

## SPECIAL TYPE OF MEDICAL SPEECH IN THE COMMUNICATION PROCESS

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**Abstract:** Linguistic personality as an object of linguistics theory has been in the attention of many private scientific fields related to today's linguistics, such as functional stylistics, speech culture, rhetoric, pragmalinguistics, psycholinguistics, cognitive linguistics, sociology, ethnolinguistics, linguistics, text linguistics. It is known that language is the main tool in human learning. Therefore, personality-related research cannot be outside of linguistics or without personality in the study of language.

**Key words:** cognitive linguistics, sociology, pragmalinguistics, linguapragmatics, conceptualization, medical field.

### ОСОБЫЙ ВИД МЕДИЦИНСКОЙ РЕЧИ В ПРОЦЕССЕ ОБЩЕНИЯ

**Аннотация:** Языковая личность как объект теории языкознания находится в центре внимания многих частных научных направлений, связанных с современным языкознанием, таких как функциональная стилистика, культура речи, риторика, прагмалингвистика, психолингвистика, когнитивная лингвистика, социология, этнолингвистика, лингвистика, лингвистика текста. Известно, что язык является основным инструментом в обучении человека. Поэтому личностные исследования не могут быть вне языкознания или без личности в изучении языка.

**Ключевые слова:** когнитивная лингвистика, социология, прагмалингвистика, лингвопрагматика, концептуализация, область медицины.

### INTRODUCTION

In general, the type of communication is characterized by gestures other than verbal speech, formulas of speech rules specific to each social stratum, having a unique style, expressiveness.

A characteristic feature of the emphasized type of communication can be observed in medical discourse. Medical discourse includes communication between doctor-patient, staff working in a medical institution, verbal and non-verbal speech of students and teachers studying at a medical university. In medical discourse analysis, as in other discourses, the principles of politeness are widely emphasized.

A tradition focused on pragmatic analysis in linguistics arose in connection with the language philosophy of Austin (Austin, 1962; 28), Grice (Grice, 1985; 65) and Searle (Searle, 1969; 31). Pragmatics refers to how language is used in the text and the understanding of the speaker and the listener about the meaning of a particular speech unit and the analysis of the content of the response given to it. Pragmatic analysis is closely related to sociolinguistics. That is why the analysis of representatives of certain fields is important for both sociolinguistics and linguapragmatics. These linguistic directions also focus on speech analysis of representatives of particular fields.

### MAIN PART

Representatives of certain fields can include politicians, medical workers, military personnel, and so on. Researching the speech of persons belonging to the field of medicine as a separate medical discourse is related to these conditions. S. in the field of doctor-patient communication. The politeness model developed by Levinson (Levinson, 1987; 139) and E. The

conceptualization of "face-to-face communication" developed by Goffman (Goffman, 1967; 33-48) is important in the analysis of medical discourse.

In some studies dealing with the field of medical discourse, nurse-patient discourse (Spiers, 1998; 74), pediatric discourse (analysis of three-way communication exchange between doctor-parent and child) (Aronsson, Rundström, 1989), analysis of verbal games in hospital wards (Grainger, 2002; 75) and focus on the "face-to-face" interactions of patients with the demands of medical practice.

Politeness is important in communication in every field. Non-verbal communication also plays an important role in expressing politeness. For example, a terrible mood or excessive seriousness in the facial structure can cause caution and distrust in the conversation. The means of expressing politeness is reflected not only in verbal speech, but also in various non-verbal actions - smiling, smiling, remaining silent when necessary, etc.

It is interesting to note that silence sometimes serves as a demonstration of a person's education and politeness. A smile is a personal expression of courtesy and interest. V.E. Goldin notes that smiling is a completely natural, biological expression of emotion. Because people from different cultural regions use "laughter" in the same way, although smiling and laughing have different meanings (Goldin, 1995; 32).

## DISCUSSION AND RESULTS

The expression of politeness is one of the important indicators of every ethnic group, nation or culture. For example, Americans are distinguished from other cultures by having a wide, "bright" smile. In European nations, a smile is not always accepted in the same way. Therefore, their way of smiling can be expressed in a not very bright way. However, no matter how different a smile is, they all focus on improving communication, ensuring effective communication. Of course, first of all, the communicative situation and the purpose of communication are important.

