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Analysis of speech: a reflection on health research

Análise do discurso: uma reflexão para pesquisar em saúde

Análisis del discurso: una reflexión para la investigación en salud

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ABSTRACT
In this study, we take speech and writing as discursive construction, indicating the reasons for making it the object of analysis and introducing different instruments to achieve this. We highlight the importance of discourse analysis for the development of health research, since this method enables the interpretation of reality from a text or texts, revealing the subjects of production and their interpretation, as well as the context of their production. The historical construction of contradictions, continuities and ruptures that make discourse a social practice is unveiled. Discourse analysis is considered a means of eliciting the implied meaning in speech and writing and, thus, as another approach to the health-disease process. Therefore, this reflection aims to incorporate Discourse Analysis into the health area, emphasizing this method as a significant contribution to Social Sciences.

Key words: Discourse analysis. Health-disease process. Health research.

RESUMO

Neste trabalho, tomamos a fala e a escrita como formação discursiva, destacando as razões para convertê-la em objeto de análise, e apresentando diferentes instrumentos para tanto. Ressaltamos a importância da análise do discurso para o desenvolvimento das pesquisas em saúde, por permitir a interpretação da realidade a partir do texto, ou dos textos, evidenciando os sujeitos da produção e interpretação deles, assim como o contexto de sua produção. São explicitadas as contradições, as continuidades e rupturas construídas historicamente, que fazem do discurso uma prática social. Consideramos a análise do discurso como possibilidade de captar o sentido não explícito na fala e escrita, portanto como mais uma forma de aproximação do processo saúdedoença. O objetivo desta reflexão é incorporar a análise do discurso à área da saúde, enfatizando este método como rica contribuição das Ciências Sociais.

Palavras-chave: Análise do discurso. Processo saúde-doença. Pesquisa em saúde.

RESUMEN

En este trabajo presentamos la expresión oral y la expresión escrita como formación discursiva, enfatizando las razones que la convierten en objeto de análisis, para ello presentamos diferentes instrumentos. Resaltamos la importancia del análisis del discurso para el desarrollo de las investigaciones en el área de la salud, pues tal método permite interpretar la realidad a partir del texto, o de los textos, poniendo en evidencia a los sujetos de la producción y de su interpretación. E así como el contexto en el que se producen. Explicamos las contradicciones, continuidades y rupturas construidas históricamente, que hacen del discurso una práctica social. Consideramos el análisis del discurso como posibilidad de captar el sentido no explícito en el lenguaje oral y escrito, por lo tanto como una forma más de aproximación del proceso salud-enfermedad. El objetivo es incorporar el análisis del discurso en el área e la salud, haciendo énfasis en este método como una rica contribución de las Ciencias Sociales.

Palabras clave: Análisis del discurso. Proceso salud-enfermedad. Investigación en salud

Introduction

We consider discourse analysis as a means to elicit the implicit meaning in discourse and therefore, as a way of approaching the health-disease process by means of interpreting the language, since it is in the world of language that we explain the determination of certain phenomena and concepts, such that the word acts a kind of bridge between one or more speakers and one or

more listeners. The word can be considered the purest and most sensitive means of social relationship, configured as an ideological[1] phenomenon *par excellence*. It is precisely the word that best reveals the basic and ideological means of communication. Thus, we understand that, by means of the word, we also define ourselves towards the other or towards the community (Bakhtin, 1979).

Therefore, we believe that word structuring and organization define discourses and enable the understanding of phenomena and concepts. The word unveils existing contradictions and conflicts in a given reality, since it is constructed from the ideological web that expresses the repertoire of an age and a social group; thus, the understanding of discourse demands understanding of the social relations that it conveys (Minayo, 2004).

This reflection aims to incorporate Discourse Analysis (DA) into the health area, emphasizing this method as a meaningful contribution to Social Sciences.

Health is not a separate field from social reality; on the contrary, it is part of a complex reality that concomitantly exposes problem and intervention, which demands unique but integrated knowledge. This makes qualitative health analysis particularly important. Among several possibilities of interpretation in qualitative research, we consider that DA, as an approach to understand phenomena, can collaborate in the general reflection on the conditions of production and apprehension of textual meaning from the most varied fields, among these, the field of health (Minayo, 2004).

Speeches and written texts are impregnated by the culture, context and intentions of those who express themselves. Interpretations of this material have been considered the difficult art of truly reading the implicit meaning of the discourses. From this perspective, an appropriate technique must be established by the analyst so that while performing the analyses, they can construct an interpretation that elicits the implicit meaning.

