Characteristics of Discourses of Helping Professions

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Introduction. The article examines the role of an agent of therapeutic influence and analyzes the features of discourses of helping professions (with their agents: psychologist, psychotherapist, doctor, teacher, shaman, lawyer) in modern therapeutic practices with clients in situations of various types of assistance. The purpose of this article is to analyze the varieties of the language of discourses of helping professions. The Russian linguist V.I. Karasik distinguishes medical discourse in the institutional discourses, and considers psychotherapeutic one as its variety. Meanwhile, at the present stage of the development of discourse analysis, it is possible to supplement some tactics and linguistic approaches to clients in the discourses of helping professions (DHP) in connection with the new paradigm of natural sciences – the complex consideration of a man as a biosocial, mass, cosmic being. Hence, therapists show the deep interest in the most ancient archaic types of discourse – magical, meditative, religious, etc.

Methodology and sources. The article is based on the main provisions of the theories of V.I. Karasik and Ten van Dijk. The methodological basis of the analysis carried out in the article were scientific works that deal with psychotherapeutic discourse (A.R. Markin, M.S. Grineva, E.V. Ermolaeva), medical one (M. Foucault, V.V. Zhura, O.A. Shesterikova, V.G. Silantieva), law discourse (M. Foucault, V.G. Ishchenko, M.S. Medvedeva, S.A. Zimina), pedagogical (E.T. Bulgakova, K.A. Vospishcheva, L.M. Osinovskaya), magical (G. Storms and F. Grandon, E.G. Ermolaeva, M.L. Cameron), meditative (M.G. Eremchenko, O.A. Dmitrieva, E.N. Melnikova).

Results and discussion. The article characterizes and highlights the specifics of various DHP, describes the features of language techniques that used in these discourses, depending on the goals of influencing the client.

Conclusion. The study shows the specifics of the DHP, primarily related to the goals and objectives in different cultures and ambiguous situations of therapeutic practice.

Keywords: discourses of helping professions, psychotherapeutic discourse, medical discourse, magical discourse, meditative discourse, lawyer discourse, speech strategies and tactics of pedagogical discourse, religious discourse

Оригинальная статья

Специфика дискурсов помогающих профессий

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Введение. Статья рассматривает роль агента терапевтического воздействия и анализирует особенности дискурсов помогающих профессий (психолога, психотерапевта, врача, педагога, шамана, адвоката) в современных практиках работы с клиентами, нуждающимися в различных видах помощи. Цель статьи заключается в анализе разновидностей языка дискурсов помогающих профессий. Российский лингвист В. И. Карасик включает медицинский дискурс как вид институционального, а психотерапевтический дискурс рассматривает как разновидность медицинского. Между тем психотерапевтический дискурс вполне можно рассматривать как отдельный вид дискурса. На современном этапе развития дискурс-анализа назрела необходимость взаимодополнения тактик и языковых подходов к клиентам в дискурсах помогающих профессий в связи с новой парадигмой естественных наук – комплексным рассмотрением человека как существа биосоциального, массового, космического. Отсюда актуализировался интерес к древнейшим архаическим типам помогающих профессий и типов дискурса – магическому, медитативному, религиозному.

Методология и источники. Статья базируется на основных положениях теорий В. И. Карасика и Тэна ван Дейка. Методологической основой проведенного автором анализа стали научные труды, посвященные дискурсу психотерапевтическому (А. Р. Маркин, М. С. Гринева, Е. В. Ермолаева), медицинскому (М. Фуко, О. А. Шестерикова, В. В. Жура, В. Г. Силантьева), адвокатскому (М. Фуко, В. Г. Ищенко, М. С. Медведева, С. А. Зимина), педагогическому (Е. Т. Булгакова, К. А. Возмищева, Л. М. Осиновская), магическому (Г. Стормс и Ф. Грендон, Е. Г. Ермолаева, М. Л. Камерон), медитативному (М. Г. Еремченко, О. А. Дмитриева, Е. Н. Мельникова).

