

To What Extent Does the Medicalisation of the English Language Complicate the Teaching of Medical ESP to Japanese Medical Students Learning English as a Foreign Language?

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Abstract. A detailed literature review was carried out in order to examine the current base of literature regarding the extent to which the medicalisation of the English language creates additional complications when teaching medical ESP to Japanese medical students. It was revealed that there is indirect evidence to suggest that students could potentially mistake medicalised English for medical ESP. However, it appears that no direct studies have been conducted on this subject. There is a dearth of literature about the medicalisation of English in general, and substantial gaps within the current base of knowledge. There are also deficiencies in some of the current studies into related areas. Further research is required in this area in order to fill the knowledge gaps and account for the weaknesses of previous studies.

Keywords: ESP; medicalisation; Japanese; medical linguistics; EFL course.

Introduction

At some Japanese universities, medical students are required to take EFL classes to equip them with the necessary language competencies that are required to engage in global innovation and help to push the field of medicine forwards. Implementing evidence-based medical practices also requires the reading of English language literature (Takada, 2012). Furthermore, English is generally regarded as the *lingua franca* of the medical world (Frînculescu, 2009), and becoming fluent in it enables participation in international collaboration with others within the field. A mastery of English is considered an integral facet of a rounded medical education.

In addition to standard English words and phrases, students are also taught medical ESP (Takada, 2012). "ESP" stands for "English for Specific Purpose", and is a term that is used to describe English words, phrases and grammatical constructions that are associated with a specific discipline or purpose (Sherko, Shumeli & Mine, 2014). The medical profession contains complex ESP that students are unlikely to have encountered elsewhere, hence the need for teaching it as part of medical courses (Faraj, 2015).

However, there is now a growing trend in English towards using language that is typically associated with the medical world to describe non-medical situations. This is known as “medicalisation” (Anderson, 2012a). This creates the potential for confusing medical ESP with other similar figures of speech. The current study provides a detailed review of literature that sheds light upon the medicalisation of English in general, any issues that it might pose for EFL students, and any issues that are specific to Japanese learners has been carried out. It also includes an evaluation of the gaps within the current body of research and discussion of the strengths and weaknesses of the texts that are reviewed.

Literature Review

Anderson (2012b) has acknowledged the global and topical reach of medicalised English. It is used throughout the UK, USA, Canada, New Zealand and Australia, most commonly by the media. Examples include the phrase “economically dyslexic” to mean people who lack basic financial expertise, the term “on steroids”, which usually follows a noun to indicate that a person or object is an exaggerated version of its usual form, and the word “workaholic”, which is used to refer to someone who is addicted to his or her work (Anderson, 2012b).

According to Anderson (2012b), the medicalisation of English typically entails figuratively reinterpreting common non-medical conditions as diseases or illnesses that require treatment. This can lead to misunderstandings in which people believe that they are afflicted with an illness when in reality their problem does not have medical roots. If such misconceptions can occur for native English speakers, it is highly likely that EFL learners will mistake instances of medicalised English for references to genuine medical conditions.

Anderson (2012b) has pointed out that scholars have attributed the tendency to speak about non-medical conditions as if they are caused by an illness to industrialised Western nations with socio-political foundations in Europe. This means that EFL students from other parts of the world are likely to be less familiar with this type of language. Whilst Japan is an industrialised nation, its socio-political foundations are distinctly Asian. Therefore, Japanese students might fail to recognise that medical ESP is being used to refer to non-medical contexts, and believe that medical conditions are being described in situations in which they are used as metaphors for non-medical conditions. See Figure 1 for a table showing examples of medicalised English, their meanings, and potential genuine medical characteristics that Japanese students might mistakenly perceive are being spoken about.

Figure 1: Examples of Medicalised English

Medicalised word or phrase	Meaning	Medical condition that Japanese students could potentially mistakenly believe it refers to
Economically dyslexic	Lacking basic financial expertise	Dyslexia
Calendar dyslexic	Never able to keep appointments	Dyslexia
Workaholic	An individual who habitually works hard and/or long hours	Addiction
Catatonicly repeated narrative	Story that is repeated over and over again	Catatonia
“Economically cancerous”	Extremely bad for the financial situation of the nation	Cancer
“Warts and all”	Including features that are not attractive or appealing	Warts
“Gave me a heart attack”	Scared me a lot.	Heart attack.

