

# Language Change in Hungarian Health Insurance Vocabulary

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*The study summarises the most important results of a research completed in 2009. The theme of the diachronic investigation is the analysis of the formation and alteration of Hungarian health insurance vocabulary, while its aim is to describe the roots of health insurance terms and their word-formation processes, and to explore the causes of language change. The causes which generate new terms are analysed with the help of a new method and a corpus based on a new principle, which are also suitable for researching other languages for specific purposes. The results shed light on the etymology of the analysed terms, show the tendencies of term-formation processes, explore the system of internal and external reasons for language change, and demonstrate the features of the accelerated term-formation.*

**Keywords:** *language change, health insurance terms, term-formation processes, multiword terms, the cause system of language change, supplementary neologisms, outset – reason – output chain*

“To **understand** the beauty and grace of the present language we have to follow its history step by step as much as possible and explain it with **internal and external reasons**” (Károly 1970: 273).<sup>1</sup>

## 1. Introduction

The present Hungarian language contains several well-known **health insurance** terms which can be heard on television or read in newspaper articles every day. Health insurance is a relatively young and complex field of science. Its specific vocabulary has been untouched by linguistic research up to now.

The field is developing so fast that its vocabulary has been enriched by more than a thousand new terms during the last 120 years. Many of these terms have become common expressions, for example *egészségbiztosítás* (*health insurance*), *gyed* (*child care fee*), *vizitdíj* (*visit fee*), *kórházi kapacitás* (*hospital capacity*), *taj-szám* (*social security number*), *táppénz* (*sick pay*), etc. In other words it can be stated that many commonly used words have their origins in the vocabulary of technical languages.

Continuous **language change** which is generated by the alteration and development of health insurance system can be observed and studied in the vocabulary of the researched field.

This study summarises the most important results of health insurance vocabulary and is investigated diachronically.

In accordance with the aim of this research, that is the description and explanation of language change in health insurance vocabulary, the most important aspects of the analysis are the examination of the etymology of terms (4.1.), word-formation processes (4.2.), and the exploration of the reasons for language change (4.3.).

## 2. Aims and the corpus

The corpus that enables the investigation of these aims consists of approximately 100 laws – containing about 750 000 words – relating to health insurance. Legal regulation, which generates a *conscious language change from above*,<sup>2</sup> has a vital influence on the formation and alteration of health insurance vocabulary. Vocabulary changes can be observed and analysed in three periods of social security: the first period starts with the beginning of legal regulation of health insurance in 1891, the second concerns the socialist era and the third period deals with the post-socialist changes in the last 20 years. The periods of social security are as follows:

- The beginning of the legal regulation of health insurance (1891–1950)
- Socialist era (1950–1989)
- Post-socialist changes (1989–2008)

More accurate and objective explanation of change results from the **nature of the corpus**. All of the related laws and decrees passed between 1891 and 2008 have helped to create a **continuous and closed chain** which have preserved the typical language use of each period of social security. All changes can be detected from the beginning of legal regulation up to the present day. Consequently, the results are expected to reflect the real changes of the analysed vocabulary, which is one of the novel characters of this study.

## 3. Methods used for researching health insurance terms

The most typical health insurance terms have been selected from the corpus. Between 1891 and 1950 almost 500, and after 1989 about 800 terms were created. About 80 terms formed during socialism have been omitted from this evaluation. The reason for the small number of neologisms is that the social security system hardly changed at all between 1950 and 1989.

The characteristics and traits of terms were collected and analysed for each period of health insurance which include: the probable date of the first appearance of the term, the date(s) of its alteration, and its validity in the society (term of general or restricted use), the pattern of word-formation and the cause generating language change (see 4.3.1.). Data collection is followed by a summary of each period of social security.

## 4. Aims and the summary of results

### 4.1. *The etymology of terms*

The investigation of the roots of health insurance terms includes more aspects: the analysis of the scientific areas which make up health insurance (4.1.1.), the validity of terms in society (terms of general or restricted use) (4.1.2.), and the creation date of terms (4.1.3.).

