

COMMENTARY

Unpacking the Use of Therapy-Speak in Scholarly Writing

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ABSTRACT

Pharmacy faculty have begun to adopt therapy-speak, common words and phrases derived from mental health services, more frequently in both informal modes of communication as well as in scholarly and creative efforts. In this commentary, we consider the use of this trendy, idiomatic language in scholarly writing and characterize potential problems with its clear and lasting interpretation. Conversely, we also examine how contemporary language can be used to enhance scholarly writing by engaging members of the academy with an interesting writing style. Finally, we challenge pharmacy faculty to carefully consider how and when such language can be used to communicate in a clear and straightforward style that creates interest among readers.

Keywords: academic writing, scholarly writing, therapy-speak, writing style

INTRODUCTION

In this commentary, we consider the appropriateness of idiomatic expressions known as “therapy-speak,” ideas and connotations related to mental health services, in the peer-reviewed, scientific literature. As phrases such as “unpack,” “create space,” and “sitting with our discomfort” enter our professional and scholarly vernacular, they risk misinterpretation, thus impairing the unified meaning, specificity, and clarity of our writing. Consider this revision of our abstract:

We noticed a paradigm shift in recent years as the use of therapy-speak found space in conversations among pharmacy faculty and in their scholarly and creative efforts. In this commentary, we sit with the use of trendy language in scholarly writing and unpack its potential problems. We also circle back to examine how therapy-speak can be used to push the envelope in our scholarly writing as we engage members of the academy. As a result, we challenge pharmacy faculty to move the needle and leverage the use of clear and specific language to validate their own authentic writing style.

We ask readers to compare the traditional style of the original abstract versus the frequent use of therapy-speak in the revision. Does the contemporary language better illustrate the topic or complicate the idea? Is there a role for personal preference in scholarly writing? Are there circumstances when this style is preferred to the traditional style?

This commentary was born out of ongoing discussions between the authors as we debated the effectiveness of these linguistic trends in academic conversations and scholarly writing. We consulted both scientific and popular press sources to enlighten our opinions and consider both sides.

The Case Against Therapy-Speak in Scholarly Writing

Boyle discusses the importance of specific, clear terminology with a unified meaning when advocating for a strong professional identity for pharmacists.¹ She highlights the evolution of terms used to describe those in the profession: “druggist,” “pharmacist,” “PharmD,” “pharmacy doctor,” “PD,” and “apothecary.” We suspect these terms bring forth different connotations and degrees of self-identification among pharmacy faculty. Some stir nostalgic feelings, while others evoke annoyance. These responses likely depend on our career longevity, professional experiences, and biases. Similarly, the use of therapy-speak in scholarly writing may give rise to different responses amongst different readers.

Boyle’s examples hint at how language use changes over time, and this can be clearly shown through n-gram models. Google’s n-gram plots the use of words and phrases in books over a specified time period. For example, one may plot the trend of terms used to describe pharmacists since 1800.² There are clear peaks and declines in the use of “druggist” and “apothecary” and a much more stable use of “pharmacist” since 1900. While “druggist” and “apothecary” were once a part of the everyday vernacular, they now seem antiquated.

Patterns in the use of conversational expressions also reflect different eras of pop culture. For example, what was considered “neato” or “cool” in the 1950s or 1960s became “radical,” “gnarly,” “fly,” and “lit” in later decades. Some of these terms seem archaic now, and it is difficult to envision their effective use in learning activities with student pharmacists or in a scholarly paper in 2022. There was a time when even the most dated of these terms was widely recognized because it was assimilated into its generation’s everyday vernacular. We acknowledge there are limited circumstances in which scholarly literature from several decades past would be relevant to pharmacy education, but regardless, authors should give strong consideration to how the longevity and impact of their work may be limited by trendy, sometimes misinterpreted, language. We have similar concerns about how accurately therapy-speak idioms are interpreted into other languages and the ease with which non-native English speakers comprehend their meanings when reading English-language scholarly articles. Research shows that non-native speakers require greater cognitive effort to recognize an idiom, consider contextual clues, and infer its meaning.³⁻⁵ Further, the use and meanings of idioms are culturally-based, which raises concerns of whether non-native speakers are equipped to correctly interpret the phrase’s intended meaning.⁴

Importantly, popular use of idioms may lead to semantic bleaching, the weakening of a word’s meaning due to overuse.⁶ For example, the popularity of the therapy-speak phrase “lean in” has resulted in nearly ubiquitous use in corporate, academic, and casual settings since the publication of the book by Sheryl Sandberg.⁷ However, the phrase has acquired many meanings through, and perhaps due to, its quick rise to popular use, and some of these meanings are inconsistent with Sandberg’s original meaning.⁸⁻¹⁰ The phrase has suffered semantic bleaching as a result of its widespread, highly variable use. At best, its meaning has been diluted, and at worst, it may have been completely lost. In scholarly literature, such a phrase is ineffective in clearly communicating ideas simply because of its openness to individual interpretation.