According to Maingueneau (1989), DA, from the 1960s onward, was articulated under the influence of structuralism concerning a reflection on writing, linguistics, Marxism, psychoanalysis and history. However, it is important to point out that the methodologies used for DA do not create an expert interpretation, capable of mastering “the” meaning of a text, rather they contribute to constructing procedures that reveal “the reader’s eye”.

The discourse analyst contributes to contemporaneous hermeneutics, where the presence of an implicit meaning is supposed to be elicited, such that it is indispensable to point out that such “concealed meaning”, without adequate technique, remains unattainable.

[1] In this text, ideology is understood as the set of predominating ideas in a given social group which explain and justify reality (Fiorin, 2005)

According to Japiassu and Marcondes (1998), hermeneutics-dialectics represents the explanation and interpretation of thinking, considering concrete reality and historical movement, where nature is a totality and phenomena are reciprocally conditioned, evolving clashes and consequently generating the knowledge process. For Minayo (2004, p.231) "[…] the hermeneutic-dialectic method is the most capable of providing the closest interpretation of reality. It places the speech in its context in order to understand it from its core and in the historic and total specificity field where it is generated […]."

Discourse reveals the subject's understanding of a given historical and social context, through which the relations for producing their own discourse are unveiled. In relation to health, a subject's discourse projects their view of society and nature, the historicity of relations, societal organization, conditions of production and social reproduction (Minayo, 2004).

Currently, we have to consider that DA may designate different language productions, since the approach to understand such phenomena, by means of such analysis, enables an analyst to label the content presented as discursive productions; however, they are not always founded on the strictness proposed by the methodology of DA. Thus, by analyzing discourses, we do not examine a set as the product of a single subject, but consider their enunciation as correlated to a given sociohistorical environment, in which enunciators are replaceable.

Methodology of Discourse Analysis

One of the aspects leading to this text construction is the numerous notions of discourse, as well as the diversity of methodological focuses that exist to contemplate such plurality, which echo the interdisciplinary perspectives for the use of DA, encountered both in semiotic, ideological perceptions and, in other situations, in hermeneutic perceptions.

Discourse Analysis can be considered the practice and field for many disciplines. Considering DA as a perspective for the health area, we reaffirm it as a way to approach and include language into an abstract system, where individuals express themselves orally and in writing, thus generating meanings that reveal their understanding regarding the determination of the health-disease process.

In order to approach an understanding of the determination of the health-disease process, the subjectivity and uniqueness of each individual must be explained, together with idiosyncrasies and structural issues.

Thus, Discourse transcends language and its analysis is a process of subject identification, of argumentation, subjectivity and construction of reality,

where meanings are revealed and ideologically determined (Piovesan, 2006).

As such, analyzing discourses is no longer the privilege of Linguistics, due to the contributions from other academic disciplines that have generated different discipline attributions and affiliations, which have evolved into varied practices based on distinct concepts, while maintaining in common the consideration of language usage analysis in its written or spoken form (Iñiguez, 2005).

We highlight two reasons why discourse has become the object of analysis (Iñiguez, 2005).

. Theoretical and epistemological reasons

Throughout the 20th century, a progressive increase in the attention given to language occurred, with implications that enabled the elaboration of new concepts regarding the nature of knowledge (ordinary or scientific) and new meanings for terms such as natural, social and cultural.

. Broadening of language studies

The transformation of human language caused reorientation of its study toward relational and communicative contexts and revealed the centrality of these communication processes in the constitution, maintenance and development of our societies.

Discourse is an extraordinarily polysemic concept (Iñiguez, 2005). There are as many definitions of discourse as there are authors of such definitions and traditions of analysis. Depending on the notion of discourse used, the conception of discourse analysis assumes very different meanings. It is necessary to review the polysemy of the word discourse, used with different meanings by enunciation and DA theories. Some researchers prefer the expression “discursive formation” (Foucault, 1997).

The term expresses different world views present in a given sociohistorical construction, in which the speakers participate. From a general viewpoint, ideological formations materialized in discursive formations determine discourses, their analysis present the discursive formation, in which the texts consist of themes and concepts that represent the world view of specific individuals (Fiorin, 2005). Thus, discourses reflect the world view of their authors and the society in which they live, significantly widening previous understanding of discourse as the enunciation and succession of sentences (Iñiguez, 2005).

