Theses of Doctoral (PhD) Dissertation

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The Diachronic Research of Hungarian Health Insurance Vocabulary

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Health insurance is a relatively young and complex field of science of our age. Its specific vocabulary has been untouched by linguistic research up to now.

The theme of the dissertation is the analysis of the formation and alteration of Hungarian health insurance vocabulary. This diachronic research intends to describe the roots of health insurance terms, and how their forms and meanings have changed. Another aim is to explore the causes of language change in health insurance vocabulary. The corpus consists of the continuous and closed chain of health insurance laws passed between 1891 and 2008. Data collection is one of the methods of the research, while the classification of the reasons for language change is based on comparison.

The structure of the dissertation: It consists of 12 chapters, 45 figures and 7 tables.

Chapter 1: The classification of the specific language use of health insurance among the sociolects of the present Hungarian

Chapter 2: Health insurance vocabulary and terminology
The first two chapters contain the definition and interpretation of some key terms of the research, and give a brief view of the different possibilities of the classification of languages for specific purposes.

Chapter 3: The corpus suitable for the diachronic research of Hungarian health insurance vocabulary
The corpus that is suitable for this research consists of approximately 100 laws related to health insurance. Social security and health insurance laws have preserved the typical language use of each age, which support exact data of the vocabulary change. The genres of the corpus include acts and decrees. Legal regulation, which generates a conscious language change from above, has a vital influence on the formation and alteration of health insurance vocabulary.

The stages of corpus based on the ages of social security:
1. The beginning of the legal regulation of health insurance (1891–1950)
Chapter 4: Aims

This chapter describes the goals of the research, the aspects and methods of analysis based on theoretical background. The most important aspects of the diachronic research of Hungarian health insurance vocabulary examine the etymology of terms (1), word-formation processes (2), and the exploration of the reasons for language change (3).

The aspects of analysis

4. 1. The etymology of health insurance vocabulary
   4.1.1. The creation date of terms
   4.1.2. The validity of terms in society (terms of general or restricted use)
   4.1.3. The analysis of the scientific areas making up health insurance (Health insurance terms based on their meanings are grouped into the health care, economic, legal or public administration layers of the vocabulary.)

The methods of etymological research: The typical health insurance terms are selected from the corpus: the date of (probably) the first appearance of the term, the date(s) of its alteration, and its validity in the society. The data collection is followed by a summary in each age of social security.

4. 2. The most typical word-formation processes in each age.

The research intends to show which word-formation processes are typical in health insurance vocabulary.

   4.2.1. The types of single word compounds
   4.2.2. The number of words in multiword terms
   4.2.3. The types of two-word terms

Methods used for analysing the processes of word-formation: the characteristics of terms are collected and analysed in each stage.

4. 3. The causes of language change in each age

The third most important aim of research is to explore which reasons are responsible for generating language change. Language change is interpreted as the difference between the starting and the altered forms of the linguistic phenomenon undergoing change. The starting form is called outset, the altered form is the outcome. This change is the subject of the diachronic or historic research, while its aim is the description and explanation of the change (KISS, 2005: 13).

The reasons for language change interlocking and influencing each other create a complicated system. It is difficult, almost impossible to describe their system and distinguish their types (BENKŐ, 1998: 153).
4.3.1. **The cause system generating language change in health insurance vocabulary**

The closed corpus is suitable for observing the mutual influence of the reasons for the real vocabulary change. The causes creating each term between 1891 and 2008 in the analysed corpus were arranged in a system to be able to classify the reason for change. Health insurance terms are divided into the following groups according to the causes of change:

- **Naming a new concept, activity, institution, process, object, etc.** The new term is labelled as *neologism by necessity*.
- **One term is exchanged (swap of term) for another to make the vocabulary more accurate.**
- **Simplification:** most frequently a two-word term becomes a single word compound (*betegségi biztosítás* → *betegbiztosítás*), though longer multiword terms can easily turn simpler, too. Forming of acronyms can also be viewed as a type of simplification.

