

On Necessary Roles of the Five Key Elements in a Speech Community

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Abstract - To further clarify the elements essential for the composition of a speech community and to prove their due important roles, this paper, taking the speech community in the medical domain as an example, analyzes the five relevant elements from the perspective of their dominant and recessive attributes in various conditions. It is stated that if all five key elements show their dominant attributes in a speech community, the speech community can be regarded as a typical speech community; in comparison, the recessive display of any of the five key elements may make speech community a marginal one.

Index Terms - speech community; five key elements; necessity.

I. Introduction

Despite the diverse translated versions in Chinese about “Speech Community”(namely “YanYuSheTuan”, “YanYuSheQu”, “YuYanSheTuan”etc.), the term, as a most important object of social linguistic study and basic unit of case researches, is a core concept in both eastern and western social linguistics. Currently, Chinese scholars have done fruitful researches from the perspectives of speech variables, diachronic comparisons of constraints, population identity attitudes, and evolutionary modes of the community. But the urgent issue remained the key factors that constitute a speech community.

Based on the principle of “community comes first and speech second”^[1], the prerequisite to the speech community is a community. It has been proved that the five key elements of a community are population, area, interaction, identification and facility. When it comes to the key factors that distinguish a speech community, will all those five factors find their roles? The answers provided by the current theoretical world are varied ranging from “three key factors” to “six factors”. Yang Xiaoli (2006) holds that three factors are crucial for identifying a speech community: “area” that indicates a relatively fixed scope, “population” that are relatively stable and appropriate in number, and “language variety” accepted and used by a people in an area. For the rest of six concepts, “interaction” and “identification” work through all kinds of verbal communication and “facility” has no direct connection with verbal activities. In that sense, “interaction” and “identification” can be taken as the constitution basis of language variety of a speech community while “facility” the concrete reference^[2]. According to his “three key factors” statement, a speech community can be formed as long as it meets the criteria on its religion, population and identification. But other statements, including “four key factors”, “five key

factors” and “six key factors”, all claim that a speech community can never be formed without any interaction or facility. From diverse aspects, all those statements share the point that the importance of confirming key elements can never be neglected if a speech community is in need of identification. The author maintains that the five elements are all necessary for a speech community, yet of a downward importance—population, area, facility, identification and interaction. The dominance and recessiveness of each element may determine the status of the speech community members. As for this paper, the speech community in the medical domain is used as an example to figure out the importance of the five key elements for the speech community.

II. The Necessity of the Five Key Elements for the Speech Community

By that it is maintained that every element has its value, and is clearly showed in a speech community just like the situation of key factors for a community. Community in the history of sociology generally includes the following several factors: a gathered in a certain geographic range of the population, the population is a social interaction, the population has a common psychological identity. Yet it is by no means that each of those five elements should show their dominant influence at the same time.

A. *The element population*

The element population acts as a foundation and the first element for any speech community; or in other words, population is the last element that shall be omitted when considering identifying a speech community. Biologically speaking, language is a unique and the most distinguishable mark of human being. There is no community without population; meanwhile “nothing enjoys value of observation if it is independent from the collectivity or is unaccepted by the collectivity”^[3]. The concept of collectivity will not even exist if the speech community lacks population; furthermore there is no point of observing or analyzing the persons that are unaccepted by the collectivity. Speaking of the speech community in the medial context, population—medical care personnel—is the most essential element as it defines the demographic background of the community. It is a collectivity featuring stable demographic structure and strictly unified code of conduct. And it is though frequent interactions that the community can operate effectively in the working scenarios.

In spite of the diverse division of labor in that community, the members of a medical speech community share common mission of “heal the wounded and rescue the dying”, which guarantees a strong sense of belonging and identification between the community members. To coincide with the common dichotomy of permanent population and floating population, the members of a medical speech community can be classified into two parts: the permanent attribute of the regular hospital employees and medical staff on duty make them the dominant population, the floating attribute of the short-term, leaving and retired medical personnel make them the recessive population element. Population of speech community can rarely, but must be at least two or more persons, one man can only be said to himself, don't make speech community. Speech community of population can rarely, but must be at least two or more persons, one man can only be said to himself, don't make speech community. Population factors of speech community have no special requirements of gender and age. It is simply for medical care personnel to enter the speech Community of medical domain as long as have corresponding ability. To coincide with the common dichotomy of permanent population and floating population, the members of a medical speech community can be classified into two parts: the typical core members and non-typical core members.

