemistic expression with little sentimental

content: “Hey everyone, George’s mum **kicked the bucket**”.

A similar example in the medical field might happen when a patient suffers from attacks of “apnea” which means attacks of no breathing state. In this case, the medical practitioner would translate it into Arabic as saying “ta”ab in breathing’ which literally means “tiredness in breathing’ instead of “tawafuq” meaning ‘complete stop or absence of breathing”, but in reality the patient has attacks of no-breathing; which is a bad and dangerous sign of the patient’s condition and has a bad medical prognosis.

The results of the study have shown that using X-phemism expressions in medical discourse is a deliberate conscious act performed by health care providers for several reasons, one of them; they try to hide the medical truth from the health users. Hence, the researcher could conclude that using euphemization in medical discourse is a process of masking the truth; this process is performed in a two-layer or a double phase process: The first phase is switching from Arabic into English, this phase is fair enough for euphemization and the second phase the health care provider is transform from English to medical jargon; in this phase, s/he would use medical term, medical abbreviations or acronyms.

Forms and styles of X-phemism expressions could be featured as in the following ways. Firstly, health care providers may use total hiding of the truth at least temporarily. Secondly, they would use medical abbreviations or acronyms that are unknown to the clients. Thirdly, they would totally switch from Arabic into English. Fourthly, they might use scientific medical terms, in this case, health care providers will be more formal and use orthophemism expressions, or they may use scientific name of medicine instead of the common familiar and known trade names.

This study has also concluded that health care providers basically prefer to be the form and tell the truth in different peaceful and acceptable ways or forms rather than to hide it from the health care users for legal reasons. Using these acceptable and euphemistic forms would keep the health care users far from the real truth of their conditions. Euphemism expressions, in the medical discourse are usually deliberately used to change words or sentences into comparatively softer, better ones. They are frequently used to distort the reality and soften the harsh meaning of using certain words or terms directly in their conversations. For example, words for illness or disability, blind, diseased, or handicapped are avoided while addressing the people.

Moreover, this research has concluded that X-phemism expressions are translatable, but the translators or interpreters need to manage with a high consideration for the source text as well as loyalty to the medical text users. Specialists, additionally, recommend to consider

the psycholinguistic effects of the users and the legal and ethical aspects of the medical issues.

Although, it is sometimes recommended by researchers to respect and consider patient's emotions by selecting proper euphemism expressions instead of the harsh one; because health care users are, first and foremost, people (Woods 2012), but I think it is not advised to leave the doors open for using euphemism expressions in the target language, because excessive use of euphemisms in the medical discourse will definitely hide the truth of the medical information and condition from health care users. This in turn will influence the health care users' life and future. It will also give rise to a very sophisticated and significant medical and linguistic legal issue; which deserves further research and investigation.

Thus, the researcher recommends for further research to be conducted in order to explore and identify the psycholinguistic effects and the medico-legal and ethical aspect of using X-phemization in medical discourse. In other words, it is worth to investigate comprehensively the relationship of using X-phemization and its relationship with the psycholinguistic and legal perspectives. Further studies are also recommended to be conducted to identify check the translation difficulties might be faced in translating X-phemism expressions in different contexts.

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APPENDIX I: QUESTIONNAIRE RELATED TO MOTIVES OF X-PHEMIZATION

Please, circle the most appropriate choice

1. If you want to talk to your patient about his/her serious disease, what language do you use?

- a. Direct b. Indirect c. don't tell d. use acceptable words e. use a formal expression

2. If you want to talk to your patient about his/her fatal or incurable disease such as cancer, what language do you use?

- a. Direct b. Indirect c. don't tell d. use acceptable words e. use a formal expression

3. If you want to talk to your patient about his/her venereal disease such as Syphilis or Gonorrhoea, what language do you use?

- a. Direct b. Indirect c. don't tell d. use acceptable words e. use a formal expression

4. Suppose your patient has AIDS, what language do you use with him and his family?

- a. Direct b. Indirect c. don't tell d. use acceptable words e. use a formal expression

5. If you want to talk to your patient about a taboo concept, what language do you use?

- a. Direct b. Indirect c. don't tell d. use acceptable words e. use a formal expression

6. If your patient has a lung cancer and he is a heavy smoker and he didn't stop smoking though you have advised him several times, would you tell him about his illness and ask him to stop smoking?

- a. Direct b. Indirect c. don't tell d. use acceptable words e. use a formal expression

APPENDIX II: QUESTIONNAIRE RELATED TO FORMS AND STYLES OF X-PHEMIZATION

II. Please, circle the most appropriate choice

* During your conversations with your patients, you might resort to different styles and forms in order to hide the critical and embarrassing information from health care users, from these styles:

1. You use English medical term instead of Arabic ones

i) Never ii) Rarely iii) Sometimes iv) often v) Regularly

2. You use English medical Abbreviations or acronyms such as AIDS, HIV or S.O.B....

i) Never ii) Rarely iii) Sometimes iv) often v) Regularly

3. You might switch totally into English

i) Never ii) Rarely iii) Sometimes iv) often v) Regularly

4. You might use a high standard Arabic medical term in order to be formal with the health care user

i) Never ii) Rarely iii) Sometimes iv) often v) Regularly

5. How often do you hide the information from the health care users?

i) Never ii) Rarely iii) Sometimes iv) often v) Regularly

6. I deliberately use English terms in front of health care users, because the diagnosis of the patient has not been confirmed yet

i) Never ii) Rarely iii) Sometimes iv) often v) Regularly

7. I use the scientific name of a drug as a substitute for the popular commercial one or the scientific name of a disease as a means of hiding the truth for the clients for example the word Diazepam instead of the word valium or Paracetamol instead of Panadol or Revanin?

i) Never ii) Rarely iii) Sometimes iv) often v) Regularly

8. I switch to English unconsciously

i) Never ii) Rarely iii) Sometimes iv) often v) Regularly