#### 4.1.1. *An analysis of the scientific areas making up health insurance*

Besides health care and economic terms (Mészáros 2008) the vocabulary of health insurance laws contains legal terms and also a number of institution names. Consequently, health insurance terms based on their meanings are grouped into the *health care*, *economic*, *legal* or *public administration* layers of the vocabulary. The findings of this research reveal which scientific areas of health insurance were dominant before 1950 and after 1989.

Law was a well-developed field of science in the 19<sup>th</sup> century, subsequently between 1891 and 1950 the *legal* terms (58%) prevailed over sickness insurance vocabulary, while the *public administration* terms (18%) created the second most dominating layer.

The proportion of the different layers in health insurance vocabulary has changed after 1989. The most characteristic layer of the present health insurance is related to *economics* (37%), the second biggest part belongs to *law* (28%), and the third component is represented by *health care* (25%). *Health care economics*, the synonym of health insurance, describes the real feature of the field more accurately. Health insurance is also part of *health care law*. In summary, it can be concluded that both law and economics may lay claim to this field. Additionally health care would be unable to function without legal and economic regulations, which leads to the close intergrowth of these layers in health insurance vocabulary. The combination of these four areas has created the most typical terms of health insurance, e.g. *járulékfizetés* (*contribution payment*), *homogén betegségsoportok HBCs* (*diagnosis-related groups DRGs*), *táppénz* (*sickness benefit*), etc.

#### 4.1.2. *The validity of terms in society (terms of general or restricted use).*

Changes in vocabulary can be illustrated through the continuous alterations of the terms of general and restricted use. The terms of general use are presumably known by the adult speech community. The terms of restricted use consist of archaisms falling out of use and therefore are little used as well as neologisms which are becoming widely accepted (Kiss 2005: 39).

The terms selected from the corpus are regarded as neologisms which are not included in The Concise Dictionary of the Hungarian Language (1978). Archaisms are also defined with the help of the same dictionary.

The facts of research suggest that present health insurance has undergone a rapid growth in vocabulary since 1989: 83% of the terms (almost 800 neologisms) have become part of the vocabulary in the last 20 years, 11% of the present health insurance vocabulary was formed before 1945, while 6% was created during socialism.

The percentage of archaisms is 73% in the vocabulary formed between 1891 and 1989. **The acquisition and loss of vocabulary** formed between 1891 and 2008 is positive: 57% of the total number of health insurance terms are neologisms, 31% have become archaisms, 12% represent terms of general use (neither archaisms nor neologisms). As well as vocabulary growth almost one third of the terms die away, which indicates that vocabulary loss is also huge.

The rate at which terms become archaic can be observed in the four layers of the vocabulary: legal terms tend to become archaic at the slowest rate. On the other hand, the economic terms change and develop much faster than the other areas of health insurance vocabulary.

#### 4.1.3. *The creation date of terms.*

This aspect of research intends to find out more facts about the creation date of terms due to the little information concerning the origins of health insurance terms found in Hungarian etymological dictionaries. In general it is difficult or even impossible to find information concerning the first appearance of terms. However in most cases the first appearance of a new health insurance term is preserved by the act which introduced it. Some examples of the findings are shown in the following:

*Társadalombiztosítás* (*social security*) and *egészségbiztosítás* (*health insurance*) are key terms in health insurance vocabulary. The term *társadalombiztosítás* may have been created in 1928 (Act No 60). The neologism *egészségbiztosítás* was formed after the political changes of the late 1980s and appeared first in a 1991 act (No 84 of 1991) regulating the separation of insurance funds.

The majority of terms which build up the health care layer of health insurance vocabulary were formed after 1891. The developing vocabulary borrowed some of the words that were created by the Hungarian language reform: the word *segély* (*aid*) and a variety of compounds beginning with the *gyógy* (*therapeutic*) word was formed in the 19<sup>th</sup> century. The term *gyógyászati segédeszköz* (*therapeutical aid*) may have been formed in 1891 (Act No 14), the creation date of *gyógyszerellátás* (*pharmaceutical support*) is probably from 1927 (Act No 21).

