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Abstract

There is no doubt that language change is strongly related to social change, and this is always associated with an essential change in the socio-cultural meaning adopted by the relevant speech-community. It is also a fact that a speechcommunity's perception of a concept or a phenomenon depends largely on their linguistic encoding thereof, i.e. the lexicalization and/or grammaticalization of the concept. When a social institution, therefore, seeks to influence the community's conception and behavior, it becomes essential to introduce relevant changes in the language used by the community. If such process does not follow adequate language planning policies and mechanisms, the outcome may lead to a clash in discourses. Considering the issue at hand – health and well-being – it thus becomes first of all adamant to map the expressions and terms used by the community. Second, to examine the social and cultural meanings/ values associated with these expressions. Third, to compare between these expressions and those terms established in the academic domains (health and psychology). Lastly, to introduce the adequate language planning policies and mechanisms needed to effect the required change in the speech-community's awareness. This paper, therefore, seeks to answer the following questions: 1) What are the different lexicons and discourses relevant to health and well-being used by a) the speechcommunity and b) the academic disciplines? 2) What factors affect the introduction of language change to produce the desired socio-cultural meanings? 3) What language policies and mechanisms need to be adopted to effect the required change towards an enhanced awareness of health and well-being? In answer these questions, the paper will be a theoretical outline of the raised issues, in preparation for later applied studies.

Keywords

Sociolinguistics, terminology, health, well-being, Lebanon

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LANGUAGE CHANGE TO ENHANCE HEALTH AND WELL-BEING: A SOCIOLINGUISTIC APPROACH

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ABSTRACT

There is no doubt that language change is strongly related to social change, and this is always associated with an essential change in the socio-cultural meaning adopted by the relevant speech-community. It is also a fact that a speech-community's perception of a concept or a phenomenon depends largely on their linguistic encoding thereof, i.e. the lexicalization and/or grammaticalization of the concept. When a social institution, therefore, seeks to influence the community's conception and behavior, it becomes essential to introduce relevant changes in the language used by the community. If such process does not follow adequate language planning policies and mechanisms, the outcome may lead to a clash in discourses. Considering the issue at hand – health and well-being – it thus becomes first of all adamant to map the expressions and terms used by the community. Second, to examine the social and cultural meanings/values associated with these expressions. Third, to compare between these expressions and those terms established in the academic domains (health and psychology). Lastly, to introduce the adequate language planning policies and mechanisms needed to effect the required change in the speech-community's awareness.

This paper, therefore, seeks to answer the following questions:

1) What are the different lexicons and discourses relevant to health and well-being used by a) the speech-community and b) the academic disciplines?
2) What factors affect the introduction of language change to produce the desired socio-cultural meanings?
3) What language policies and mechanisms need to be adopted to effect the required change towards an enhanced awareness of health and well-being?

In answer these questions, the paper will be a theoretical outline of the raised issues, in preparation for later applied studies.

KEYWORDS: Sociolinguistics, terminology, health, well-being, Lebanon

1. INTRODUCTION

In the light of the increasing focus paid to health and well-being, the odd expression in the title to this paper may be "language change". It is sad but true that language – i.e. the language used by the target group – is usually overlooked by most researchers, policy-makers and practitioners alike. Yet most output on health and well-being will start with the WHO (1946:100) definition that "health is not the mere absence of diseases but a state of wellbeing." Relying on language and words, the definition sets the parameters at a much broader, and hence, more complex scope, and therefore helps determine the items to be measured and the terms and vocabulary to be investigated. This may sound like a simple case of lexicography or dictionary-making, BUT – and this is a big but …

2. BACKGROUND

Language is not merely words; it is strongly interwoven with the culture of its speakers. As a living organism, language grows, shrinks, expands, changes, evolves, and at times even metamorphoses, depending on the amount and quality of knowledge and meanings its speakers produce, consume, propagate, and circulate. There is a wealth of richness and

diversity in inter- and intra-lingual differences, and often these gaps are bridged through coinages, word formation processes and translation activities.

Language is not merely a vehicle for undisputed communication. In a globalized, postmodernist world, language has acquired multiple functions, often encoding identity, ideological positions, and cultural relativity. The term ***well-being***, for instance, is a composite construct of various physical, social, economic, political, spiritual and emotional elements. As such, it finds itself codified in different cultures/languages in a myriad of concepts, lexifications and/or grammaticalizations.