Результаты и обсуждение. Дается характеристика и выделяется специфика различных типов дискурсов помогающих профессий, описываются особенности языковых техник, которые применяются в этих дискурсах в зависимости от целей воздействия на клиента.

Заключение. В ходе исследования показана специфика дискурсов помогающих профессий, связанная прежде всего с целями и задачами в разных культурах и неоднозначных ситуациях терапевтической практики.

Ключевые слова: дискурсы помогающих профессий, психотерапевтический дискурс, медицинский дискурс, магический дискурс, медитативный дискурс, адвокатский дискурс, речевые стратегии и тактики педагогического дискурса, религиозный дискурс

Introduction. The theory of discourses of helping professions is popular in modern linguistics and discourse-analyses. The researchers consider the texts of dialogues between agents and clients of these discourses as the main part and type of communication which scholars describe speaking about helping professions such as medicine, pedagogy, advocate, magical, etc. Certain contribution to the theory of this type of discourses were made by such scholars as M. Foucault,

N.D. Arutyunova, A.E. Kibrik, E.S. Kubryakova, Ten A. van Dijk, V.I. Karasik, V.B. Kashkin, V.Z. Demyankov, N.A. Krasavsky. According to pragmalinguistics, the DHP can be considered from the perspective of interactive activities of communication participants, the establishment of contacts between them, emotional, informational, and ideological exchange of positions.

Methodology and sources. The following varieties of the DHP can be singled out as following: magical, meditative, pedagogical, religious, advocacy, medical, and psychotherapeutic ones. They can also be called linguoactive, since speech in a dialogue plays a huge role in changing and healing the client. Along with the profession of a doctor, a teacher, a journalist, a lawyer, linguoactive speech strategies and tactics of interaction are very effective; require high-developed skills and need special rhetorical speech training courses for participants. The main strategy of these discourses is to help people by means of communication.

To highlight the peculiarities of contemporary therapeutical discourse it is important to study characteristics of every practice. The most authoritative and well-studied among the DHP is a medical one. The study of the features of medical discourse is necessary for international understanding of doctors and the exchange of the latest information and technologies between scientists and practitioners. Such researchers as V.I. Karasik, O.A. Shesterikova, T.V. Kochetkova, M.S. Petrosyan, V.L. Afanasyevsky, V.V. Zhura and others contributed to this field of research. It is vital to study this type of discourse as many professional risks could be eliminated through competent speech practice and the doctor's communicative initiative.

According to V.I. Karasik, medical discourse includes a psychotherapeutic one. They are similar due to the same purpose, tone and values, but differ in other criteria: participants, chronotope, methods of achieving goals.

Results and discussion. The general strategies of medical and psychoterapeutical discourses can be distinguished: verbal empathy (optional in medical, imperative in psychotherapeutic), partial mirroring of the patient's condition (relevant for the psychoterapeutical, while it essential in medical discourse), raising self-esteem and "locus of control" (the ability to take responsibility for oneself) – essential in both.

The contemporary situation shows the rebuild of many archaic cure practices in many cases. The medical discourse (MD) enriches itself with many psychotherapeutic practices. Regarding the tactical techniques, these are most relevant in many types of discourses but they are different in some aspects [1]. Both types of discourses are characterized by a change in the assessment of the situation, the strengthening of certain desires (in medical and psychoterapeutical), the transformation of a negative image of the situation into the neutral or positive. Researchers consider such tactics as normalization, encouragement, compliment, praise, compensation (in self-flagellation), jokes (only between colleagues in MD), exaggeration (in paradoxical therapy, not in MD), and caution to be common and characteristic of both types of discourses. The researchers consider that in the communication between the doctor and the patient is serious in the MD, but it is much freer in communication between the medical personal [2, p. 495]. The communication in psychotherapeutic discourse (PD) is serious between all groups (the communication between analysts is supervision, conference). Any researcher has not described the professional communication between colleagues yet.