B. The area element

The element “area”, serving as the landmark of a speech community, comes next only to the factor population in terms of importance. “Area” here is different from the “area” used to describe a dialect area, as the latter one is a strict geological concept, indicating a clear cut and distinct lingual boundary and featuring dominant and fixed attribute for a certain dialect area. In contrast, the attributes of the area element of a speech community are two folds according to the specific condition of the community as sometimes “area” is a fixed and dominant factor while sometimes it is a floating and recessive factor. Based on sociological theories, community can be divided as regional community and non-regional community. Those featuring specific geological and space scope can be called regional community which is formed on the foundation of a shared place of residence and the shared access to the surrounding property. Speaking of the speech community in the medial context, “area”— Hospital and medical community—is the most essential element as it defines the demographic background of the community. When it comes to a virtual community of which the membership is not limited by any geological or space boundary and the members shared no place of residence collectively own the surrounding property, it can be termed as a non-regional community. Based on that classification and considering features of various medical speech communities, both the regional and non-region speech communities can be found in the medical domain. For instance, “Lilac Garden” is an emerging professional virtual community on the Internet. As its members are all medical workers in the hospital, they share common standard in expressing medical terms. Meanwhile,

each of the members from around the world also belongs to his or her own geological community where he or she live and work. A community can be further divided into diverse sub community, the same with the relation between neighborhoods with a big community. In that context, the area factor works as a recessive factor as area may move with the changes in population.

C. The facility element

The third element “facility” works as a chain for a speech community. The community in the sociological context should operate with common facilities. As for a speech community, its facility is the language shared by the members. It is difficult to determine the community without language, and in other word, it is not speech community without language. To specify, the facility factor of a speech community includes two aspects: linguistic sign system that form language and the corresponding usage specifications. Using language properly is a basic facility requirement in a speech community. William Labov once used the differences in speaking to define the language attitude of that language user, and used unification to mark a speech community. The language element is composed of dominant sub-elements and recessive sub-elements. The norms or standards accepted by most members of a speech community are dominant facility factor; certain distinctive language variants for which specifications have not been stipulated are called recessive facility factor. Taking the medical speech community as an example, those published professional dictionaries such as *China Medical Dictionary* and *New Medical Dictionary* serve not as a detailed record of the linguistic system in the medical domain, but also as a standard for language usage in a professional context. There is a Ethical language of speech community in the medical domain. *Medical Staff Medical Ethics Standard of the People's Republic of China and its Implementing Measures* is issued on a trial basis in china . It is performance of Civilization, civilization polite service, behaved, language attitude kind, compassion, caring and considerate, patient .Language civilization is first using standard language for medical care personnel and it Meet the requirements of facility of speech community. The researchers demand the doctor and nurses to perform the principle of “Words are cautious, conservative secret”. This principle not only applies to between doctor and patient, applies between doctors and doctor, it is used in the medical field outside of standard medical terminology in verbal ethical requirements. In the Current medical term ,the main question is: "light, small, dedicated, hard, partial"^[4]. At present the doctor-patient relationship becomes more and more nervous, it is close relationship with the medical care personnel language attitude. In this case , the medical personnel to patients must be good at use in five languages: polite language, explain, comforting language, encouraging language, protective language, body language". From the point of medicine speech community, community facilities of the language, mostly mandarin, also can be English, Japanese, etc. When taking population element into consideration, we may find that the facility factor

of a speech community is not limited to monolingual. Sometimes multilingual facility may facilitate the communication of a speech community. Be it the monolingual or multilingual facility, the presence of language is a must for a speech community, since it is the chain of language that links each speech community member. A community without medial of communication never exists, not to mention the presence of a speech community.