Take for example **Sisu**, "a Finnish term for the fortitude and spirit which enables people to push through unbearable challenges" (Velázquez, 2016). The term seems to be resonant of resilience but also of the Palestinian concept of الصمود. Similarly, "**Ikigai** is (the) Japanese term meaning 'the reason to be' or 'the reason to live' and thus affirms the belief that life is worth living." (Velázquez, 2016)

There are many more examples from different cultures around the world (see, for example, Tim Lomas' study (2016)), and it is, therefore, essential to handle terminology with care. As Chris Peterson, one of the most prominent positive psychologists in the USA warned:

> The notion of 'ikigai' is a good reminder to positive psychologists in the United States that our science should not be an export business. There are lessons to be learned in all cultures about what makes life worth living, and no language has a monopoly on the vocabulary for describing the good life. (Velázquez, 2016)

This possible bias to Western ways of thinking is further complicated by issues of translation. Texts and research focusing on health and well-being, as is the case in most other disciplines as well, are largely produced in English, creating collectively an academic written discourse. When translated into Arabic, a diglossic language, the target discourse will be produced in Modern Standard Arabic (MSA). It is a discourse that remains in close connection with the international English-speaking scene, and derives its "language" through translation and as such *mediates* knowledge. The situation problematizes two-fold: 1) In the Arab World, there will be numerous academic sub-discourses, which will need standardization of their languages; and 2) the academic discourse will not coincide with the local/native discourse (in this case Lebanese Arabic), as it derives from culture and traditions, encodes its own identity and ideology, and is partially shaped by globalizing forces.

3. STATEMENT OF THE PROBLEM

It is this constant state of change and competitiveness, if not clash, that will be examined in this paper. The paper aims to provide a theoretical outline of the above issues, in the light of a sociolinguistic approach, focusing on concepts of language planning. The paper claims that a systematic approach needs to take three dimensions into consideration: 1) to map the discourse of the target speech community; 2) to examine the socio-cultural meanings/values of this discourse; and 3) to compare the local and the academic discourses to resolve any possible conflicts and allow for a more fruitful enhancement.

4. RESEARCH QUESTIONS

In an attempt to tackle these issues, the following questions were formulated, to provide a theoretical paradigm for future applied/field studies:

1) What are the different lexicons and discourses relevant to health and well-being used by a) the speech community, and b) the academic disciplines?
2) What factors affect the introduction of language change to produce the desired socio-cultural meanings?
3) What language policies and mechanisms need to be adopted to effect the required change towards an enhanced awareness of health and well-being?

5. THEORETICAL PARADIGM

5.1 Question One

The first step in any project within the humanities, no doubt, necessitates an in-depth understanding of the target group to be scrutinized; in sociolinguistic research, this group is known as the *speech community*. This profiling of the target group requires both a demographic and a sociolinguistic description. A sociolinguistic profile will include such information as multilingualism and/or polyglossia, dialectal variation, proficiency, literacy and the domains/sociocultural spheres in which the language(s) is/are used.

It is also important to determine what the speakers deem to be their mother-tongue. In a diglossic situation, such as with Arabic, speakers will usually name the colloquial dialectal variety of the language as their mother-tongue, as

opposed to the more "learned", written variety of *Fusha* / MSA. This leads to an important question: Do academics and the relevant speech-community speak the same language? What are the points of difference between them that may need to be addressed and/or bridged? And what are the points of similarity that can be built upon?

Further pursuing the above profiling activity, it is safe to assume that the basic difference between the two groups is that of the level of technical knowledge and specialization: the academics are experts in their respective fields, and as such usually circulate their texts within the same domain, addressing specialized users/audiences. They will often be bi- or multi-lingual, highly literate, well-versed in the technicalities and the terminologies, building on experience and scientific evidence, and often relying on translation for the enrichment of the required linguistic code and cross-linguistic communication. The target speech-community, however, are not as homogeneous. They may range from mono-linguals to multi-linguals, are diversely educated, derive their common knowledge and wisdoms from their immediate locality, their families and friends, and their cultures and heritages, rely on habits and traditions, and may at times be highly resistant to (imposed) change.

5.2 Question Two

This takes us to the second question raised in this paper, namely "What factors affect the introduction of language change to produce the desired socio-cultural meanings?"

It is generally understood that what characterizes terminology, is the conciseness, preciseness and technicality of a term. It is also an essential byproduct of the production of knowledge. Linguistically, there are established word-formation processes that allow for the prolific coining of new words. However, the members of the speech-community are at the other end of the equation – the receiving/consuming end. Falling outside the academic circles, they will receive the full spectrum of academic knowledge as transformed into (in this case medical and/or psychological) services, but may end up pulling the shorter stick in socio-linguistic terms.

