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MITIGATION AND PRAGMATICS AS A LINGUISTIC REGULATION THEORY: The Case of TCM Clinical Interviews

弱化与语用调节论：以中医诊谈为个案

霍永寿 著
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序

钱冠连

永寿博士论文做成毕业之后不过一年，传来一个有关他的消息：云南师范大学及外语学院为了关心他的学术研究，主动几次提议，资助他的博士论文出版。他的回答是："老师说了，让我把论文中的 Pragmatics as a linguistic regulation theory 发展成一个完整的体系，将 mitigation 为辅，或者挪作他用。现在出书不成熟。"

他居然谢绝了，他居然在谢绝之后不在我面前吱一声。

我在这边听到这个消息，在心底里赞叹了一阵子。我对尚在身边就读的博士候选人说："听好了，这就是你们的榜样。这就有一点大家风范的味道了。"

在这样一个浮躁的年代，多少人巴不得今天取得博士生资格，明天戴上博士帽，后天提升职称与职务，……。霍永寿却不是这样。

对学术的忠诚，对完美的追求，对名利的淡泊，对送到面前的利益的不动心，对求之不得的东西的放下，这就是他，他的思考，他的行为。

又过了不久，他在电话里报告说，云南师大及外语学院还是建议他出书，问我怎么办。我的回答是：你现在正在将一本重要的书翻译成英语，无暇他顾，在历史上，阶段性的成果先发表出来，检验一下，尔后修改的先例也不少。日子还长，修改有的是时间。况且，目前出版与将来真心实意地修改，并非水火不容。

这本书以这个样子出来，在我们眼里，是有缺陷、有遗憾的。

遗憾，是因为作者看到了书稿可以修改得更好、更完美。于是，遗憾也推动了科学的发展，科学在遗憾中前进。对于霍永寿来说，下一步的工作，是完善 Pragmatics as a linguistic regulation theory 这个体系。

他追求科学的纯洁与完善的劲头到了傻呵呵的程度，正因为如此，他做出来的工作，才有望是可信的。

这篇序，献给他的未来以及他未来的事业。

2004－6－27，于白云山，冬收斋。

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摘　要

本文从语用调节论的角度研究中医诊谈活动类型中弱化现象的运作机制及动因。本文试图完成两个研究目标。一方面，本文试图解释中医诊谈互动过程中医生和病人如何使用弱化手段（如云南（汉语）方言中的“点儿”，“怕”，“可能”，“好像”，“听说”，“瞧瞧”，“嘛”等）来调节其诊谈互动，从而使双方的社会行为保持在最佳和谐状态。另一方面，本文试图回答：对中医诊谈活动中弱化手段的分析能在多大程度上支持语用调节论的基本假设和观点。

语用调节论，或作为一种语言调节理论的语用学（pragmatics as a linguistic regulation theory，简称 LRT），是本研究在综合前人从修辞学、语义学、社会语言学、语用学、跨文化/中介语语用学等语言研究路向对弱化现象的研究以及从人类学、符号学、心理语言学和哲学等角度对语言与人类社会行为间关系的思考的基础上提出的一种尝试性的语用学理论。语用调节论研究人们如何使用语言来调节其社会行为，从而使人类生活在社会行为层面保持最佳和谐状态。该理论认为，人类社会行为有两个相互矛盾但又相互依存的趋势——和谐与冲突。二者作为两个极点构成一个连续量表，语言的调节作用就表现为它使该量表的两极间保持有一种张力，使人类的社会互动在一般情况下总是处于一种介于和谐与冲突的最佳平衡状态。

语用调节论认为，语言对人类社会行为的调节发生于活动类型中，调节的基本单元是言语行为。作为构成活动互动的具体步骤，言语行为的实施是导致冲突的直接原因。活动互动在社会、物理、心理三个维度上展开，冲突也是由某一具体言语行为的实施和