Verbal and non-verbal components of the communicative situation must be coordinated with each other and follow the rules established by society. It is worth noting that "in the process of formation of linguistic signs with purposeful content, the influence of social base and social idiom on words and sentences is important" (Grays, 1985; 36). This, in turn, is related to the formation of speech culture. Although many studies have been conducted on the social aspects of speech culture, there are issues that are important to be researched on the social, cultural, and national cultural aspects of speech and communication related to a particular field. These include medical discourse.

Discourse is understood as a cognitive mechanism that forms a linguistic sign, as a product of the cognitive-communicative process, and also as a result of metalinguistic activity of society (Alekseeva L.M., Mishlanova S.L., 2002; 88). Discourse, in turn, is interpreted as a verbal mediating activity of a linguistic person in a certain field. A scientific discourse is formed in the process of mastering the activity in the specified field. Therefore, a professional linguistic person can master almost all types of discourse (simple, practical, professional, scientific). The type of discourse is determined by the level of expression of the following parameters:

- a characteristic of the discourse related to the situation, that is, specialization in a certain field / activity in the profession;
- special information of discourse participants;
- mastering the meaning of the term.

Taking into account these criteria, we evaluate simple sentences as speech, which requires communication situation, special knowledge, understanding of the meaning of the term. For

practical discourse, the situation of communication, the formation of the term is of great importance.

In other words, this discourse can be referred to as a discussion of language speakers who do not have special knowledge in a certain field, but are involved in this field in most cases, participate in discussing (or solving) problems related to certain issues (for example, in medicine, it is the speech of patients).

Medical discourse is monologue-like, dialogue-like, and the interlocutors' speech is determined by medical considerations and opinions, as well as social and moral rules. This includes medical knowledge, medical culture and the concept of "speech culture" through adherence to it. In general, the speech culture has a speech style and social status characteristic of each ethnic group. The choice of a speech expression, the choice of a methodological tool largely depends on the activity of a person in society.

Since certain speech formulas are usually repeated a thousand times in many speech situations, "ethical stereotypes of speech, methods of oral speech, include certain formulas of oral communication. In this, we do not reproduce the formulas that are necessary for us in the situations that are necessary for our communication, we use them as a means of our chosen goal. , we form our discourse strategy" (Isseris, 1999; 20).

As a result, the choice of a certain type of communication depends on a number of parameters that describe a certain communicative situation and determine the relevance of such speech behavior. These parameters are carried out at a number of linguistic levels related to speech culture:

- sociolinguistics - the issue of social roles of participants in communication is considered;
- stylistics - the stability of the choice of certain speech formulas and the frequency of their use depending on the type of communication;
- psychological linguistics - an approach to issues of mutual relations between interlocutors;
- pragmatic linguistics - effective use of language and speech units where appropriate.

The most commonly used complex linguistic phenomenon in the formulation of conversational rules is the exchange of social information. In the process of using this formula, we use relatively simple speech acts: welcome, we have a complaint, thank you, accept my apology, congratulations, etc.

In medical discourse, doctor-patient communication takes place within two main traditions. In this regard, Cohen Kohn and R. Neighbor suggests that as a result of data collected based on their sociological questionnaire (Cohen-Cole, 1991; Neighbor, 1987); First, communication is emphasized as a way to promote patient satisfaction and healing (Burgoon, 1991; Roter, 1987) and ultimately lead to patient recovery.

Burgoon, 1991; Roter, 1987) and ultimately lead to patient recovery. On the other hand, the linguistic (or micro-analytical) tradition emphasizes the existence of different aspects (gender, age, social status, etc.) that affect the communicative strategy and communication style used during the conversation between the doctor and the patient (Blanchard, 1988; Charon, 1994; Fisher). , 1995; Todd, 1986 ;). We do not think that it is appropriate to accept these two traditions related to the interaction between the doctor and the patient as a universal phenomenon. Because it is necessary to study the interaction of doctors and patients with the help of analytical and micro-analytical analysis.

The research of medical communication by linguists focuses on the selection of linguistic units in the communication process, the cognitive bases of speech and the national-cultural, linguistic, syntactic-semantic composition of speech.