Issues of linguistic/cultural rights, inclusiveness, and empowerment (among others) abound. Elaborating on "Health equity in the Arab World", Hoda Rashad (2014) argued that

> The appreciation of links between voiced aspirations and realization of an equitable distribution of health has not filtered into the conscious minds of Arab people, and has not gained the prominence it deserves within the policy arena. (p. 3)

This argument not only highlights the important role of language in verbalizing, circulating and propagating concepts, but also its role in "filtering into people's consciousness", i.e. transforming them from mere passive recipients of, to active participants in the discourse.

A more holistic description of the linguistic landscape in Lebanon counts standard Arabic (as per Article 11 of the Constitution) as the "official national language. A law shall determine the cases in which the French language can be used". Lebanese Arabic, English, French and Armenian are often listed as the main codes that make up the linguistic tapestry of the country. These will often be determined by ancestry, ideological/political affiliations, socio-economic status and religious background. In their study on linguistic attitudes, Shaaban and Ghaith (2003) concluded that

> In terms of science, technology and business, English was perceived as more useful than both Arabic and French, where Arabic was reserved for daily communication and French for culture.

This mapping of codes by domain needs to be taken into consideration, if well-being is to become a life-style and as such part of "daily communication". This in turn requires a degree of cultural sensitivity that builds on the emotional, traditional, spiritual and even religious vocabulary of the targeted speech community. Such awareness can help academics towards a better understanding of how a culture's "people see the world: the things they value, their traditions, the way they build happiness or things they recognize as important." (Velázquez, 2016)

This argument can be further elaborated by understanding not only the different layers and dimensions of well-being, but also the myriad of ways in which traditional and modern societies diverge in such conceptions. The social structures and interpersonal relations are only one such point of difference. V. La Placa and A. Knight (2013) contend that

> Whereas in traditional societies choice and individual action is limited and extensively predetermined; in modern societies, individuals rely less on tradition and previously arranged patterns of thought and have more choice to develop and revise previous actions and local modes of thinking. (p. 39)

Developing a sensitivity for the clichés and verbal manifestations used by the speech-community will no doubt be of great help to the academics to better gear their work to meet the community's needs. On the other hand, such sensitivity will also allow for a more subtle introduction of new concepts and terms, thus empowering the community linguistically to change, adapt and/or "liberate" their modes of thinking and establish a healthier mode of life. Indeed,

"by developing and practicing locally constructed concepts and policies around well-being, it is more likely that communities will engage." (p. 40) A mere promise of a piece of heaven on earth will probably not do the trick.

5.3 Question Three

This brings us to the third question for this paper: "What policies and mechanisms need to be adopted to effect the required change towards an enhanced awareness of health and well-being?"

As established above, much of the scientific knowledge production occurs and is circulated in English. To bridge the gap, translation – into Arabic in our case – becomes inevitable; which leads to a whole set of cross-linguistic, terminology and translation issues (Awang & Salman, 2017; Dekhir, 2013; Deraghmah, Shehab & Ashqar, 2014). The scope of this paper does not allow for an in-depth discussion of these issues here; however, it is worth noting that there is a case for terminology production in Arabic. Different scholars contribute their making in Arabic. Different scholars contribute their own coinages creating a plethora of – at times – confusing equivalents. Take, for example, the term "well-being" itself. The most immediate dictionary equivalent is usually صحة وعافية وهناء. Corpus equivalents will usually return the binomial صحة ورفاه for "health and well-being". According to the online dictionary Al Maany, the medical equivalent for "well-being" is العافية, the legal is السلامة, the technological is رفاهية, and the UN equivalent is رفاه. The psychological equivalent according to Prof. Ahmed Abdel Khalek is الهناء الشخصي. Such diversity of equivalents calls for what is known in the field of linguistic/translation studies as terminology planning and standardization. This would be a prerequisite for any further language planning and policies to be proposed.

As for language planning, the literature will return various models that can be adopted for a more systematic and methodological approach.