三个维度上的相应活动限制所引发的。因而，语言的调节也在这三个维度上运作。调节的语言保证是语言在结构、语义、语用各层面上的变异性、协商性和适应性，其认知前提是作为人类认知自返性在语言使用过程中的体现的元语用意识（metapragmatic awareness）。

基于以上的考虑，本研究把弱化定义为一种语言调节手段或语用策略，其作用是通过减弱或消除活动互动过程中的各种冲突从而对该过程加以调节。具体说来，弱化就是说话人选择一个语言手段来减弱某一语用或互动参数，从而消除或减弱某一潜在或现实冲突的策略。由于冲突直接发端于言语行为，因而弱化手段也直接作用于言语行为。与冲突形成对应的是，弱化也作用于上述三个互动维度，并与三种和谐形成对应。

根据语用调节论的基本观点以及在此基础上提出的弱化分析理论框架，本研究分析了88个中医诊谈活动中的约780个弱化实例。本研究按诊谈互动的维度将上述实例分为社会、物理、心理三种类型，同时也根据各实例与相关言语行为的关系和功能对其进行了进一步的分类。分析表明，医生和病人都更倾向于使用内部弱化语，尤其是词汇/短语型弱化语来消除或减弱其互动过程中的各种冲突。此外，医生也会使用一些句法弱化语甚至是外部弱化语来取得某些弱化效果。同时，在互动过程的不同维度上，医生和病人都倾向于选择不同的语用参数来达到各自的弱化意图。这表明，按互动维度对弱化实例的分类是合理的。分析也表明，虽然医生和病人都同时弱化互动冲突、都同时参与对诊谈互动的调节，以维护和促进双方在各互动维度上的最佳和谐，但双方对弱化手段的使用在不同的维度上有不同的表现。在社会维度上，医生所用的弱化语无论在数量上或种类上都多于病人。这似乎可以说明，在中医诊谈活动类型中，医生虽然享有更多的职业权威，但却尽量不动用自己的权力，相反还对病人的面子给予更多的关注；而在物

理维度上，病人由于专业知识的欠缺又使用了更多的弱化手段；在心理维度上，虽然医生和病人所使用的弱化手段数量相近，但所有的手段都指向于由于病人的心理状态可能引发的种种心理冲突。这些发现既有利于我们理解中医诊谈活动中弱化的调节功能，同时也在不同的程度上证实了上述弱化分析理论框架的合理性。

本研究也在不同程度上支持了上述语用调节论的基本假设和观点。首先，作为语用学理论的研究对象，语言使用的目的是对活动的互动过程进行调节和管理，以使社会行为层面的冲突与和谐在社会、物理、心理各互动维度上保持在两极间的最佳平衡点上。本研究对中医诊谈弱化现象的分析表明，冲突和弱化手段的出现几乎呈伴随状态。其次，作为一种嵌入人类社会行为中的行为方式，语言使用发生于言语行为和活动互动两个层面上。本研究的分析可以在不同程度上表明，语用因素在这两个层面上表现得最为充分。再次，语言之所以能够调节人类社会行为是因为语言及其使用在结构、语义、语用三个层面上具有变异性、协商性和适应性。而且，上述对弱化运作机制的分析表明，语言调节过程同时也是语言使用者的元语用意识参与活动互动的过程。这或许可以说明，语言使用的认知基础之一是人类认知的自返性。最后，从历史上来看，许多语用学理论都在不同程度上涉及到了语言对人类社会行为的调节功能。这似乎表明，作为一种尝试性的语用学理论，语用调节论既吸收了其他语用学理论的合理成分，但在对语言使用过程的诸种现象进行解释时，又表现出自己独特的视角和研究路向。

本研究同时也表明，弱化是一种语言调节手段，语用调节论作为研究语言调节人类社会行为过程的一种语用学理论对弱化动态过程具有很强的解释力。这正好从某种程度上论证了本研究选题动因的合理性。