**Changes of systematization:** the creation of *type names* and *category names*

- **Type names:** naming the type(s) of a new concept, activity, etc. For example, some *contribution* (*járulék*) types are *egészségbiztosítási járulék* and *nyugdíjjárulék*.
- **Category names:** some terms are grouped into a common category which is named at a later date, e.g. *egészségbiztosítási járulék* and *nyugdíjjárulék* terms are collected into the same group under the term *társadalombiztosítási járulék*.
- **The fast specialization** of activities, concepts in the field of health insurance produces a huge number of new terms which *supplement the meaning* of neologisms by necessity. These new terms which can be called *supplementary neologisms* do not name completely new concepts. More supplementary neologisms can be linked to one neologism by necessity (figure 2). For instance, *pharmaceutical provision* (*gyógyszerellátás*) means a new activity which is soon specialised by other activities creating more supplementary neologisms, i.e. *lakossági gyógyszerellátási feladat, gyógyszerellátó tevékenység*.

1. New concept, activity, procedure, object → neologism by necessity

2. The concept becomes more specialised → supplementary neologisms

*Figure 2: The relationship of neologism by necessity and supplementary neologisms*
• The formation of **synonyms** can rarely be observed in health insurance vocabulary, even if there are two terms with the same meaning, one is used, while the other is going to fall out of use (*mentőszállítás* → *betegszállítás*).

• A previously existing word becomes part of the vocabulary with an additional new meaning (**semantic change**), e.g. *capacity* (*kapacitás*).

• The power of **analogy** remakes words in the shape of more common forms. For example, the adjective *pénzbeli* is changed to *pénzbeni* by analogy with *természetbeni*.

• The creation of the **Hungarian equivalent** due to the appearance of a foreign word in health insurance vocabulary (*case-mix index* → *esetösszetételi index*).

• The **integration** of borrowed terms: the process of changing the orthography of a foreign word to agree with the Hungarian language, e.g. (*ministerium, miniszterium, minisztérium*).

The causes generating language change can be distinguished as **outer and inner factors**. The appearance of **neologisms by necessity**, the formation of **supplementary neologisms** due to fast specialization, the **swap of terms** making the vocabulary more precise, the **semantic change** and the creation of **synonyms** all belong to the reasons that come **out of the language system**. Human thinking organizes the vast number of terms into a system creating **type names** and **category names**. Foreign words meaning new concepts can activate the birth of **Hungarian equivalents**. The **simplification** (linguistic economy), **analogy** and **integration** can be classified as the **inner changes of the language system**.

**The method of researching the reasons for language change**

The analysis of the reason generating change is based on the **comparison** of the **outset** and **output / origin** and **consequence**. The possible **cause** which could have played a role in changing the term is stated between the outset and output.

**Outset**: *járulék* (1828, TESz.)

*Cause (the cause of change): the necessity of naming a new notion*

**Output1**: *a tagok járulékainak kulcsa* (1872)

The process does not end at this point, because the output alters further, consequently the language change can be demonstrated with the chain of the altered outputs. The cause responsible for the linguistic change is always shown between the outputs.

*Cause: the creation of synonyms*

**Output2**: *a járulék nagysága / mérve / százaléka* (1891)

  *a járulék számítási módja / a járulék mértéke / kulcsa* (1927)
The outset – reason – output chain in case of each term is not included in the dissertation, but the possible causes are summarized in a table at the end of each chapter.

4. 4. Hypotheses regarding the characteristics of health insurance vocabulary

(0) The corpus consisting of laws is suitable for diachronic research.
(1) Health insurance vocabulary contains the terminologies of different fields of science, the most dominating layers of which are health care and economics.
(2) The typical word-formation processes are different in the vocabulary of each age.
(3) Foreign health insurance terms appeared after the political changes of 1989.
(4) There is a justified difference between the frequencies of causes generating language change in the vocabulary of each age.
(5) Word-formation in health insurance vocabulary has accelerated since 1989.