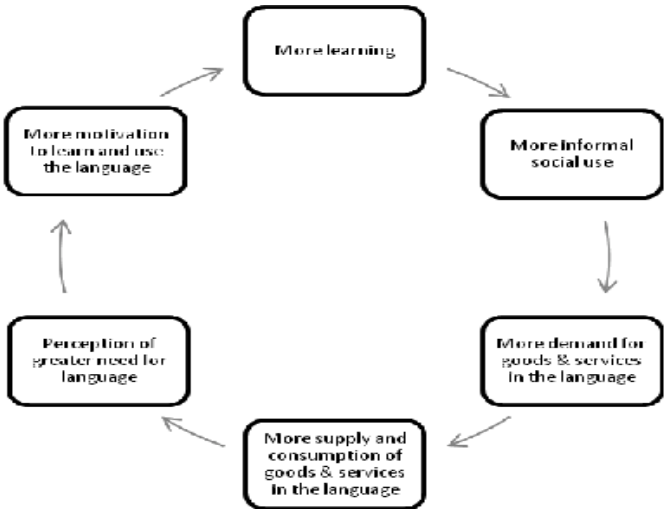

Figure 1 - The "Catherine Wheel" Based on Strubell (1999) and Darquennes (2007)

One interesting model is that proposed by M. Strubell, (2001, pp. 279-280; Strubell, 1999), which has come to be known as the "Catherine Wheel". The model's name is symbolic of the recurrence of a self-perpetuating process. In other words, a language survives for as long as the cycle of this process continues. In this model, the "aim of language planning and policy is then to identify in which component of the circular model the process was disrupted, and to renew its original dynamics through the appropriate measures." (Nekvapil, 2011: 879/880)

Another model that is often used to reinforce targeted languages, is the Integrated Language Planning Model. It focuses on two sets of reinforcement activities: primary and support activities, where primary activities are such efforts that seek to effect changes in language behavior, while the support activities are used to scaffold the primary ones (Donnacha, 2000).

A model that has informed many studies on language planning was proposed by Haugen (1983, 1997, cited in Hill, 2010). It is a fourfold model (Fig. 2) that follows the stages of selecting a speech variety, codifying it as a standardized code, implementing it through the socio-political realization of relevant decisions, and elaborating/modernizing it

through the terminological and stylistic development of the variety.

Table 1 – Haugen's fourfold model for language planning (Hill, 2010)

	Form (Policy Planning)	**Function (language cultivation**
Society (Status planning)	1] *Selection* a. Problem identification b. Allocation of norms	3] *Implementation* a. Correction procedures b. Evaluation
Language (Corpus Planning)	2] *Codification* a. Graphization b. Gtammatication c. Lexication	4] *Elaboration* a. Terminological modernization b. Stylistic development

It is important here to understand that such a project will derive its parameters from the broader policies and definitions established by both the academic community, and the concerned ministries and authorities.
This is accompanied by a need to mainstream well-being and its relevant concepts and sub-concepts throughout policy discourses, before it can be mainstreamed in public discourses. However, this top-bottom approach will not be sufficient. In other words,
Developing community concepts of well-being will enhance LOCAL and community strategic management processes that can determine the types and scope of interventions and strategies required, aligning them to available resources. (La Placa & Knight, 2013:40)

Language – and by default discourse – enrichment becomes a major supporting strategy for this bottom-up approach. In purely linguistic terms, the level of language planning proposed here is corpus planning, which focuses on actual lexical, grammatical and textual developments. In observation of linguistic rights, it is important here to emphasize that such development and planning should preserve the relation of the speech-community with their mother-tongue. As the Infoterm *Guidelines for Terminology Policies* (2005) issued by the UNESCO maintains:

> The use of minority, marginalized, and developing languages within a country provides a means for appreciating and integrating indigenous technologies with modern technology; thus support for language development also encourages the preservation of the cultural heritage and diversity of the country. (p. 16)

So where do we go from here?

6. CONCLUSION

There are multiple venues to be followed, leading to numerous research projects and applied studies. Scholars from the medical domain, sociologists, psychologists, linguists, media-researchers and policy-makers have to come together, to establish multi-dimensional and multi-layered methodologies to achieve a smooth encounter between the specialized discourse of academics and the general discourse of the layperson. A clashing encounter will lead to what has been termed schizoglossia (i.e. insecurity and inferiority complexes about one's mother-tongue) at the best, and to a failure of effecting the desired change at the worst. Language enhancement is essential for a more universal access to knowledge, for "a language that lags behind in its terminology for a given domain risks losing the ability to communicate in that subject in its language over time. There is, therefore, a need for (continuous) terminology planning in many – or even all – language communities and for concrete legal, financial and administrative action to support these efforts. Implementing a terminology policy for affected language communities is one such action." (UNESCO, p. vi).

Is it not time to promote our linguistic well-being?

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