Source: Anderson (2012b).

However, there is nothing within Anderson’s (2012b) writing to suggest that he can speak multiple languages or that he is familiar with a large number of foreign idioms. This suggests that his assertions about the countries that medicalised English are most commonly used in could be based upon conjecture. A more detailed study of idioms across a variety of different languages is required in order to shed light upon the validity of his statements.

According to Rizq (2015), EFL students typically tend to find it particularly difficult to learn English metaphors and figures of speech. This is due to the strong link between figurative language and culture. English figures of speech are often inextricably interlinked to aspects of English culture that EFL learners might be unfamiliar with. Idioms can require knowledge of social norms and attitudes, beliefs and traditions associated with the country in which they originated. This means that many learners are likely to find medicalised English confusing, as they are less likely to understand the contextual elements that are required in order to make sense of it. Such confusion might mean that they are unable to differentiate it from medical ESP.

Rizq (2015) references a plethora of previous studies to support his assertions, and also cites anecdotal evidence from EFL classes. He also uses documented cases of teachers failing to teach idioms to EFL learners in support of his statements. It appears that his paper is grounded in a wealth of evidence, both research-based and linked to real-world experiences.

Xiao (2016) has noted that EFL learners frequently make the mistake of taking figures of speech literally. This is due in part to the fact that English words and their literal meanings typically form the central basis of learning it as a second language. This is to the exclusion of potential idioms and metaphorical usages.

Research indicates that EFL students are able to determine that commonly used figures of speech are not to be taken literally to a greater extent than rarer figures of speech (Xiao, 2016). This means that some pieces of medicalised English are likely to be more problematic for them than others. Whilst terms like “workaholic” and “mondayitis” are in common use, phrases like “economically dyslexic” are arguably considerably rarer.

Confusion in this area could potentially lead to EFL medical students who are learning medical ESP believing that words and phrases that are derived from medical terms but are not actually medical in their nature are examples of medical ESP. They might end up incorrectly using these terms. It could also result in them assuming that some examples of medical ESP are actually metaphors and that they do not refer to medical conditions.

However, there does not appear to have been any studies that have examined which items of medicalised English are the most frequently used. This represents a substantial gap within the current body of research. If it is truly the case that such phrases are likely to be more confusing to EFL students then there is value to be gained from identifying them so that extra attention can be given to teaching them to medical students.

Littlemore, May and Arizono (2016) have noted that Japanese EFL learners are particularly bad at understanding humorous English figures of speech. Many of the examples of medicalised English that were put forward by Anderson (2012b) are humorous in their nature, for example the phrase “catatonically repeated narrative”, which has been used to refer to a genre of books that is extremely repetitive with regards to its content. It has humorously been compared to the repetitive actions that are sometimes carried out by individuals who suffer from catatonia.

Another example of a humorous piece of medicalised English is the phrase “calendar dyslexic”. It has been jokingly used to refer to people who are never able to keep appointments (Anderson, 2012b). It is likely that some patients might be more prone to using humorous medicalised English in a medical setting, given the fact that the environment would remind them of such turns of phrase. It is arguable that Japanese medical students should be made aware of such phrases when they are learning English so that they can tell them apart from genuine medical ESP.

Littlemore, May and Arizono (2016) also noted that Japanese EFL learners are not adept at identifying the meanings of figures of speech that are used for the purpose of hyperbole. Many of the pieces of medicalised English identified by Anderson (2012b) also fall within this category. An example of this is “a comatose career” (Anderson, 2012b). Claridge (2011) defines hyperbole as exceeding the credible limitations of fact within the given context in order to emphasise a specific characteristic of a given person, object or concept. In this case, the extent to which a career is inactive is made to exceed the realms of possibility by suggesting that it has actually fallen into a coma.

This means that Japanese medical students could potentially confuse hyperbolic medicalised English with phrases used to describe genuine medical conditions. It suggests that special attention should be given to teaching them to recognise the use of hyperbole in English so as to avoid such confusion. It implies that they could benefit from being taught a list of commonly used hyperbolic pieces of medicalised English so that they are aware that they are not medical ESP.