Discourses are considered in the context of ruptures that outline determinant discursive practices of a fragment. Thus, the enunciates constitute a primordial instance of discourse, not in their logical or grammatical sense,

but in the regularity and specificity of their use, performing an enunciative function that is transformed by discursive formation. Discourse is defined not by its immediate meaning, but by the discursive practice, which, at its core, constructs meaning. Language becomes an instrument of power that reflects a linguistic practice translated into political discourse (Foucault, 1997).

Therefore, it is necessary to restore the polysemy of the word discourse. Based on Iñiguez (2005), listed below is a synthesis that is not intended to be classificatory, rather a summarized typology of the concepts of discourse.

Discourse
Enunciate or set of enunciates effectively used by a speaker
Set of enunciates which construct an object
Sets of enunciates spoken in an interactive, action-powered context
Set of enunciates in a conversational/normative context
Set of restrictions that explain the production of a set of enunciates from a social status or specific ideology
Set of enunciates from which it is possible to define the conditions of their production

Source: Iñiguez, 2005, p.123

We clarify that it is necessary to perceive that DA is not only concerned with the texts produced in their singularity, but also with understanding the context in which they are produced. This ambiguity (singularity x social body) is recognized as one of the restrictions of the field DA, a limitation that can be overcome by the application of adequate methodology and review. Some critics of DA explore the ambiguity; this is limited to the printed body, eliminating from research the "heterogeneity of mechanisms that act upon language productions", where formal mechanisms (linguistic) and institutional data (production conditions) can articulate in a homogeneous, controllable and theorizing whole (Maingueneau, 1989).

According to Maingueneau (1989), terminologies such as "Discourse" and "Discourse Analysis" have been used in different ways. He emphasizes the difference between analyses that can be strict, emphasizing the center and disregarding the edges, thus not presenting the outlines of the discourse itself, which are related to disciplines close to and that involve the center: psychology, sociology, history, philosophy and, particularly in this study, the comprehensive area of health, with its undeniable interdisciplinarity. Richardson (1999) claims that in DA, spoken or written, the widest aspects of the subject can be found, because aspects related to their history and their interrelations with the institutions can be verified. Therefore, the discourse expresses the subject with their listening/responding strategies in different constitutive positions and situations in order to produce speech or text.

In recent studies, different instruments can be applied to determine the DA produced by the subject. Among these, structured observations, interviews by means of preestablished instruments, focal groups and recorded document reviews can be highlighted. The analysis itself is performed by exhaustive reading of the material in order to explore it and construct the data treatment and interpretation. At such time, the researcher identifies the context of discourse generation in order to encode it, identify its recorded units and the categories that emerge from it.

It is an exhausting process that can be performed in different ways; however, regardless of the means, the approximation of the researcher with the material constitutes an encounter with historically-contextualized and socially-determined subjects and with their cultural diversities and subjectivity.

Proceeding to analysis necessarily means considering aspects that reveal discourse heterogeneity, recognized by broken speech, irregular grammar and changes in the meaning of words. Other elements can be identified, according to the diversity of the discourses. Thus, it is necessary to be attentive to the silence, the non-verbalized, that which has clearly been included, tone of voice or even speeches devoid of meaning regarding that which is being discussed (Maingueneau, 1989).

It is possible to read and interpret discourses through many sources: objects of material culture, iconographic images, urban environment and the very materiality of a city, as well as a whole range of produced texts. Analyzing discourse sources is a classical and permanent theme in social and human sciences and it is necessary as a methodology for health research. Identifying, verifying the use of and interpreting sources are constituent elements of the nature of research, even defining their quality, their very identity and the understanding of health research which seeks to be interdisciplinary, where the source is a construct of the researcher, that is, recognition that the author constitutes denomination and the attribution of meaning; this is part of knowledge production (Ragazzini, 2001).

Regarding the diverse interpretive approaches in interdisciplinary health research, certain fields that researchers work within can be listed: illness history, disease and death perceptions and determinations, bioethics, social representations, public policies, among others; situations exist in which the researcher frequently faces oral or written enunciates.

Health researchers began making use of methods from social sciences and humanities in order to conduct research aimed at explaining health-related phenomena beyond the clinical and biologicism. For this purpose, in order to understand a health-disease event, a health researcher must also search for ideological, subjective and collective concepts in the field of knowledge, recognizing that a phenomenon may and must have multiple approaches, which if not complete, are at least ways to perceive how individuals produce

meaning when expressing themselves orally or in writing as individuals and members of a society, a situation which enables approximation with the discourses produced, thereby generating meaning and intentionality.