D. The identification element

The fourth element identification acts as a binding agent for a speech community. Identity is a psychology term, refers to the attitude of approval copy other people or groups of subject, make it become a part of personality psychology course, can also be interpreted as approval. "Identification" in this paper is defined as a proactive way of accepting the influence of other people, in thinking mode, emotion, attitude and action, with the goal of assimilate one's own thought and behavior with others. There are two types of identification, self-identification and identification from other people. The co-existence of those two types of identification makes identification a dominant factor; the presence of only one type of identification only guarantees the identification in a linguistic sense, which means that the harmonious relations between individual and community is actively constructed and displayed through language and other signs^[5]. In terms of medical speech community, generally all of its members can identify with themselves and win the identification of others. According to our survey through observation, most of the medical workers agree that mandarin should play the role as a communicative tool in their daily working and living situations, and most of them are capable of using medial terms and medical ethical expressions in work. Only a minority of medical workers struggle with speaking mandarin or autoing medical terms, but this minor group can still identify with themselves and also be identified by society. "Identification" is also refer to share common mission of "heal the wounded and rescue the dying", which guarantees a strong sense of belonging and identification between the community members. That feature in the medical speech community is mainly attributed to a relatively higher education requirement for medical professionals. In the virtual community called "Lilac Garden", there are few members that have no professional medical background as the communication in the community contains a lot of professional knowledge, which the amateur members may find them difficult to participate in or they are gradually marginalized in the turn-takings of conversations to the extent that they lose the permanent right of speech. In that sense, the communicative pattern of the medical speech community nips the possibility of valid membership (or at least core membership) of a self-identified individual if he or she is unidentified by other people in the speech community.

E. The interaction element

.The interaction element plays the role of filler comes last. But scholars hold different views on this element.

Leonard Bloomfield thought that people who cannot understand each other can form a speech community, which means that a speech community can exist without interactions. John Gumperz defines the speech community as any human aggregate characterized by regular and frequent interaction by means of a shared body of verbal signs and set off from similar aggregates by significant differences in language usage. Most long-lasting aggregate, be it a pair of talking friends or a modern country covers different regions, a trade union or a local gang, it can be called a speech community as long as it boasts some linguistic features^[6]. The authors maintain that the element interaction makes a speech community fit in with the ideal mode. There are two levels of interactions: cold interaction applies to the situations when speech community members lack real communications even though they meet the requirements on the elements of population, area, facility and identification; in contrast hot interaction applies to the situations when speech community members conduct effective and frequent communications. The latter mode is the core interaction element while former interaction mode is a marginal one, as some warming up procedures are needed to stimulate the core element. In a medical speech community, thanks to the shared professional background and proper number of participants, its interaction element has been matured on the outset, i.e. the members can speak effectively to each. For instance, colleagues in the same hospital section can quickly form a speech community when they conduct conversations based on a common topic. In comparison, in a larger medical speech community, the hot interaction may be delayed due to complicated membership background. The medical workers in different sub professional sections need to get themselves familiar with the topic before reaching the scenario of mutual understanding.

As for the five elements that define speech community, each of them has various classifications, features and in-between dialectical relationships. Logically speaking, population and area act as the foundational condition, and facility, interaction, identification as the improving condition. Diverse in importance for a speech community, all the five elements are necessary.

III . Conclusions

Speech community as a basic unit in linguistic surveys and researches, can be analyzed though case study and suppositions. Speech community five elements is indispensable, but dominant composition and recessive ingredient is the difference between each element. The element population is the first factor, the population has a resident population and floating population, but there is no limit to the age, sex, but usually for two or more persons to form a speech community. The element "area" is the second element, dominant regional composition and hidden the composition difference, this is mainly caused by permanent and flow of population elements. The element "area" is divided into regional and non-region speech communities. The third element is "facility" that works as a chain for a speech

community. It is the key elements of individual series into the collective. It can be a bilingual or multilingual. The language here not only refers to the language, also refers to a dialect, as long as it is a special kind of language phenomenon, can access to member's identity. Identity is a psychology term, there are two types of identification, self-identification and identification from other people. Only for two types of identification is typical core members, in contrast to non-typical core members. The five element is interaction that plays the role of filler comes. There are two types of interaction, deeply interaction and superficial interaction.

An ideal speech community cannot be the copy of the one in reality, since the tricky criteria for an ideal community are: population with the number of two, are with dominant attribute, language features shared by a majority of members, self-identification and mutual identification of core members, hot interaction mode enjoyed by members. One criterion missed will not make an ideal prototypical speech community.

In reality, speech communities that do not match the prototypical mode may be classified as non- prototypical communities such as floating speech communities or on-line speech communities.

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