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## Signs and symptoms in the psychiatric domain: a corpus analysis

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### Abstract

In the medical domain, great effort is taken to normalize terminology at an international level. However, corpus analysis indicates that there is still much work to be done. For example, the basic conceptual distinction between SIGN (an objective change in a patient's condition) and SYMPTOM (subjective evidence of disease or condition as perceived by the patient) is something any medical expert is aware of. In texts of the subdomain of Psychiatry, however, the terms *sign* and *symptom* seem to be used indistinctly. Their use was analyzed from a multidimensional perspective in an English language medical corpus on the subdomain of Psychiatry. Collocational information was extracted and then classified according to the data obtained. Finally a comparison was made with an English language corpus on Oncology to see if the conclusions drawn can be applied to other medical subdomains or if the boundaries between the terms are even fuzzier in the Psychiatric domain.

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### 1. Introduction

Medical terminology is one of the most dynamic terminological domains (Prieto Velasco et al., 2013, p. 168), since it has naturally evolved and different disciplines deal with the same concepts and terms in different ways. For instance, in Psychiatry (as opposed to Neurology), the term *stupor* is used to describe a patient who is mute and immobile but fully conscious (Puri, 2008). As for concept dynamics, certain symptoms have evolved into syndromes which in turn have become diseases. Conversely, certain diseases which were thought to have a pathological basis

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are no longer regarded as such (Casey & Kelly, 2007). Therefore, great effort is taken to normalize terminology at an international level. Proof of this are the different vocabularies, taxonomies and classifications made by various organizations, such as the controlled vocabulary MeSH of the National Library of Medicine (US) or the International Statistical Classification of Diseases and Related Health Problems (ICD, WHO).

However, corpus analysis indicates that there is still much work to be done. For example, the basic conceptual distinction between SIGN and SYMPTOM is something any medical expert is aware of. A SYMPTOM is any subjective evidence of disease or condition (i.e., as perceived by the patient), whereas a SIGN is an objective change in a patient's condition indicative of some bodily or mental state, as is perceptible to the examining physician. In texts of the medical subdomain of Psychiatry, however, the terms *sign* and *symptom* seem to be used indistinctly. For example, in collocations with the verb *show*, with its basic meaning of “to cause or allow to be seen”, a preference for the term *sign* would be expected. However, corpus data indicate that this is not the case. Both terms collocate with *show* in exactly the same manner. The verb may activate, in the role of object, (1) signs or symptoms related to the disease in which they appear, or simply (2) types of different signs and symptoms.

- [PATIENT] *show sign/symptom of* [DISEASE TYPE]
- [PATIENT/DISEASE] *show sign/symptom of* [SIGN/SYMPTOM TYPE]

The aim of this study was to find an explanation for this “inappropriate” use. The question raised is if, in Psychiatry, both terms can be considered terminological variants of the same concept from a multidimensional perspective. According to Fernández-Silva et al. (2011), multidimensionality occurs when a concept can be seen from more than one perspective and can therefore be classified and designated in more than one way based on the different characteristics that it possesses. As it is not necessarily the nature of the sign or symptom which defines it, but *who* observes it, the terms *sign* and *symptom* could just describe the same concept, but highlighting a different perspective (patient vs. physician). For example, a skin rash may be noticed by either a healthcare professional as a sign, or by the patient as a symptom. Thus, the conceptual categories of SIGN and SYMPTOM are naturally multidimensional, as there are certain features that can belong to both. As such, this can be the cause of the indistinct use of the terms. In Section 2, the methodology applied to our analysis is explained. In Section 3, the results of the study are presented and discussed. Finally, in Section 4 some conclusions are drawn.

## 2. Material and methods

The use of *sign* and *symptom* was analyzed in an English language medical corpus on the subdomain of Psychiatry. The corpus (8 million words) combines texts targeted at experts and lay audiences. The expert corpus contains specialized books and journal papers written by experts for experts, such as the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013). The lay corpus consists of web pages and brochures written by experts for patients, or their relatives, suffering from any kind of mental disorder, such as the articles contained in MedLine Plus or the National Institute of Mental Health. The corpus query system Sketch Engine (Kilgarriff et al., 2004) was used to carry out the analysis of the corpus. The *Word Sketch* and *Sketch-Diff* functions were used to extract collocational information, those words which accompany the terms *sign* and *symptom* in a statistically significant way (mainly verbs and adjectives). The collocational information was then classified according to the dimensions expressed. Finally a comparison was made with an English language corpus on Oncology (33 million words) to see if the conclusions can be applied to other medical subdomains.

## 3. Results and discussion

### 3.1. Sign and symptom in Psychiatry

In the Psychiatry corpus, *sign* (2,266 occurrences) appears significantly less than *symptom* (16,856). This fact alone seems to indicate that the field prefers the use of *symptom*, which is not strange if we take into account that this domain mostly needs the patient's subjective description of his or her state more than any other medical domain, which has more objective data to work with. In a first comparison, the Word Sketches retrieved for *symptom* and

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