Beach noted that when physicians respect specific patients, they have a positive effect on the treatment process when patients are able to understand this and have access to additional information (Beach, 2006). For example:

**Doctor (F):** So, Roger, tell me what you see in this x-ray.

**Student (M):** Hmm, let's see. Well, there appears to be a fracture of the left tibia.

**Doctor :** That's right. Can you identify the type of fracture?

**Student :** It doesn't look too serious. I'd say that's a pretty standard stress fracture.

**Doctor :** Are you sure? Maybe you should take a closer look.

**Student :** Is that wrong? It's not comminuted, is it? I don't see multiple bone fragments.

**Doctor :** No, it's not comminuted. You're right about that.

**Student :** Then I don't know. What am I missing?

**Doctor :** Can you see how the bone is slightly displaced?

**Student :** Where? Oh, I see that now. Of course!

**Doctor :** So what do we do before the bone starts healing?

**Student :** We'll need to realign the bone so that the two parts connect in the right place.

McWhinney and colleagues at the University of Western Ontario proposed a "modified clinical method" to replace the traditional structure of medical history analysis (McWhinney, 1989). Accordingly, this approach, which requires physicians to understand their patients and their experiences as well as their illnesses, has been termed "patient-centered clinical interviewing" to distinguish it from the "physician-centered" approach.

In this approach, the patient's illness is not interpreted only from the point of view of traditional disease and pathology, but the patient's emotions, psychological state, and attitude to his illness are studied (Stewart, 1995, 2003; Stewart, 2001). Of course, the term "patient-centered" can be misinterpreted from the analyst's point of view, but it was not the authors' intention to promote this approach. This is the result of their research process.

Byrne and Long (Byrne P., Long B., 1976; 114) describe the stages of the doctor's speech obtained during their research in the following schematic form:

In fact, questions in the process of communication between a doctor and a patient are not an exclusive form of speech used by doctors to obtain information, but are considered among the speech strategies used to determine the psychological state of the patient, to study the patient's attitude towards the disease, and, if necessary, to change the patient's opinion in a positive direction. That is why experienced doctors have studied the psychological state of patients, their desire to communicate, their mood during the communication process and always try not to use direct questions.

### CONCLUSION

The conditions for the development of the empathic component of the communicative culture of the medical worker in the medical discourse depend on conceptual realization, mastering the methods of listening by the medical worker, analyzing the conversations between the medical worker and the patient; introduction of comprehensive language tools into the practice of medical communication (synonyms and antonyms are used according to the situation); includes the development of extralinguistic aspects of nonverbal communication.

Medical speech refers to speech activity related to the doctor and the patient. Medical discourse has entered the system of institutional discourse and has its own universal and special features. It is considered as a form that combines a number of primary and secondary genres.

#### REFERENCES

1. Alekseeva L.M., Mishlanova S.L. Medical discourse: theoretical and principled analysis. – Perm: Izd-vo Perm. flour, 2002. - 200 c.
2. Austin, J. L. *HowTo Do Things With Words*. Oxford: Clarendon Press. 1962. -174 p.
3. Aytmuratova Perkhan Genjebaevna, Esanova Maftuna Bakhadirovna THE IMPORTANCE OF TEACHING LATIN IN MEDICAL SCHOOLS, 2022/12/17, *Thematics Journal of Education*
4. Byrne P., Long B. *Doctors Talking to Patients: A Study of the Verbal Behaviour of General Practitioners Consulting in Their Surgeries*: H. M. Stationery Office, 1976. -194 p.
5. Charles C., Gafni A., Whelan T. Shared decision-making in the medical encounter: What does it mean? *Social Science and Medicine*, 44, 1997. –P 681–692.
6. Cicourel A. V. The interaction of cognitive and cultural models in health care delivery. // *Talk, Work and Institutional Order. Discourse in Medical, Mediation and Management Settings*. Berlin: Mouton de Gruyter. 1999. –P 183–224.
7. Cohen-Cole S. A. The biopsychosocial model in medical practice // In A. Stoudemire (Ed.), *Human Behavior: An Introduction*. Philadelphia: J. B. Lippincott. 1994. –P 3–30.
8. Cordella M. Apologizing in Chilean Spanish and Australian English: A crosscultural perspective. *Australian Review of Applied Linguistics, Series S (7)*, 1990. –P 66–92.
9. Coupland J., Robinson J., Coupland N. Frame negotiation in doctor–elderly patient consultations” // *Discourse and Society*, 5, 1994. –P 89–124.
10. Daly M., Hulka B. Talking with the doctor, 2. *Journal of Communication*, 25 (30), 1975. –P 148–152.
11. DiMatteo M, Hays R., Prince L.M. Relationship of physicians nonverbal communication skill to patient satisfaction, appointment noncompliance and physician workload. *Health Psychol.* 5(6): 1986. –P 581–94.
12. Du Bois J. Transcription design principles for spoken discourse research. *Pragmatics*, 1, 1991. –P 71–106.
13. Edwards M, Davies M, Edwards A. What are the external influences on information exchange and shared decision-making in healthcare consultations: a meta-synthesis of the literature. *Patient Education and Counseling* ;75(1): 2009. –P 37-52.
14. Eide H., Sibbern T., Egeland T., Finset A., Johannessen T., Miaskowski C., Rustoen T. Fibromyalgia patients communication of cues and concerns: interaction analysis of pain clinic consultations. *Clin J Pain.* 27(7): 2011. –P 10-602.
15. Fairclough N., Wodak R. Critical discourse analysis. In T. A. van Dijk (Ed.), *Discourse as Social Interaction* (pp.). London: Sage. 1997. –P 258–284.
16. Fisher S., Groce S. Accounting practices in medical interviews. *Language in Society*, 19, 1990. –P 225–250.
17. Fleischman S. *Language and Medicine //The handbook of discourse analysis*. Malden, MA: Blackwell, 2001. –P 470–502.
18. Forbes K., Cordella M. The role of gender in Chilean argumentative discourse // *International Review of Applied Linguistics in Language Teaching*, 37, 1999. –P 277–289.