The main differences of MD from PD include a high degree of suggestibility, since the doctor should inspire the patient with confidence and encourage attitudes that contribute to successful

treatment. Special importance is given to the doctor's strong verbal influence on the patient, expressed in the form of various tips, recommendations, prohibitions, orders, and prescriptions. MD includes elements of therapeutic and PD, but is broader in scope. According to V.V. Zhura, the doctor, in communicating with the patient, along with the instrumental goal, pursue a therapeutic goal, which means influencing the psycho-emotional state of the patient to stabilize or improve it. According to V. Zhura, the process of patient's adaptation to the disease, to new life circumstances acquires personal significance, receiving an emotional assessment. Such an assessment is cognitive in its nature [3, p. 14]. The process of rationalization it is possible to understand as the first stage of the therapeutical process, the process of constructive regard from fear.

The speech of the agents of the MD (doctors, nurses, orderlies, consultants, etc.) should be purposeful, appropriate, correct, that is, strategically structured, which distinguishes it from the speech of the therapist who cannot build a strategy in advance, but changes it during different sessions with the patients. The speech of physicians regulates the eliminating conflicts, while in therapy there are certain strategies that provoke conflict (transference, countertransference, paradoxical therapy) to optimize individual therapy. For example, the conceptual metaphor ARGUMENT IS A WAR in the psychotherapeutic settings help to achieve the better contact between the agents of the therapy and by transforming a metaphor, the client changes his attitude towards the life situation, sees other sides of the event symbolized by it, thereby changing his state [4, p. 160]. War as a sign of depression, aggression can show the client his separation from other people, who are alive and more active than he is.

In medical discourse, it is appropriate to use clinical terms and professional expressions in the presence of the patient; avoid situations where the patient may independently misinterpret the diagnosis [5]. Some elements of the MD can be found in fiction: for example, practitioner A. Chekhov prescribes medicine for constipation to all patients, believing that if the disease is mild, it will pass by itself, and if incurable, then there is no need to torment the patient. There is an element of irony here, which is also visible in medical anecdotes. The writer uses these Latin words to create a medical atmosphere in his fiction: tormlumbago, cancer prostatae, catarrhus intestinalis, delirum tremens, pn. cruposa, impotentia, erysipelas, ductus rectum, in recto, infusum, Kalium bromatum, Kal. Jodatum, etc. According to linguist V.G. Silantieva, even in Internet, the comments of different people can be helpful and effective in supporting sick people; their role is approaching to the religion in supporting the spirit [6, p. 72]. Latin as a dead language can be interpreted as a sign of other sacral world with its mystery. As an example, the opera-oratorio "Oedipus-tsar" by I. Stravinsky is written in Latin, which underlines the dramatic paradigm of human life in general.

In mystical discourse (MYSD), which V.I. Karasik also classifies as the constitutional one [7], the goals coincide with the PD, whereas the tasks of healing are following: physical illness as consequence of spiritual delusion, and healing is possible only to some extent: to understand one's mistakes through the analysis of external signs in their projection on personal destiny. The participants of the communication also have different statuses. The place of their communication is not defined: it can be specific, mediated by a book, letter, etc. The language of MYSD is very specific and the communication is based on presupposes knowledge of certain texts and the ability to interpret the texts ("signs of the cosmos") [8]. According to the researchers of the religion and philosophers, this discourse opens the perspective of fulfilling the designs only in illusions. But sometimes the

illusion plays the great and effective role in physical healing as the first step of general healing. Some authors underline the great role of Young's mystic approach in the psychotherapy [9, p. 66]. Sometimes a client supposes his disease as his special place in the world. According to this defense, he feels himself as a kind of God. The consequences may awful for others. So, it is very important to indicate such patient as a sick person which need psychoterapeutical help.