A discourse can be analyzed by means of different approaches: quantitative, serial or by the qualitative possibilities of the text. A text can be approached qualitatively in numerous ways. Historians, literary reviewers, linguists, psychoanalysts and any other professionals who depend on text interpretation to carry out their jobs, are continuously investigating new *modus operandi*, going beyond what lies on the surface (Barros, 2004).

Semiotic approaches, currently used by researchers from social sciences and humanities allied to health area, significantly enrich the possibility of making a text express things that the author did not intend to reveal. Whenever somebody uses certain expressions and words, they are already saying something to an expert analyst, regardless of the meanings they intended to attribute the words. The presence of certain images in a speech, the recurrence of certain words, the way a narrative is structured, intertextual references - whether voluntary, explicit, implied or involuntary - everything is meaningful, no matter who is pronouncing the words.

We have yet to include the possibility of contrasting different texts, comparing diverse accounts of a single event, which may confirm or contradict each other. Such contradictions are valuable, as are the internal contradictions within a text and the polyphonic nature of certain discourses.

The richness of any text lies in the fact that it can be simultaneously “an object of meaning” as well as “an object of cultural communication between individuals”. In fact, these two aspects are mutually complementary.

On the one hand, a discourse can be defined by its organization or structuration that makes it “a totality of meaning”; on the other hand, it can be defined as “an object of communication” established between addresser and addressee or between an addresser and many addressees (Barros, 2004).

Attempting to assess a text in its first dimension (object of meaning) generates an internal or structural analysis of the text by means of theoretical and methodological tools. Wherever we assess a text as an object of communication, there is necessarily an analytical implication of the surrounding sociohistorical context that, somehow, also attributes meaning to it. Thus, an external analysis of the text is conducted as to the author’s intentions, their personal motivations or of those who have apportioned it (Barros, 2004).

We agree with the author in the sense that the most useful outlook for the health researcher is to consider the duality of a text (meaning and communication), which implies a multidimensional view, concomitantly contemplating three dimensions: intratext, intertext and context.

Intratext corresponds to the inner aspects, implying assessment of the text as object of meaning; *intertext* refers to the relation of a text to other texts, while *context* refers to the relation of a text to the reality in which it is produced and that surrounds it, corresponding to the external aspects of the text (Barros, 2004).

It is extremely important for health area studies that they are not limited by structuralist analyses, since all texts are produced in a place not only defined by the author, by his style and background, but also by the society that envelops the author and the dimensions of this society (Barros, 2004).

Humans are more than their circumstances, such as society, urban and rural social environment, and the institution they belong to. Thus, a writer or a speaker conforms to the rules of a certain discursive practice, ordinary or aristocratic, literary or scientific, festive or funereal. Authors write texts leaving their traits all over them, though these are not wholly their own. Generally, the correct interpretation of a critical reader should differentiate fact and the reality of the written version, or other means of presentation, otherwise the reader may end up far from the truth.

As important as the location of the production, is its destination, whether this is a purpose, a receptor or group of receptors, which places a text within a triangular scheme composed of: the place of production, the content (intention, message), the place of reception (or destination), vortices permeated by an intertextuality, the network where meaning emerges. This factor is perceived in the analyzed text or even in the tools used to analyze it (Barros, 2004).

According to Gil (1994), researchers must systematize DA so that they can identify the material to be analyzed through to the categories present in the discourse. Therefore, clarity concerning the problem and research purpose is indispensable.

Thus, we perceive a wide scope of possibilities that can be applied to a text in order to achieve better understanding of the same. From contact with the textual source up to its analysis, there is a path to follow that includes: origin of the source, questions asked, societal insertion, conditions of production, verification of the receptors, the unspoken, the veracity of the text and perceived contradictions. Cultural and political approaches can also be distinguished, which widens the possible approaches to a produced discourse.

Some authors, like Barros (2004), also affirm a discussion involving the problematics of discourse as a way to approach language, differentiating between enunciation and enunciate: the former constructs a language use, organizing a temporality that occurs in the present, unlike the enunciate. Others, like De Certeau (2005), analyze the difference between discourse of

the knowledge in the social world and the authoritative discourse of the rebellious willingness as a historiographical line of operation, differentiating strategies and tactics.

These different perspectives permit perception of the transparency between knowledge and truth; however, the production of an understanding, legitimized through the observance of discipline determinants (in the present case, health), affirms the scientific character of a report.

Thus, what emerges from the discourse is less the fact and more the edges, the outlines of its production meaning and its own version of fact. It is in the overlapping of social location of a discourse production, of a practice or writing, that meanings and narratives are configured.