19. Giacconi J. El sistema de salud chileno. Boletín Escuela de Medicina, Pontificia Universidad Católica de Chile, 23, 1994. –P 6–9.
20. Goffman E. The interaction order. American Sociological Review, 48, 1983. –P 7–17.
21. Shodikulova A. Z. The text is about the phenomenon of cohesion //academia Globe: Inderscience Research. – 2021. – T. 2. – №. 05. – C. 229-232.
22. Karimovna , Y. S. . (2022). The linguistic environment in the field of medical communications. *Eurasian Journal of Academic Research*, 2(2), 143–147.
23. Yorova Sayora Karimovna, Social-cultural characteristics of Uzbek and International Journal on Integrated Education, e-ISSN : 26203502 p-ISSN : 26153785.
24. Yorova Sayora Karimovna European Journal of Research and Reflection in Educational Sciences Vol. 8 No. 4, 2020 ISSN 2056-5852 Progressive Academic Publishing, UK Page 18 www.idpublications.org communicative competence of a specialist– Assistant of the Chair Samarkand State Medical Institute.
25. Annals of R.S.C.B., ISSN:1583-6258, Vol. 25, Issue 3, 2021, Pages. 7001-7010Received 16 February 2021; Accepted 08 March 2021.http://annalsofrscb.ro7001Foreign Language Teachers intheSystem ofPublic EducationGazieva Shakhnoza Abduvasievna,Babaeva Dilbar Habibdjanovna,Yorova Sayora Karimovna,Khayrullaev Yusuf Sobir ugli,Bozorov Shokhruz Askarjon ugli,NasreddinovaFarzona Shukhratovna
26. Social-cultural characteristics of Uzbek and English medical speech Yorova Sayora Karimovna, An English Teacher of the Department Languages, Samarkand State Medical Institute, E-mail: [sayora.yorova79@mail.ru](mailto:sayora.yorova79@mail.ru) International Journal on Integrated Education, e-ISSN : 26203502 p-ISSN : 26153785
27. ELECTRONIC JOURNAL OF ACTUAL PROBLEMS OF MODERN SCIENCE, EDUCATION AND TRAINING OCTOBER, 2021-10/1. ISSN 2181-9750 http://khorezmscience.uz 56 UDC: 808.1.387.879 USAGE OF SPEECH ACTS IN THE ENGLISH AND UZBEK MEDICAL SPEECH Yorova Sayyora Karimovna Lecturer, Department of Languages Medicine and Education faculty Samarkand State Medical Institute
28. Ilhomjonovna S. K., Parvina O. Structural-Morphological Characteristics of Binary Tautologisms //International Journal on Orange Technologies. – 2020. – T. 2. – №. 12. – C. 23-28.
29. Anatolyevna F. M., Kamariddinovich S. K. SYNONYY IN ENGLISH MEDICAL TERMINOLOGY //Euro-Asia Conferences. – 2021. – C. 21-23.
30. Sharipov B. RETSIPROKLIK XUSUSIDA MULOHAZALAR //Zamonaviy dunyoda ijtimoiy fanlar: Nazariy va amaliy izlanishlar. – 2022. – T. 1. – №. 19. – C. 63-66.