However, it is notable that Littlemore, May and Arizono's (2016) assertions are based upon a study of only 22 Japanese EFL learners. It is possible that their findings cannot be generalised to Japanese learners as a whole. Further research with a larger number of subjects is required into the ability of Japanese EFL students to learn figures of speech involving humour and hyperbole.

Azuma (2009) studied the relationship between general competence at English and understanding of English metaphors in Japanese EFL students. He concluded that students who have a worse overall grasp of the English language also tend to have a poorer understanding of English metaphors (Azuma, 2009). This suggests that Japanese medical students who are perhaps not achieving at as high a standard as their peers in terms of learning English could be particularly confused by medicalised English. It indicates that they are especially vulnerable to misunderstandings in which examples of medicalisation are misinterpreted as references to genuine medical conditions.

According to Azuma (2009), Japanese EFL students are more likely to fail to recognize figures of speech and take them literally in instances in which they are presented out of context. Medicalised English is unlikely to be used in this manner in a medical setting. It is more probable that it would be used within full sentences, which gives the students a better chance of differentiating it from medical ESP.

This suggests that if medicalised language is taught to Japanese medical students so that they can tell it apart from medical ESP, it might not be useful to present them with a list of medicalised English terms and ask them to identify the meanings. It would be better to use both medicalised English and medical ESP in context within conversations and ask them to differentiate between the two. This would not only be easier, but would also be more similar to a real-life situation. However, it is notable that Azuma's (2009) statements derive from research that only included 109 participants. This means that the findings might not necessarily be applicable to Japanese EFL students as a whole.

There is also evidence that people who are learning English as a second language can often be familiar with English figures of speech, but unable to use them in context within a sentence (Shleykina, 2016). This indicates that Japanese medical students could benefit from being taught to use instances of medical English in their own speech. However, care should clearly be taken in order to ensure that they avoid ambiguous phrases that could be interpreted by others as referring to medical situations.

David (2014) has pointed out that many scholars believe that the construction of metaphors and figures of speech in Japanese is radically different from their English counterparts. This could make it harder for Japanese learners to recognise when medicalised English is being used and when medical ESP is being used. It implies that Japanese medical students learning medical ESP

should be taught to recognise English metaphors before specifically tackling the subject of medicalised English. This will provide them with a foundation of knowledge from which they can base their subsequent learning.

However, David (2014) has questioned the views of the previous scholars, and claimed that the view that Japanese metaphors and figures of speech are substantially different than those of the West is an exaggeration. He has stated that

a lot of observations made about Japanese language and culture, ones that are routinely claimed to be unique or even bizarre, can be explained away by pointing out the common embodied underpinnings of those conceptualizations, which are shared by all human beings of whatever cultural persuasion, but which have different surface manifestations, (where 'surface' refers to overt linguistics forms and overt customs) (David, 2014, p. 5-6).

Although this suggests that the metaphors are frequently rooted in the same concepts as their Western equivalents, it still indicates that the form in which they appear is often far removed from that of English figures of speech. This supports the notion that Japanese learners might struggle to recognise such radically different constructions for metaphorical expressions.

It is possible that the fact that Japanese medical students have been taught medical ESP will help them to recognise medicalised English phrases, as it will mean that they are familiar with the composite words. However, according to Kim (2015), if idioms contain familiar words, it can sometimes make EFL learners think they are familiar with the idiom in spite of them not actually knowing what the metaphorical meaning associated with the combination of those words is. This is another factor that could potentially lead to Japanese medical students confusing medicalised English with medical ESP. The fact that they have seen the medical terms involved in medicalised English phrases might cause them to assume that they have come across the phrases before in whilst learning medical ESP, which might cause them to mistakenly believe that they refer to genuine medical situations.

Another point to consider is the fact that many pieces of medicalised English are used to convey controversial opinions, for example the phrase "economically cancerous", which can be used to denote someone who is extremely bad for a country's financial status (Anderson, 2012b). Comparing someone to cancer is not only disrespectful, but also expressing a somewhat extreme opinion. In Japan, strong, controversial opinions are often left unexpressed in order to preserve harmony (Cutrone, 2015). This could lead to Japanese medical students assuming that English speakers would feel the same, and that they must have been using a term literally because its figurative meaning could potentially lead to offence being taken.

