

Metonymy and pragmatic inferencing in mental health

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CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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ABSTRACT

Language plays a key role in the assessment, diagnosis and treatment of mental illness. Pragmatically, how language functions in mental health care is heavily dependent on inferences that are drawn, both by the people experiencing mental illness, and by the clinicians assisting them. Metonymy is a language practice where one term, the source, is used to stand for another, the target, which is closely related to it conceptually. The use of a diagnostic category to refer to a person, for example, a schizophrenic, is a metonymic transfer of meaning. Metonymy occurs in everyday language and in clinical settings, and contributes to how inferences are drawn. It functions because it draws attention to a specific feature with minimal cognitive expenditure. Metonymy contributes to effective communication in contexts where the language-using group share understanding of what is deemed to be salient, and where economy of speech is valued. Nursing provides such a context. Though the intended meaning of a metonymic reference may be understood in any communication, there is the potential for attributes of the source term to carry over into the interpretation of the target meaning and lead to unintended inferences. In the mental health context, metonymy can be associated with negative outcomes in relation to labelling and the experience of stigma. Strategies have been implemented to modify language to reduce the influence of this labelling, but to date, they have not made use of the insights of cognitive linguistics.

This study is an investigation of the influence of metonymic language on the experience of people who live with mental illness. The study draws on nineteen interviews with ten participants with lived experience of psychosis. Interviews were conducted using a biographical narrative method and analysed thematically, to elicit participants' experiences of language. Their language was also analysed for cognitive and clinical linguistic features. Participants reported experiencing language used about them in ways that foregrounded their diagnoses, including stigmatising language. They also reported experiences when they felt that legitimate concerns or requests they expressed were disregarded because of the foregrounding of their diagnoses. Participants described the beneficial effect they experienced when mental health workers used language that maintained the person's identity separate from the illness. Metonymy and pragmatic inferencing underpin the experiences of language reported by people who live with mental illness, with both positive and negative effects. Closer attention to the influence of language can contribute to better therapeutic outcomes.