Therefore, we reinforce the importance of the interdisciplinary perspective for the field of health, because it is necessary as a means of association between Health, History and Linguistics, verifying, through DA, how language also reflects in facts that take place in a given sociopolitical context.

Considering this theoretical perspective, we can view discourse according to Focas (2003), through two distinctive focuses: that of the event and that of the constitution of symbology, in which, when approaching a cluster of discourse manifestations, we perceive three large units in their linguistic characteristics: evasive discourse, as a “dubious way of speaking”; paraphrase, which works with the literal meaning and reformulates meanings; and polysemy, which generates biases and constructs ambiguities, since occasionally language uses speech and writing to conceal its own thoughts or feelings.

The discourse must be analyzed in the context of its continuities and ruptures, which define certain discursive practices within their fragments. Thus, enunciates constitute a primordial instance of the discourse, not its logical or grammatical meaning, but in the regularity and specificity of their use, performing an enunciative function and leading to a discursive formation. Thus, discourse is defined not by its immediate meaning, rather by its discursive practice, which, within discursive formations, generates meaning (Focas, 2003).

The dichotomy between the instance of the *time of enunciation* and the *time of the narrated material* reflects the discourse statute, summarized by the counterpoint between the *discourse of the real* and the *discourse of the imaginary*. The onset of enunciation in the enunciate generates the narrative process, which produces content units, representing that which the disciplines refer to (Focas, 2003).

Distinct from the *content unit* is the *discourse unit*, understood as the thematic unit that constitutes the narrative process in its ideological

meanings. Thus, the discourse presents a symbolic connotation that, beginning with the event, promotes a disruption between the ideological and the symbolic, constituting, through the representations of the unveiled meanings, the differing discourse formations that it entails (Focas, 2003).

From this perspective, we proposed small approximations of the field of Discourse Analysis, considering that in the health area, there is increasing need for strategies and tools that reveal the ruptures, continuities, ambiguities of meanings produced by individuals who generate knowledge.

The existing literature in the health area that approaches DA as an investigative strategy is not comprehensive, frequently concentrating on studies in the Mental Health Area. However, we increasingly perceive that, by questioning subjects regarding their perception of conditions and events related to health and disease or developed practices and existing public policies, researchers from the area often require tools that enable them to recognize what is individual, collective meaning and sociohistorical context in speeches and writings - in discourses.

Thus, DA enables health area professionals to understand and develop a less innocent relation to the subject's language production (oral or written).

For Orlandi (2003), it is by perceiving that which is "spoken" as private property, approaching the subjects of discourse as a social practice and by analyzing this production, that the mediation between individuals and social reality is revealed.

Final Considerations

Historically, Discourse Analysis has been used in different sectors of knowledge production, such that the systematization of the method to proceed to analysis is as important as the theoretical background selected for the construction of knowledge in a given area.

Health research draws on different areas, such as social sciences and humanities, in order to produce knowledge on health phenomena, perceived or experienced by means of the subject's Discourse Analysis.

The importance of this production for researchers in the area is the possibility of understanding individual and collective discourse as historically and socially determined, revealing elements that permit the reorientation of health practices.

Another important issue is when subjects that participate in knowledge construction become more committed to reality verified by research, thus becoming constitutive elements of a new discourse in the health area.

The discourse then becomes less technical and contemplates the reality of its subjects and is, therefore, the expression of understandings constructed on certain health issues that will enable the investigated subject and researcher to reflect upon the determination, in order to change it.

It is important to observe that, independent of the tools used for Discourse Analysis, they must be capable of analyzing the totality, in order to reveal, in speech and in writing, what certain authors recognize as the textual body. Every enunciation placed within a discourse by the subject is historic and is historically conditioned, making it necessary to specify not only the notion of discourse, but also the notion of structure that is being applied (Iñiguez, 2005).

In Discourse Analysis, it is important to observe that certain situations presuppose discursivity as its own order, distinct from the materiality of language, but concomitantly determined by language, i.e., a perpetual disequilibrium; thus, no preestablished harmony exists among the objects that can be investigated by Discourse Analysis, rather analyzable hypotheses temporally alight on the knowledge of the textual body and the knowledge of the possibilities offered to the discourse analyst through the study of the facts of language.

In this study, we sought to outline the polysemy of discourse, reviewing a microcosm of authors and demonstrating how these authors taught us how to investigate not only a text, but also to describe the conditions of the existence of discourse, the enunciate or a set of enunciates.

Collaborators
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