

DOES KNOWLEDGE SHAPE PERCEPTION? – PERSONAL EXPERIENCE AND MEDICAL TERMINOLOGY

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This paper investigates the ways in which personal experience and native language status shape individual medical background knowledge. This, in turn appears to influence both an individual's understanding of medical terms and the levels of *technicalness* that they ascribe to such terms. In this study, semi-structured in-depth interviews were conducted with bilingual (n=3), native (NES, n=7) and non-native English speaking (NNES, n=7) participants. They were asked to describe their thoughts and experiences as patients in the Australian health care setting, with a particular focus on the use of medical terminology in consultations.

Traditionally, clear cut categories were used to distinguish technical (medical) terms from semi or sub-technical terms and lay words (Sager, Dungworth, & McDonald, 1980). But the assignment of such categories depends on various variables, and as different individuals may associate the same term with different meanings or assign it to different categories the theoretically based distinctions themselves are made redundant. Chung (2003) and Chung and Nation (2003, 2004) proposed that terms be classified on a continuum according to their *technicalness*, i.e. for any one (medical) term they suggested a range from 'highly technical' to 'lay'. Thus they acknowledged that perceived *technicalness* and meaning of a term are not fixed but can vary according to who is using which term under what circumstances.

From the interviews it emerged that personal experiences or personal (emotional) involvement with any kind of medical condition appear to have several effects on an individual's knowledge and perception of medical terminology. Three main effects were found. One of them was that personal experience with afflictions (particularly those of a chronic or recurring nature) may lead to the development of deeper underlying knowledge structures for the condition in question. Patients seemed to be more interested in all aspects of their illness, for example, to understand the underlying physiological processes. They may also actively engage in the accumulation of large numbers of facts. So eventually, their 'lay' knowledge base may be transformed and resemble the 'technical' knowledge structure of a professional more closely.

These findings, however, only seem to hold true for NES, bilingual or highly proficient NNES patients. NNES patients with limited English proficiency seem to struggle not only with the meaning of medical terms but also with basic vocabulary. They may have problems even identifying and distinguishing medical terms from general English words, let alone detecting divergences in meaning or *technicalness*. However, further research especially concerning NNES patients is required to confirm these preliminary findings.

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