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Abstract

This research is a pragmatic study of verbal mitigation in TCM clinical interviews from an LRT (i.e. pragmatics as a linguistic regulation theory) perspective. Its aim is twofold. On the one hand, it specifically fathoms how doctors and patients mobilize such mitigating devices as "*diǎnr*"(点儿), "*pà*"(怕), "*kěnénfg*(可能), "*hǎoxiàng*"(好像), "*tīngshuō*"(听说), "*ma*"(嘛) and "*qiáoqiao*"(瞧瞧) in Yunnan Chinese to regulate their interview interactions and retain harmony of different kinds involved therein. On the other, it tries to answer: in what way do findings from the analysis of mitigation support the basic assumptions or ideas of LRT proposed by the author of this dissertation and demonstrate the relationship between the two?

LRT, a tentative pragmatic theory from which our conceptual framework of mitigation is developed, studies how people use language to regulate their social behavior and maintain or improve harmony of different kinds involved therein. According to this theory, human social behavior is characterized by two diverging but converging tendencies——harmony and conflict, which constitute a scale. Language use as a form of this behavior serves to maintain a tension between the two ends. Stated another way, language use is generally oriented to a normal state of harmony, but for some reason, it is often conflictive.

Arising directly from the performance of speech acts, these conflicts are interactional——speech acts are regarded in this theory as moves that constitute activity interactions. Since an activity interaction occurs along

three dimensions——physical, psychological and social, conflicts are assumed to operate on these dimensions and thus classified as such. Being metapragmatically aware of the possible threat of these conflicts to the progression of their activity interactions and the normal state of harmony, participants employ mitigating devices to weaken or defuse them along these dimensions.

In this framework, therefore, mitigation is regarded as a means of linguistic regulation and a pragmatic strategy. It serves to regulate an activity interaction by defusing or softening the conflicts therein. This it achieves by choosing a mitigating device to reduce a pragmatic parameter. Since the conflicts arise directly out of speech acts, mitigation operates directly on speech acts although its effect is interactional. As in the case of conflicts, mitigation is assumed to operate on the three dimensions of interaction and classified as such.

Using this framework, we analyzed a corpus of about 780 mitigators identified in 88 TCM clinical interviews. We classified these mitigators as physical, psychological and social, and analyzed each type in detail. The results showed consistently that both doctors and patients prefer internal mitigators, notably lexical/phrasal ones. Doctors tend to use some syntactic and even external devices. The analysis also indicated that doctors and patients are inclined to choose different pragmatic parameters to address different conflicts along different dimensions. This suggests that while working cooperatively to mitigate the interactional conflicts and regulate their interview interactions so as to maintain and develop different kinds of interactional harmony, doctors and patients behave in different ways, notably along the psychological and the social dimension——as emotively and socially powerful participants, doctors have more responsibilities to bear for both the patients and their interviews. These findings improve our

knowledge of the regulating function of mitigation in TCM clinical interviews and confirm our conceptual framework of mitigation.

The research has also led to findings supporting the basic assumptions or ideas of LRT. First, language use, the object of a pragmatic theory, serves to regulate and manage activity interactions and meanwhile maintain a physical, psychological and social equilibrium between the two ends of the scale, or rather at the social-behavioral level. Secondly, language use as an embedded form of human social behavior is realized locally as speech acts and globally as activity interactions. Thirdly, linguistic regulation of its matrix social behavior finds its expression in the structural, semantic and pragmatic variability, negotiability and adaptability of language and its use. Moreover, linguistic regulation as verified in the operation of mitigation is a process which involves language users' reflexive (metapragmatic) awareness in language use——it is cognitively based. Finally, many pragmatic theories, previous or current, have more or less approached language use in this way. These findings justify the theoretical necessity and validity of LRT as a tentative pragmatic theory.

Findings from this research also demonstrate the relationship between mitigation as a means of linguistic regulation and LRT as a pragmatic theory serving to explain the dynamic process of mitigation.

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