The economic category involves terms expressing *funds*, *contributions*, *finance* and *capacity control*. The origins of the financial terms appeared mainly in the 19<sup>th</sup> century, e.g. *költségvetés* (*budget*) (1835, NyÚSz. = Dictionary of Hungarian Neology), *járulék* (*contribution*) (1828, TESz. = Etymological Dictionary of Hungarian). The word *alap* meaning *fund* must have been created much earlier than 1774 as the Etymological Dictionary of Hungarian states. Based on the findings of the research the creation date is probably prior to 1723 (Act No 94). Hungarian laws preserved the formation date of several financial terms which are not included in our etymological dictionaries, for example: *állami költségvetés* (*state budget*) (Act No 14 of 1876), *járulékfizetés* (*contribution payment*) (Act No 19 of 1907), *járulékkulcs* (*contribution rate*) (Act No 21 of 1927), etc.

The oldest term in the public administration layer, *bányatársláda* (*miners' fund*) was created in the Old Hungarian language period, probably in 1496. The terms describing the self-governing activities of fund administrations have enriched our vocabulary since the middle of the 19<sup>th</sup> century.

The origins of legal terms are dated back to the oldest times. The key words *jog* (*law*) and *rend* (*order*) appeared in the Old Hungarian vocabulary, from which many health insurance legal terms are derived. The word *jog* (*law*) was revived by the Hungarian neology (TESz.) and in the course of the 19<sup>th</sup> century a growing number of new legal terms were produced from it. Expressions deriving from *jog* (*law*) and several other legal terms coined by the Hungarian language reform served as a base for the creation of health insurance legal vocabulary after 1891: e.g. *igénybevétel* (*benefit use*), *igényjogosultság* (*entitlement*) (Act No 19 of 1907), *járulékfizetési kötelezettség* (*contribution payment obligation*) (Act No 21 of 1927), *igénybejelentés* (*claim submission*) (Act No 83 of 1997), etc.

#### 4.2. The most typical word-formation processes in each period of health insurance

One of the characteristics of the vocabulary changes is that word-formation processes do not stay equally productive in the periods of linguistic history, which leads to the hypothesis that typical word-formation processes can be different in the social security eras.

The research of the typical word-formation processes involve the following aspects: word-formation processes in health insurance vocabulary (4.2.1.), the types of single word compounds (4.2.2.), the number of words in multiword terms (4.2.3.), the types of two-word terms (4.2.4.).

##### 4.2.1 Word-formation processes in health insurance vocabulary

The word-formation processes of different sociolects can vary, for example some technical languages contain plenty of foreign words and calques (Benkő 1998: 231).

The research intends to show which word-formation processes are typical in health insurance vocabulary in different periods between 1891 and 2008.

The results demonstrate that the most prolific word-formation process is the creation of **multiword terms** in each layer of the vocabulary in every single period.

In linguistic studies written before 2003 the creation of multiword terms cannot be found among the word-formation patterns of Hungarian language. This word-formation process

even lacks a widely accepted name, despite the fact that the appearance of multiword terms is a characteristic phenomenon of the present Hungarian terminology. This special form of words is called *multiword lexemes* (*lexéma értékű szószerkezetek*) in the book “Mai Magyar nyelvújítás” (The present Hungarian language reform) (Minya 2003: 19). A major Hungarian terminological work states that the *multiword lexeme units* (*többszavas lexikai egység*) occur more frequently in technical languages than in standard Hungarian (Fóris 2005: 59).

This research prefers the name *multiword terms* to *multiword lexemes* or *multiword lexeme units* highlighting the fact that the analysis is restricted only to terms.