Traditional medicine, in addition to the knowledge gained because of the practice of healing by natural means, uses elements of mystical observation and suggestive practices, too. One of the varieties of mystical precedent texts is conspiracy. In the traditional medical texts, the human body and the body of nature are often compared. It is believed that the macrocosm is able to affect the microcosm (the human body) and heal it as well as the influence of magic speech and texts in this process [8]. This mechanism sometimes is used in propaganda.

In the Anglo-Saxon world, at the request of a cure, some kinds of rituals can also performed by a magician, an exorcist, a conjurer, a caster, and a sorcerer. Despite of the fact that magical rituals in many cases can be interpreted as religious ones, the servants of the church have always condemned magic, believing that it competes with real religion. If we study and compare some magical and psychological texts, we can find a lot of common tactics and strategies. Some researchers seek to separate the actions of a magician and a priest. For example, G. Storms and F. Grendon believe that a magician demonstrates his power over higher forces by ordering or demanding the fulfillment of his goals and client's wishes [10, p. 117]. While a priest, shaman. etc. acting in the sacral space of supernatural forces, appeals to the Almighty with a request, a plea, showing his subordinate position in which an act of grace is borrowed, the magician acts relying on his magical power [10, p. 47–48; 11]. In manipulative practices, the figures of high power use the high position in their speech, long monologues and directives with their partners.

The crucial importance for a successful conspiracy is the state of mind of both (as well as the magician and a client) in this ritual, a special emotional atmosphere created by the mystery and awe of the conspiracy procedure itself. The achieved condition is associated not so much with knowledge, but with the factor of chance and the ability to relax and perform certain ritual actions. Essentially, the agent uses the psychological effect of faith and acceptance of what is happening, it turns out to have a kind of hypnotic effect on the client or breaks the ordinary connections between elements of a whole. For example, the wish "*break a leg*" meaning "*be lucky!*" illustrates the same logic. The MYSD is obviously younger than religious one and includes pagan elements of faith. They both include the common concepts of the **miracle** and **sacrificed actions**.

A key concept of religious discourse (RD) is FAITH. The forms of religious communication are different sacral meetings in the temple or in the special room, communication in small groups and direct intimate communication with God while some kind of meditation. The main strategies are receiving support (*I will come into Your house; I will bow in worship towards Your holy temple, in fear of You. Conduct me, O Lord, direct me the way in Your sight*). Other goal is cleansing the soul (*Once again and many times we fall before You, and ask You, O good and loving **Lord**, that, having looked upon our petition*). Calling to turn to faith, strengthening faith, awareness of belonging are also significant. Among stylistic coloring of this discourse it is possible to mention emotional-evaluative and archaic-sublime vocabulary, the bookish nature of speech, archaic stylistic coloring.

The linguistic analysis of the religious (Orthodox) discourse shows that relationships of its participants are reflected in the selection and using of the linguistic units [11]. According to A. Wizzbicka, among the grammatical features of the **religious discourse** are the following:

1) the believers use special types of addresses (O God!, dear God, my Jesus, my Gosh, Seigneur, loving Lord, our Lady, Master, Heavenly King, Advocate, Spirit of Truth);

2) the frequent using of wishes (bless you, peace be upon this house, peace be upon you, an angel at a meal, an Angel on the road);

3) such verb forms as give, forgive, help, addressed to God are regarded not as an imperative mood, but as "supplicating", "desirable";

4) the use of antitheses: righteous-sinner, hell-paradise;

5) the impersonal constructions (everything is allowed to me, but not everything is useful):

6) the ancient vocative form of the noun (Vladyka) is used in this type of discourse in some languages;

7) the verbal and abstract nouns: reasoning, studying, suffering; torment, acceptance, divine providence; expectation, denial, salvation, etc.:

8) the substantive adjectives: the sick, the doomed, the dying, the dead.