Chapters 5-10: The order of chapters shows the research phases. Chapter 5 was written at the beginning of the research when language change was observed and described with the help of word-formation dates and processes, however the cause system of changes was not as yet explored. Chapter 6 marks the start of exploring the causal relations. Chapter 7 dealing with health care terminology includes the summary of reasons which took part in creating the terms of this layer of health insurance. The elaboration of the cause system has led to the hypothesis about the frequency difference of causes in the vocabulary of the ages. The cause system was refined and applied in the economic (Chapter 8), public administration (Chapter 9) and legal (Chapter 10) layers of the vocabulary.

Chapter 5: The origin of social security (társadalombiztosítás) and health insurance (egészségbiztosítás) terms

Social security and health insurance are key terms in health insurance vocabulary. A number of new expressions were created from both key terms. The analysis reveals how these terms are related: social security is the hyperonim of the term health insurance.

The formations of both key terms involve the simplification process ended by the appearance of single word exocentric compounds: társadalombiztosítás and egészségbiztosítás. The term társadalombiztosítás may have been created in 1928 (Act No 60). The neologism
Chapters 7–10: The analysis of health insurance vocabulary according to its health care, economic, public administration and legal layers

Chapter 7: The formation and alteration of health care terms

The majority of terms building up the health care layer of health insurance vocabulary were formed after 1891. The developing vocabulary borrowed some of the words that were created by the Hungarian language reform: the word *segély* (aid) and a variety of compounds beginning with the *gyógy* (therapeutic) word was formed in the 19th century. Health insurance laws prove how many new terms were produced from these words later on. In most cases the first appearance of a new term is preserved by the act which introduced it, e.g. *gyógyászati segédeszköz* (therapeutical aid) may have been formed in 1891 (Act No 14), the creation date of *gyógyszerellátás* (pharmaceutical support) is probably 1927 (Act No 21). Health care services can be divided into two large groups: benefits in cash and benefits in kind services. In this layer of health insurance the most dynamically developing terminology belongs to the theme of *gyógyszerek*, *gyógyászati segédeszközök* (drugs, therapeutic aids). The word-formation related to *gyógyszertámogatás* (drug subsidization) suddenly erupted in
dozens of new terms. 25% of health care terms in the present health insurance vocabulary were created before the political changes.

In this layer the creation of multiword terms is the most common word-formation process in each age of health insurance. The rate of compound words has risen since 1989. Multiword terms contain more and more words. The number of supplementary neologisms became the most numerous in the present health care vocabulary during the last 20 years.

Chapter 8: The formation of financial (economic) terms in health insurance vocabulary
The health care economic vocabulary involves terms expressing funds, contributions, finance and capacity control. The origins of the financial terms appeared mainly in the 19th century, e.g. költségvetés (budget) (1835, NyÚSz.), járulék (contribution) (1828, TESz.). The word alap meaning fund must have been created much earlier than 1774 (TESz.), based on the findings of the research probably prior to 1723 (Act No 94). Hungarian laws preserved the formation date of several financial terms which are not included in our etymological dictionaries, for example: állami költségvetés (state budget) (Act No 14 of 1876), járulékfizetés (contribution payment) (Act No 19 of 1907), járulékkulcs (contribution rate) (Act No 21 of 1927), etc. Before the socialist era the investigated vocabulary was rich in terms defining contribution types. Economic terms change and develop much faster than the other layers of the analysed field, the present vocabulary incorporates only 3% of the terms created before 1989. During the last 20 years the vocabulary growth of health care economic terms was speeded up by the development of new fields, i.e. financing and capacity control. 97% of these neologisms build up the present financial vocabulary of health insurance.

In every era the creation of multiword terms is the most prolific word-formation process, the most significant compound type is the possessive. Since 1989 the fast specialization has produced the largest group of new terms that can be called supplementary neologisms.