The order of the most frequent word-formation processes in the present health insurance vocabulary is the following: *multiword terms* (74%), *single word compounds* (21%), *acronyms* (2%). The rate of *foreign words*, *layering* and *clipping* altogether remains below 3%. (Most derived words alone are not specific health insurance terms, so derivation is not included in the analysis.)

The occurrence of *compounds* has risen (from 14% to 21%) since 1989 (see figure 1). Other researches also show that single word compounds have become more frequent in present Hungarian (Zsilinszky 2005: 812).

The first *acronyms*, which belong to the public administration layer, appeared in the 1930s in this vocabulary. The majority of acronyms are made from the names of insurance companies.

*Foreign health insurance terms* appeared after the political changes, although the rate of foreign words is lower than expected and represents less than 1% of present vocabulary. Many more foreign words entered present vocabulary from other fields of science according to the results of similar researches (Minya 2003: 30).

In a process known as *layering*, words developing new meanings e.g. *táppénz* (*sick-pay*), *finanszírozás* (*finance*), *kapacitás* (*capacity*) become part of health insurance vocabulary. A few examples of *clipping* can also be found in the present vocabulary: *tartalék* (*reserve*) and *alap* (*fund*).

#### 4.2.2. *The types of single word compounds*

The types of single word compounds formed during the last 20 years have been more varied than the ones created before 1950. The most frequent type of compounds is the *possessive compound* in the present vocabulary, while exocentric compounds used to be more typical. A study that summarises the features of word-formation processes in the present Hungarian also mentions the high occurrence of possessive compounds (Révay 2000: 79). Another research conducted in the Hungarian vocabulary of the last 20 years shows far different results (46% exocentric, 43% qualificative compounds). The reason for the difference is possibly due to the closed corpus of this research, which enables the accurate investigation of every compound.

#### 4.2.3. *The number of words in multiword terms*

Current Hungarian is characterised by the appearance of longer words that contain 4-5 or more syllables (Gerstner 2003: 148). This statement raises a question concerning this study: Also with respect to the increase in the number of syllables; do the multiword terms become longer? According to the results of this research the number of words making up multiword terms is increasing (Figure 1).

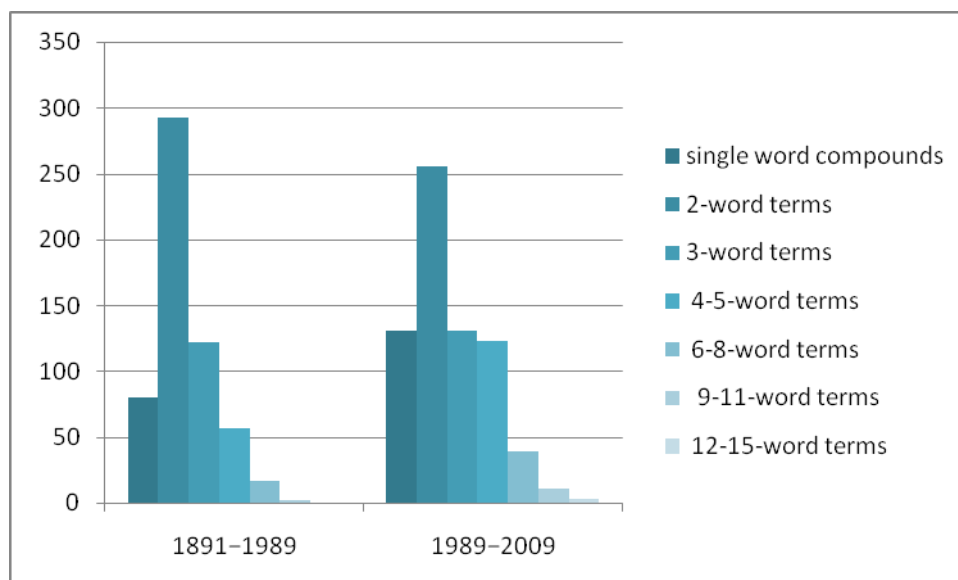


Figure 1 *The number of words in health insurance terms*

The bar graph represents all health insurance terms formed before and after 1989.