Whether in technical descriptions or as therapy-speak, jargon is especially limiting when used to describe critical ideas or central arguments in scholarly writing. Warren and colleagues posit that scholarly writing becomes difficult to understand when authors fall victim to the “curse of knowledge” by failing to recognize that readers may not be as knowledgeable about the content as they assumed.¹¹ This is further complicated by the authors’ desire to be seen as experts in their field. As a result, authors rely on academese—abstract, technical, passive language—to communicate ideas. Warren and colleagues report that 87% of marketing faculty admitted to not understanding scholarly papers in their own research area, and when they did understand content, jargon-filled papers took more effort to synthesize and apply, which effectively limited the impact of these papers.¹¹ Similarly, academic authors may not consider whether readers will be familiar with therapy-speak or recognize its intended meaning. Further, it is unknown whether the use therapy-speak in the titles or abstracts of scholarly manuscripts affects the manuscripts’ impact. Is the phrase recognized by potentially interested readers or those searching the literature for specific content? Is it appropriately indexed in PubMed or Google Scholar? The longer-term impact may be influenced by how enduring the phrase becomes in the future. If widely adopted and frequently used in a variety of disciplines, then the likelihood of recognition and consistent interpretation increases, and its impact may not be negatively affected. However, it is difficult to predict which phrases will have lasting impact, and it may be even harder to predict how meanings change over time.

The Case for Evolving Scholarly Prose

Style guides shape the way we communicate by defining appropriate grammar, language use, and tone.¹² These rules and guidelines serve to homogenize writing within respective fields. But what if the rules do not address developments in language use such as therapy-speak? In the absence of a consensus position, we should thoughtfully consider appropriate reasons to accept therapy-speak in scholarly communication. Linguistics, the scientific study of language, provides a different context for consideration. The discipline describes the accepted standard forms of languages used in formal contexts, as Standard English is traditionally recommended for scholarly writing. However, Standard English is only one dialect of English and is subject to change over time in the same way our conversational dialects evolve.¹³ This idea of an evolving standard language represents a deviation from how many were taught to write, so what can linguistics teach us about responding to these changes?

Anne Curzan, a professor of linguistics and member of the American Heritage Dictionary Usage Panel, describes the approach to documenting the evolution of word use and meaning in her Technology, Entertainment, Design (TED) Talk.¹⁴ Curzan begins with the relatable statement “We still get quite worked up about language change.” She provides examples of the evolution of words, some of which are so common that they are not given a second thought (“tweet”), and some that do not feel formal, though they are fun (“hangry”). Curzan emphasizes that changes in word meanings are driven by spoken and written usage, and dictionaries evolve in response rather than dictating fixed meanings. Her point is that acceptable language use is dynamic rather than static, prompting us to consider whether the academy’s communication should adapt similarly by embracing the inclusion of therapy-speak in scholarly manuscripts. Further,

Waldman describes how the language of psychology has migrated from the clinical context into the vernacular.¹⁵ Examples such as “triggered” and “boundaries” illustrate how common some terms have become.¹⁵ The Google n-gram for “triggered” supports this assertion by demonstrating its dramatic rise in use over the past 50 years.¹⁶ Given current psychological stress, decline in mental health,¹⁷ and emphasis on personal wellness,¹⁸ it seems reasonable to assume that terminology once reserved for therapy will continue to find its way into conversations and writing. Authors must consider whether the dialect we use in scholarly writing should be constrained to protect clarity or allowed to evolve alongside our personal experiences and the greater living language constantly changing around and through us.

Above we asked readers to consider two versions of this commentary’s abstract and what role personal preferences and style play in determining what is acceptable in peer-reviewed, scholarly literature. In attempts to be clear, specific, and efficient in our scholarly writing, academics tend to sacrifice style and creativity for substance even while using plenty of more widely-accepted academic jargon.^{19, 20} Heard argues the appropriate use of interesting, funny, or playful language can attract readers, make the paper more memorable, and increase the likelihood it is cited or recommended to others. He recommends using “touches of whimsy” in moderation to prevent central arguments from being obscured.¹⁹ Similarly, Heinrich encourages divergent writing styles to offer the reader enjoyment without sacrificing substance.²⁰ Using contemporary, conversational, therapy-speak in scholarly writing may be another way to better convey ideas to modern readers. Interestingly, both Heard and Heinrich recount how their experimentations with humor and creative style led to calls for revision by reviewers who held more traditional beliefs about scholarly writing.^{19, 20} These observations may indicate the need for more direction from journals’ editorial staffs about acceptable style and whether authors and reviewers have more or less leeway to express personal preferences about the style of a prospective article.

Call to Action

Our investigation tempered our original opinion that therapy-speak should be uniformly excluded from scholarly writing. As we debated its use, our perspectives changed as we weighed its potential to both create problems and enhance communication. We believe there is a role for the judicious use of therapy-speak, as some more recognizable idioms may invigorate our communication. However, as Curzan suggests, we as the authors of scholarly publications influence how our dialect evolves. This highlights the author’s responsibility to ensure a straightforward meaning with each idiom’s use, and reviewers must hold authors accountable to clear and specific writing. We offer the several considerations for both authors and reviewers to ensure manuscript quality is enhanced by the use of therapy-speak. First, actively look for the use of therapy-speak and other jargon. Is alternative wording more illustrative or more likely to be broadly understood? Second, is the language too trendy, or is it likely to have lasting impact? Third, would interpretation of the idiom be difficult for non-native English speakers? Do any cultural barriers exist to limit its interpretation? Fourth, does the idiom contribute positively to the style and creativity of the manuscript, or could other strategies be used to better convey ideas in a vibrant, compelling way? Finally, if therapy-speak is appropriate to the manuscript, should the idiom’s meaning be clearly defined, or is it assumed that readers will easily grasp the intended meaning? If both authors and reviewers carefully consider idioms in this systematic way, we believe their use could positively contribute to the manuscript’s style and clarity.

In writing this commentary, we have gained a new context for understanding what it means to *sit in our discomfort*. We have learned to embrace the idea of an ongoing evolution of language, even in scholarly manuscripts, and acknowledge how therapy-speak can be effective in this type of communication. We encourage other academic pharmacy authors to intentionally consider these and other language choices that create our individual scholarly writing styles.

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