Chapter 9: The public administration layer of health insurance
The chapter investigates the terms which can be originated from the word pénztár meaning fund administration, the creation and modification of the names of health insurance controlling and supervising institutions, for example Egészségügyi Minisztérium (Ministry of Health). The oldest term of this layer, bányatársláda (miners’ fund) was created in the Old Hungarian period of the language, probably in 1496. The terms describing the self-governing activities of fund administrations have enriched our vocabulary since the middle of the 19th century. The formation and alteration of institution names of the analysed field show an
inverse phenomenon compared to the changes of the other elements of the vocabulary: while the accelerated word-formation produces more and more terms containing more constituents, initially the institution names are long multiword terms, they become shorter consisting of fewer words, and acronyms are made from the most well-known institution names. Among the compounds formed after 1989 there are more possessive constructions than exocentric ones. 16% of the public administration terms created before the political changes of 1989 have become part of the present health insurance vocabulary. There are fewer causes which generate language change in this layer than in the other components of health insurance. There is no significant difference between the frequencies of reasons for changing institution names in the analysed ages.

Chapter 10: The legal vocabulary of health insurance

The origins of legal terms are dated back to the oldest times. The key words jog (law) and rend (order) appeared in the Old Hungarian vocabulary, from which many health insurance legal terms are derived. The word jog (law) was revived by the Hungarian neology (TESz.) and in the course of the 19th century a growing number of new legal terms were produced from it. Expressions deriving from jog (law) and several other legal terms coined by the Hungarian language reform served as a base for the creation of health insurance legal vocabulary after 1891: e.g. igénybevétel (benefit use), igényjogosultság (entitlement) (Act No 19 of 1907), járulékfizetési kötelezettség (contribution payment obligation) (Act No 21 of 1927), igénybejelentés (claim submission) (Act No 83 of 1997), etc. Legal terms of the present health insurance vocabulary tend to become archaic at the slowest rate: 30% of the legal terminology created before 1989 is built into the modern language use of the field.

Before the socialist system the legal vocabulary of sickness insurance contained more synonyms and more terms which belonged to different areas. In the last 20 years fewer terms were formed than earlier, at the same time the occurrence of the present terms is much higher which means that health insurance has developed its specific legal vocabulary.

The formation of multiword terms is the highest in each age. It is exocentric compounds that occur most frequently in this layer. There are no acronyms and foreign words in the present legal layer of health insurance. Specialization has turned to be the most frequent cause of the vocabulary change since 1989.
Chapter 11: Summary of findings

Chapter 12: Theses

Chapter 11 gives a summary of the findings based on the aims of research which are contrasted with the hypotheses of research. In Chapter 12 the new scientific results of the research are summarized in thesis points.

Hypotheses and findings

(0) The corpus consisting of laws is suitable for diachronic research. This hypothesis has been justified. The corpus which contains laws is suitable for diachronic research because the relating laws and decrees passed between 1891 and 2008 create a continuous and closed chain which preserved the origins and consequences of terms. The changes can be detected from the beginning of legal regulation to these days. The results of research reflect the real changes of the analysed vocabulary.

(1) Health insurance vocabulary contains the terminologies of different fields of science, the most dominating layers of which are health care and economics. The hypothesis stated at the early phase of the research is partly true. The most dominating layer of health insurance is economics, the second biggest component is law, and the third part is health care.

(2) The typical word-formation processes are different in the vocabulary of each age. Results: The most important change is the growth of the number of words making up multiword terms. The single word compounds have became more frequent. The most characteristic type of compounds has changed from the exocentric to the possessive.

(3) Foreign health insurance terms appeared after the political changes. Result: the hypothesis has proved to be true, but the rate of foreign words is smaller than expected and represents less than 1% of the present vocabulary.

(4) There is a justified difference between the frequencies of causes generating language change in the vocabulary of each age. This hypothesis has been confirmed.

(5) Word-formation in health insurance vocabulary has speeded up since 1989. The hypothesis can be proved, the accelerated term-formation has unique features.
Summary of results (Chapters 11-12)

The specific language use of health insurance is classed among the group of languages for specific purposes within the sociolects of the present Hungarian.

1. The etymology of health insurance vocabulary

Health insurance terms based on their meanings belong to the economic, legal, health care or public administration layers of health insurance vocabulary. Between 1891 and 1945 the legal terms (58%) prevailed over the sickness insurance vocabulary, while the public administration terms (18%) created the second most dominating layer.