Multiword terms formed after 1989 contain more and more words. The terms consisting of 4-5 words have become quite common, the 6-8-word long terms occur more often, while terms longer than three words were rarely created earlier. The graph shows that the rate of single word compounds has become higher, and two-word terms are the most common, but their rate has become lower. Its reason is that many of the two-word terms turn to compounds.

#### 4.2.4. *The types of two-word terms*

In the vocabulary of the analysed field the rate of **two-word terms** is the highest, of which 70% are **qualificative**, 21% show possessive case. The **two-word possessive compounds** have an important role in language change, because many times their form is not preserved; sooner or later they become compounds: *járulék fizetése* (1891) – *járulékfizetés* (*contribution payment*) (1907).

#### 4.3 *The causes of language change in health insurance vocabulary*

The third most important aim of research is to explore which reasons are responsible for generating language change. **Language change** is interpreted by Jenő Kiss as the difference between the original and the altered forms of the linguistic phenomenon undergoing change. The original form is called **outset**, while the altered form is the consequence or **output**. This change is the subject of diachronic or historic research, while its aim is the description and explanation of the change (Kiss 2005: 13). This interpretation of language change is employed as a new **method** and used first in this research to detect reasons generating change (see 4.3.1.).

Lóránd Benkő suggests that the causes of language change join, bind and influence each other and create a complicated system. It is difficult, almost impossible, to describe their system and distinguish their types (Benkő 1998: 153). This study proves that it is not impossible to explore the complicated cause system of language change if there is a suitable **corpus** and an adequate method.

The corpus of this research is a body of data that contains the starting and the altered forms of each term, which enables to follow the **outset–output chain** to discover the cause of

each change and the cause system of changes. To achieve this goal this **corpus was built up on the principle of continuousness** and not that of quantity, which means that each law is linked to the next one creating a continuous chain from 1891 to 2008. For a corpus-based synchronic research usually the bigger the corpus is, the better it helps to achieve the aims of the investigation.

For a diachronic research it is essential to find a corpus based on this new principle without missing links in our deduction. One of the novelties of this research is that the corpus enables observation and analysis of the **system of changes** and not only of isolated phenomena.

#### 4.3.1 *The method of researching the reasons for language change*

Wardhaugh states that language change itself can not be observed, all that we can observe are the consequences of change (2010: 195).

The analysis of the reason generating change is based on the **comparison** of the *outset* and *output* (Kiss 2005: 63). This statement is applied first in this research in the following way:

The possible *cause* which could have played a role in changing the term is stated between the outset and output.

Outset: *járulék (contribution)* (1828, TESz.) term of general use

Cause (the cause of change): the necessity of naming a new notion

Output<sub>1</sub>: *a tagok járulékainak kulcsa* (1872) archaism

The process does not end at this point, because the output alters farther. Consequently language change can be demonstrated with the chain of the altered outputs. The cause responsible for the linguistic change is always shown between the outputs.

Cause: the creation of synonyms

Output<sub>2</sub>: *a járulék nagysága / mérve / százaléka* (1891) archaisms

*a járulék számítási módja / a járulék mértéke / kulcsa* (1927)

Cause: simplification (linguistic economy)

Output<sub>3</sub>: *járulékszázalék* (1907) archaism

*járulékkulcs (contribution rate)* (1927, 1928) term of general use

With the help of this method each question of the analysis can be answered: the cause creating the term, the creation date, the term-formation process and besides the validity of terms can be found.

The *outset – reason – output* chain in the case of each term is not included in this study, but the possible causes are summarized in chart 1.

#### 4.3.2. *The cause system generating language change in health insurance vocabulary*

Some of the causes generating change have already become well-known from several studies, e.g. *linguistic analogy* (Bynon 1977), *linguistic economy* and *redundancy*, a completely new word as a consequence, *simplification* (Kiss 2005), *semantic change* (Károly 1970), a *neologism by necessity* naming new concepts (Minya 2003), *synonyms* activated by the varied communicative purposes (Benkő 1988). This research reveals that the formation of *supplementary neologisms*, *type names* and *category names* are unexplored causes of language change. Furthermore previous studies investigated and classified only isolated phenomena and not all changes in the vocabulary through a century.