American psychotherapist and writer Irvin Yalom often adopts such communicative and speech techniques of the religious discourse in his sessions and psychological novels, using questions, exclamations, which indicate the internally dialogical character of the discourse and deep emotions [12]. Highly emotional speech helps to involve the partner into communication, even to hypnotize him and help to believe in your position. The passion of the partner can help the client feel himself as the outstanding person. "Irwin Yalom uses many conceptual and simple metaphors in his texts, which is a feature of the language of psychotherapeutic discourse. A metaphor helps to make an abstract concept (fear, anxiety) "tangible" to work with. For a psychotherapist, a metaphor is an opportunity to talk about difficult traumatic experiences. One of the types of conceptual metaphors in I. Yalom's works is a dream" [12, p. 311–312] (author's translation).

In conspiracies, the number is essential as a fundamentally important element in magical rituals (especially mentioned points No 3, 7, 9), when there is a repetition of some actions. This makes magical practices related to the medical one, because the frequency of taking medications is very significant in all situations. It is also important to take into account the time of a day – sunrise, sunset, midnight, associated with magic number three (times a day). Another element of magic in the MD is usage of incomprehensible or sacral words may be foreign or Latin. Some doctors are notorious for using terms their patients do not understand. J. Lacan also would use strange terms in his lectures to attract students who liked something unusual to psychiatry.

In the psychiatry, during the messes in the temple, the incantatory hypnotizing effect of a text in an incomprehensible language is replaced by Latin used in the description of the disease and prescriptions (for slightly different purposes). So, M.L. Cameron, in his notes on magic and medicine on the material of Old English texts, mentioned the huge role of magic in Anglo-Saxon methods of treatment until eleventh century [13]. Texts on folk medicine are full of accurate observations about the medicinal properties of plants, which were often grown in Anglo-Saxons' gardens.

Pragmatic attitudes and speech strategies of meditative, magical and religious discourses are often close to the elements of the PD, being suggestive types of communication designed to

influence the client by passing his rational conscious defenses. These types of discourse also function within the framework of asymmetric status-role communication in individual and group sessions, where the agent of discourse is endowed with a high status of a strong, "knowledgeable", sacred figure with special knowledge and abilities. The purpose of this practice is, as a rule, to neutralize common phobias (obsessive phobias, fear of illness, failures, mystical negative influence of the environment), to achieve a state of harmonization.

If the canons of the magical discourse (MagD) suggest that this connection is being mediated by agents of psychotherapy (witches, magicians, shamans, healers), they are able to establish a connection between the recipient and the spiritual world even without or with minimal participation of the patient. In the meditative discourse (MedD), the producer acts as a mediator of the recipient to the spiritual world, because of this. The recipient plays a more active role in the MedD than in MagD. In MedD and pedagogical discourse (PD) the recipient is active and engaged in emotional and mental activity, actualizing a system of visual and sensory images. In Irvin Yalom's fiction works the author uses elements of MagD to attract the readers and to help the character in the therapy. The readers can see the situation of implementing he MagD: by arranging a conversation with the awful Cat, telling him about the trauma of loss, the therapist makes the Cat think about the futility of revenge and the need to live, and not wait for the next victim in his last ninth life. The dialogue leads to the fact that the Cat gradually decreases and moves away (this is how fear and anxiety go away). "Thus, a dream-hallucination, as an element of magical discourse, helps to "disenchant" the situation and keep the reader's interest through the illusion of a dream". [12, p. 313] (author's translation).

Within the framework of the RD, one can observe an increase in the status-role factor (which brings the RD closer to the PD). At the same time, the canons of the RD suggest that the mediator of communication with the spiritual world is a clergyman (a priest, a lama, an imam, etc.) endowed with clearly defined institutional powers. A clergyman is an active participant of the cure action. The agent establishes the recipient's connection with the spiritual world, or with the minimal participation of the spiritual world (by means of a text, submitted to the service: psalter, mass, litany), or with his passive participation (wedding, baptism, unction, memorial service, report, exorcism), The recipient is also assigned an active role in the RD (confession, observance of fasts and holidays).