The proportion of the different layers in health insurance vocabulary changed after 1989. The most characteristic layer of the present health insurance is related to economics (37%), the second biggest part belongs to law (28%), and the third component is represented by health care (25%). Health care economics, the synonym of health insurance, describes the real feature of the field more accurately. Health insurance is part of health care law.

11% of the present health insurance vocabulary was formed before 1945, 6% was created during socialism. 83% of the terms, almost 800 neologisms became part of the vocabulary in the last 20 years. Legal terms of health insurance vocabulary tend to become archaic at the slowest rate. On the other hand, the economic terms change and develop much faster than the other layers of the vocabulary.

The rate of archaisms is 73% in the vocabulary formed between 1891 and 1989. Gain and loss of vocabulary formed between 1891 and 2008: 57% of the total number of health care terms are neologisms, 31% became archaisms, 12% represent terms of general use (neither archaisms nor neologisms).

2. Word-formation processes

The most prolific word-formation process is the creation of multiword terms in each layer of the vocabulary. The order of the most frequent word-formation processes in the present health insurance vocabulary is the following: multiword terms (74%), single word compounds (21%), acronyms (2%), foreign words, layering and clipping. (Most derived words alone are not specific health insurance terms, so derivation is not included in the analysis.) The majority of acronyms belong to the public administration layer of the vocabulary. In a process known as layering, words growing new meanings e.g. táppénz (sick-pay), finanszírozás (finance), kapacitás (capacity) become part of health insurance vocabulary. A few examples of clipping can also be found in the present vocabulary: tartalék (reserve) and alap (fund). The occurrence of compounds has risen since 1989. The most frequent type of compounds is the possessive, while exocentric compounds used to be
more typical. The most frequent compound formation can be resulted from the accelerated analogical changes and the shortened simplification process. Multiword terms formed after the political changes consist of more and more words. In the vocabulary of the analysed field the rate of two-word terms is the highest, of which 70% are qualificative, 21% show possessive case.

3. The cause system generating language change in health insurance vocabulary

Based on the summary of findings it can be concluded that the frequency of causes responsible for language change altered also between 1891 and 2008. The order of the factors responsible for the rapid vocabulary growth within the present health insurance vocabulary is the following:

− In the more and more specialised vocabulary supplementary neologisms have appeared which supplement the meaning of neologisms by necessity expressing new concepts, activities and procedures
− Neologisms by necessity naming new concepts, activities, etc.
− Changes of systematization: the creation of type names, the appearance of category names among the vast number of terms
− Simplification (e.g. a two-word term becomes a single word compound)
− Swap of term

In the formation of the terminology before 1945 neologisms by necessity played the most important role, type names were in the second place and the third most often occuring element was the appearance of supplementary neologisms.

The cases of linguistic analogy are not listed in the summary table of causes. Simpler or sometimes more complicated forms can be created by analogy: e.g. the term gyermekágységély (gyermekágý = childbed, segély = benefit) (1891) is changed to gyermekágýi segély (confinement benefit) (1907) by analogy with the qualificative two-word terms meaning other benefits. Another reason for changes, linguistic economy can be observed in simplifications and shortenings. An opposite process to linguistic economy is redundancy which results in a conscious language change and produces a variety of examples in health insurance vocabulary. Most often it is unnecessary to form further the simplified term which was created earlier: járulékmérték (contribution rate) (1992) – járulékmérték szerinti százalék (contribution rate + percentage) (1996). Redundancy causes an unwelcome change and should be avoided.

Language change is caused by the interplay, alternation and mutual influence of outer and inner factors. The change is initiated by the necessity of naming a new concept or activity,
and can be followed by further outer causes: i.e. the appearance of more specialised concepts, the changes of systematization, and synonyms. Among them the simplifications showing the finer movements of the language system based partly on analogy and linguistic economy may occur which further chisel the new language element. Based on the results of the research the conscious language change from above is directed by outer linguistic causes at least in about 90%.

The features of the accelerated term-formation over the last 20 years:
  − More terms are created and multiword terms consist of more and more words.
  − The analogy in word-formation has accelerated.
  − The largest type of new terms called supplementary neologisms develop sooner in the vocabulary.
II. Literature used in the theses


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