One of the novelties of this study is that the causes explored in former studies and the new ones create a system of causes which help to observe and understand the rules of the development of health insurance vocabulary or the terminology of other fields. This way more reasons generating change can be discovered and distinguished.

Health insurance terms are divided into the following groups according to the causes of change which created them:

- Naming a **new** concept, activity, institution, process, object, etc. The new term is labelled as **neologism by necessity**. (For example: *betegség esetén való segélyezés* ≈ *support in case of sickness*)
- One term is exchanged (**swap** of term) for another to make the vocabulary more accurate, e.g. *betegbiztosítás* → *egészségbiztosítás* (*sickness insurance* → *health insurance*)
- **Simplification**: most frequently a two-word term becomes a single word compound (*betegségi biztosítás* → *betegbiztosítás*), though longer multiword terms can easily turn simpler, too. Forming of acronyms can also be viewed as a type of simplification.

**Changes of systematisation**: the creation of **type names** and **category names**

- **Type names**: naming the type(s) of a new concept, activity, etc. For example, some *contribution* (*járulék*) types are *egészségbiztosítási járulék* (*health insurance contribution*) and *nyugdíjjárulék* (*pension insurance contribution*).
- **Category names**: some terms are grouped into a common category which is named at a later date, e.g. *egészségbiztosítási járulék* and *nyugdíjjárulék* terms are collected into the same group under the term *társadalombiztosítási járulék* (*social security contribution*).
- The fast **specialisation** of activities, concepts in the field of health insurance produces a huge number of new terms which *supplement the meaning* of neologisms by necessity. These new terms which can be called **supplementary neologisms** do not name completely new concepts. More supplementary neologisms can be linked to one neologism by necessity (Figure 2). For instance, *pharmaceutical provision* (*gyógyszerellátás*) means a new activity which is soon specialised by other activities creating more supplementary neologisms, i.e. *lakossági gyógyszerellátási feladat*, *gyógyszerellátó tevékenység*.

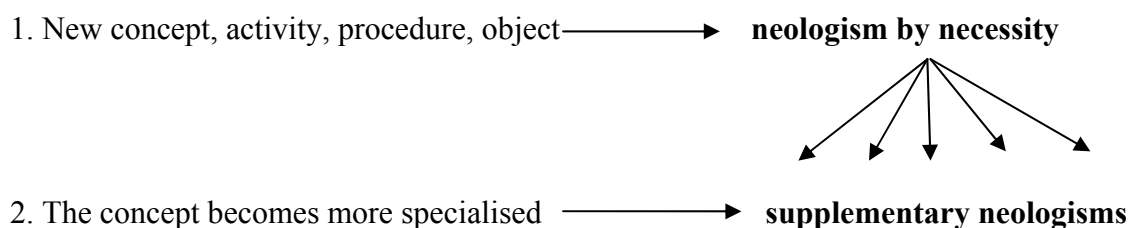


Figure 2 *The relationship of neologism by necessity and supplementary neologisms*

- The formation of **synonyms** can rarely be observed in health insurance vocabulary, even if there are two terms with the same meaning, one is used, while the other falls out of use (*mentőszállítás* → *betegszállítás*) (both terms mean *ambulance service*).
- A previously existing word becomes part of the vocabulary with an additional new meaning (**semantic change**), e.g. *kapacitás* (*capacity*).
- The power of **analogy** remakes words in the shape of more common forms. For example, the adjective *pénzbeli* is changed to *pénzbeni* (*in cash*) by analogy with *természetbeni* (*in kind*).



- The creation of the **Hungarian equivalent** due to the appearance of a foreign word in health insurance vocabulary (*case-mix index* → *esetösszetételi index*).
- The **integration** of borrowed terms: the process of changing the orthography of a foreign word to agree with the Hungarian language, e.g. (*ministerium, miniszterium, minisztérium*) (*ministry*).