The convergence of cultural phenomena of the meditative, magical, psychotherapeutic and religious discourses is facilitated by ritualism. Prototypical fixation of the script use in special semiotics: meditative items (mantra, candles, statues of Buddha and other higher beings, pyramids), magical items and things (charms, amulets, talismans, magical tools). Psychotherapeutic items, photos, certificates (portraits of luminaries; posters, visual aids, licenses and certificates and other attributes of office design, tools, items of clothing, books) are used in sessions. Religious items (temples, ashrams, mosques, their interior and ceremonial utensils, sacred texts and images, priesthood clothing, candles, musical instruments and singing, dance and ritual itself), – as well as special verbalisms: meditative (special texts and mantras), magical (spells, omens, etc.) are common. Religious items (prayers, hymns, psalms and other canonical texts) are also used everywhere in such kind of discourse.

The intersection point of the concepts of "magic" and "meditation" in the categorical space will be the concepts of "sacredness" and "miracle", according to I.Y. Cherepanova [14]. For the

meditative discourse, speech practice is insignificant and mostly non-verbal. The body-oriented practices here are of great importance, the connection of music with its rhythmically repeated formulas, special compositions, arrangement, and composition are also used. Specific extralinguistic factors (meditative, magical, psychotherapeutic, religious semiotics), as well as the knowledge of the discourse procedure and understanding of its essence, that is, a higher level of awareness, can contribute to the creation of a higher status-role characteristic of the agents of the discourses under consideration. A suggestive text that affects the recipient's subconscious is one of the basic attributes of a sanitizing effect in the cure process.

The pragmatic attitudes of these suggestive discourses are associated in the public communicative consciousness with the faith phenomenon in the possibility of the influence a medium on the physical and mental state of people, their social and interpersonal relationships, etc. They appeared to protect a person from the unpredictability of external adverse influences, as well as to ensure that the individual achieves the desired results to a more or less extent [15]. Meditation, psychotherapeutic and religious discourses are chronologically later successors of the MagD in this regard.

At the linguistic level, the specifics of the meditative, magical, psychotherapeutic and religious discourses are reflected in various genres: conversations, prayers, mantras, formulas of hypnotic influence from self-hypnosis of auto-training. The most successful of them are being memorized, rewritten down, and passed down from generation to generation. A person proficient in the language was considered a magician, healer, and shaman. The first philologists and the first linguists were priests at the same time.

Precedent texts (Bible, religious and philosophical treatises, manifests, instructions, text-patents, parables, psychological works), which are the basic ones for the discourses under consideration for PD, have a pronounced suggestive potential, are saturated with symbols, metaphors, appeal to archetypes/ They have a meditative structure of repetitions and implement basic strategies for correction and protection. In magical and religious discourses, a strategy of warning about possible fears is added, fixed in an ethnospecific system of warning signs, and omens.Meditative, magical, psychotherapeutic and religious discourses, as well as other therapeutic discourses, appeal to the sphere of the unconsciousness: feelings, emotions, fantasies, imagination, intuition, but the essential difference from the psychotherapeutic discourse is that the client is passive and silent there, and the agent practically directs his changes.

The effectiveness of the psychotherapeutic assistance in the activity and client's personal growth, which sometimes occurs with the partial use of meditative, magical, religious elements of discourses we see regularly. Meditative and psychotherapeutic discourse can be mixed together by a common strategy – to close constructive attitudes or translate already existing positive attitudes into its goals. In modern practice, the agents are working with the consciousness; MagD is represented by a kind of institutional discourse, implicitly represented in scientific, religious and medical communication. The MedD can be considered as a kind of personal (existential) one.

Conclusion. As we see, the most frequent types of discourses among discourses of helping professions in the situations of cure are MD, TD, MagD, MedD. The figure of advocate and teacher may be found in the figure of therapist in different projections of Father. In the situations of advocative (defense) and educational process, the role of the agents of these discourses and their speech strategies will be different, but this is the next topic.

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