It is also worth taking into consideration the fact that the medicalisation of language is not unique to English; Cherry (2017) and Ishida (2011) have identified a number of different Japanese phrases that are derived from medical conditions, and could potentially be confused with them. These phrases are presented in Figure 2. This means that the notion of medicalised language is not likely to be entirely foreign to Japanese medical students. It suggests that they will have at least some knowledge of it as a concept, which could be an asset

when learning to differentiate examples of medicalised English from medical ESP.

Figure 2: Examples of Medicalised Japanese Phrases

Phrase	English translation	Meaning	Medical condition that non-Japanese students could potentially mistakenly believe it refers to
<i>Parasaito shinguru</i>	Parasite singles	Unmarried men in their thirties who depend upon their parents whilst living a carefree life	Parasitic infection
<i>Sekkusu shinai sokogun</i>	Celibacy syndrome	The trend towards Japanese men and women refraining from having sex, leading to a declining birth rate	One of a number of different conditions that leads to loss of sexual appetite
<i>Koshi o nukasu</i>	Collapse one's hips	Be paralysed by fear or surprise	Broken hip
<i>Koshi ga nukeru</i>	One's hips collapse	Be paralysed by fear or surprise	Broken hip

Source: Cherry (2017) & Ishida (2011).

Discussion

Although there is a great deal of literature available that indirectly shed light upon the topic of the medicalisation of English and EFL speakers' potential for confusing it with genuine medical terminology, there appears to be a dearth of research that directly studies this phenomenon. There is also a lack of information about the medicalisation of English in general. The only reputable academic sources that deal with this issue are by Anderson, and he appears to have made some assertions about the nations in which it is used without sufficient evidence to back up his claims.

Some of the studies that indirectly shed light upon how the medicalisation on English is likely to impact upon Japanese EFL medical students also include a small number of participants, which is likely to skew the results. There is also literature available that uses a firm foundation of evidence to draw its conclusions from, for example Rizq (2015). However, it fails to cover issues such as the role of hyperbole and humour in misunderstandings involving the medicalisation of English.

A number of different possible sources of complications to the teaching of medical ESP associated with the medicalisation of the English language have

emerged from the literature. There is evidence that students with a poorer overall grasp of English might be particularly poor at interpreting English figures of speech (Azuma, 2009), which could result in them struggling even more when it comes to differentiating medicalised English from medical ESP. EFL learners also find it more difficult to learn rarer idioms, and some pieces of medicalised English fall within this category as well (Xiao, 2016), which might compound the issue. In addition to these points, EFL learners can sometimes mistakenly think they know what figures of speech mean if they contain words that they are familiar with, and medical students will clearly know much of the medical ESP involved in medicalised English. The fact that Japanese speakers sometimes avoid expressing controversial opinions, and numerous examples of medicalised English are aimed at doing this complicates this issue even further.

Conclusion

In conclusion, there have been no studies to date that have extensively examined the extent to which the medicalisation of the English language complicates the teaching of medical ESP to Japanese medical students learning English as a foreign language. Whilst there have been some papers written in this vague area, there is clearly a need for additional research. However, there is still some indication that this phenomenon might lead to confusion. It has the potential to be confused for genuine medical jargon when it is spoken in hospital settings.

Recommendations

It appears that Japanese medical students could benefit from learning medicalised English so that they can differentiate it from medical ESP. In particular, they should pay attention to humorous and hyperbolic medical English. They could also be trained in recognising when medical terminology is used in figures of speech and when it is to be taken literally. This would help to avoid misunderstandings, which can sometimes be extremely costly in a medical setting.

Research could also be carried out that directly addresses the question of what the precise impact of medicalised English upon Japanese medical students' grasp of medical ESP is. The extent of medicalised language in non-English-speaking countries could also be studied, and further research aimed at ascertaining which items of medicalised English are the most commonly used could be conducted. This could potentially influence the way in which medicalised English is taught to EFL learners.

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