Jean Aitchison distinguishes sociolinguistic and inherent causes of language change (Aitchison 2001). Jenő Kiss refers to the sociolinguistic causes as external factors and states that the causes generating language change can be distinguished as **external and internal factors** (Kiss 2005: 33).

Another finding of this study is that more types of the external and internal factors can be named: the appearance of *neologisms by necessity*, the formation of *supplementary neologisms* due to fast specialisation, the *swap of terms* making the vocabulary more precise, the *semantic change* and the creation of *synonyms* all belong to the reasons that come **out of the language system**. Human thinking organises the vast number of terms into a system creating *type names* and *category names*. Foreign words meaning new concepts can activate the birth of *Hungarian equivalents*.

The *simplification* (linguistic economy), *analogy* and *integration* can be classified as the **internal changes of the language system**.

#### 4.3.3. Summary of results: the cause system of language change

The factors generating language change are summarised in the analysed periods. Based on the data of the corpus the following chart represents the causes which generate language change in health insurance vocabulary.

Legend:

neologism by necessity = N, type name = T, synonym = S, supplementary neologism = SN, swap of term = ST, simplification = SI, category name = C, semantic change = SC, integration = I

cause	1891– 1950	1950– 1989	1989– 2009
N	203	15	178
T	140	15	153
SN	62	22	306
S	43	1	17
SI	32	7	53
ST	30	8	31
C	3	5	45
SC	1	1	7
I	0	0	1

Chart 1 Possible causes of language change

The data of chart are illustrated by the next bar graph (Figure 3).

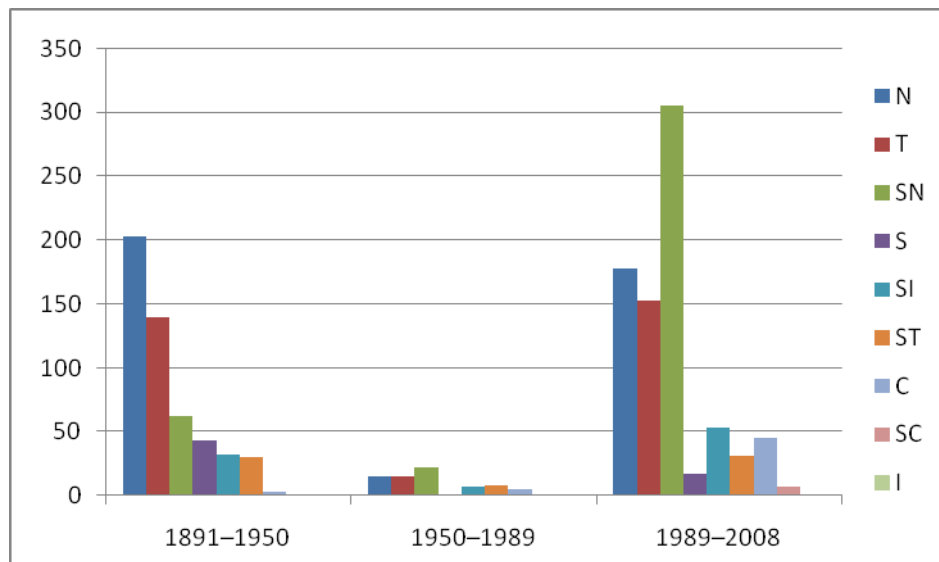


Figure 3 Causes generating language change in health insurance vocabulary

According to the summary of findings it can be concluded that **the frequency of causes responsible for language change altered also** between 1891 and 2008. The order of the factors responsible for the rapid vocabulary growth within the present health insurance vocabulary is the following:

- In the more and more specialised vocabulary **supplementary neologisms** have appeared which supplement the meaning of *neologisms by necessity* expressing new concepts, activities and procedures
- *Neologisms by necessity* naming new concepts, activities, etc.
- Changes of systematisation: the creation of *type names*, the appearance of *category names* among the vast number of terms
- *Simplification* (e.g. a two-word term becomes a single word compound)
- *Swap of term*

In the formation of the terminology before 1945 *neologisms by necessity* played the most important role, *type names* were in the second place and the third most often occurring element was the appearance of *supplementary neologisms*.

There is a distinctive difference in the development of health insurance terminology before 1950 and after 1989. The main reason for this change is the **accelerated term-formation** noticed in the last 20 years, which has produced tremendous new terms by attaching **more supplementary neologisms** to one neologism by necessity resulting from the rapid specialisation. This accelerated process can be observed even in rather new areas of health insurance, e.g. *capacity control* and *finance*.

Suddenly in one theme so many new terms have been produced that systematisation becomes a requirement: **category names** which group terms appear to be much more frequent in the present terminology than in the past. The formation of **synonyms** is not so common today as in 1950, while **naming types** is an important cause of the vocabulary formation in each period.

Between 1891 and 1950 language change took place more slowly than today, fewer terms were produced, but more synonyms, type names were formed, terms became more accurate due to simplification and old terms were changed to new ones. Supplementary terms were also linked to new terms but their number was not as significant as it is nowadays.

The cases of **linguistic analogy** are not listed in the summary table of causes. Simpler or sometimes more complicated forms can be created by analogy: e.g. the term *gyermekágysegély* (*gyermekágy* = *childbed*, *segély* = *benefit*) (1891) is changed to *gyermekágyi segély* (*confinement benefit*) (1907) by analogy with the qualificative two-word terms meaning other benefits. Another reason for changes, **linguistic economy** can be observed in simplifications and shortenings. An opposite process to linguistic economy is **redundancy** which results in a conscious language change and produces a variety of examples in health insurance vocabulary. Most often it is unnecessary to form further the simplified term which was created earlier: *járulékmérték* (*contribution rate*) (1992) – *járulékmérték szerinti százalék* (*contribution rate + percentage*) (1996). Redundancy causes an unwelcome change and should be avoided.

The vocabulary of the investigated field shows that **language change** is caused by the interplay, alternation and mutual influence of **external** and **internal factors**. Change is initiated by the necessity of naming a new concept or activity, and can be followed by further external causes: i.e. the appearance of more specialised concepts, the changes of systematisation, and synonyms. Among them the simplifications showing the finer movements of the language system based partly on analogy and linguistic economy may occur which further modify the new language element. Based on the results of the research the conscious language changes from above is directed by external linguistic causes at least in about 90%.

## 5. The features of the accelerated term-formation

The data help to define the features of the accelerated term-formation over the last 20 years:

- More terms are created.  
During 100 years about 600 terms were created until 1989, and almost 800 terms have enriched health insurance vocabulary in the last 20 years.
- Multiword terms consist of more and more words.
- The analogical change in term-formation has accelerated: i.e. two-word terms have become possessive compounds shorter, while this process used to take decades. Single word compounds were usually created from multiword terms, nowadays many are produced without any previous forms.
- The largest type of new terms called *supplementary neologisms* appears sooner in the vocabulary. Vocabulary is formed and specialised faster.

Another observation can be added to the results: each phenomenon affects the whole system, e.g. the most frequent possessive compound formation could be resulted from the accelerated analogical changes and the shortened simplification process.

Besides other novelties such as the nature of the corpus, the outset–reason–output chain as a new method, this research has developed a new set of motives for linguistic change to be able to better understand the mechanism of the internal and external causes of language change and to describe more features of the accelerated term-formation.

The results pose further questions, the most interesting of which is the comparison of the conclusions with the vocabulary changes in other fields. It is worth considering whether these changes show the tendencies of the standard language changes.

## Notes

<sup>1</sup> Translated by the author.

<sup>2</sup> *conscious language change from above* – a linguistic change innovated by a higher social class (Wardhaugh 2010: 216)

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