

## MEANS OF ESTABLISHING CONTACT WITH THE PATIENT IN MEDICAL DISCOURSE

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### Annotation

Medical discourse studies communicative activities related to the topic of life and health of people, and deserves special attention from the point of view of anthropocentric and functional linguistic approaches, since the analysis of various types of linguistic interactions covers both professional communication between specialists and the interaction of a specialist and a patient, while the latter is at the same time the main object and subject of medical care. In this article, the problem of researching professional discourse is closely related to the process of multilevel research of English for specific purposes within the framework of the cognitive-linguistic approach.

**Keywords:** medical discourse, professional speech, cognitive linguistics, anthropocentrism, lexicography, conceptual metaphor.

### Аннотация

Медицинский дискурс изучает коммуникативную деятельность, касающуюся темы жизни и здоровья людей, и заслуживает особого внимания с точки зрения антропоцентрического и функционального лингвистического подходов, поскольку анализ различных видов языковых взаимодействий охватывает как профессиональное общение между специалистами, так и взаимодействие специалиста и пациента, при этом, последний является одновременно основным объектом и субъектом медицинской помощи. В этой статье изучена проблема исследования профессионального дискурса тесно связана с процессом многоуровневого исследования английского языка для специальных целей в рамках когнитивно-лингвистического подхода.

**Ключевые слова:** медицинский дискурс, профессиональная речь, когнитивная лингвистика, антропоцентризм, лексикография, концептуальная метафора.



## Introduction

The social role of medicine has been the subject of extensive public discussion over the past years, since the ongoing reforms in the health care system (an institution directly related to the life of society and each person), although they made it possible to solve some urgent problems, they also gave rise to new problems.

The aim of this article is to analyze the extensive empirical material and identify the most significant cognitive and linguistic features of modern English medical discourse.

The leading function of speech etiquette is considered to be contact-establishing. This function belongs to the field of medicine and is possible only with contact communication. "The inclusion and maintenance of speech contact with the interlocutor is carried out precisely with the help of a unit of speech etiquette. An extensive network of appeals, greetings, information about life, affairs, health - all this variety of initial phatic replicas regarding the text of communication and all possible options for maintaining the context in a way accepted in society serve this function of speech etiquette". In the situation of doctor-patient communication, the contact function consists in the choice of language means for establishing, maintaining and strengthening individual contact. It should be noted that the doctor does not always have enough free time to implement the contact-setting function as efficiently as possible. Both the doctor and, of course, the patient suffer from this. Therefore, it is very important to use the full range of non-verbal means of communication as much as possible. The material for our study was the recording of dialogues between a doctor and a patient, in which the time allotted for one patient ranges from 30 to 60 minutes. And professionalism and a high cultural level make it possible to use the possibilities of the language to the maximum.

Researchers of speech etiquette note the ability of speech etiquette to combine a standard and a creative choice. Our material confirms this opinion of scientists. Indeed, the doctor's speech etiquette is implemented in standard situational speech formulas (standard situations, standard expressions and speech actions) and non-standard speech formulas, i.e. associated with the etiquette habits of the speaker, with the content and purpose of his speech.

Formal (*Hello, How do you feel?*) and informal (*Are you Nadya? My daughter's friend?*) speech formulas typical for the beginning of the dialogue are used by the doctor at the same time, which could be considered verbal excess. However, the

functions of these phrases are dissimilar, and therefore, the need for their use is obvious. The first Hello doctor is a response to the greeting of an incoming patient, i.e. a demonstration of politeness in an applicable situation, in fact, a faceless standard symbol that speaks of a formal manifestation of courtesy on the part of a doctor. The use of precedent text sets the tone of communication, emphasizes the kinship of relationships, which will create a particularly trusting relationship. Taking into account the stylistic coloring in our materials, we can distinguish between official and unofficial etiquette formulas. When studying etiquette formulas in the doctor-patient communication system, we identified three aspects of their functioning in speech:

- 1) Formulas for the beginning and end of the conversation (hello, goodbye);
- 2) Maintaining a dialogue (please, thank you);
- 3) Genre representation of the main groups of speech etiquette (request, advice, recommendation).

Starting to communicate with the patient, the doctor must immediately establish contact with the patient, determine the general tone of the conversation. Units of speech etiquette help to establish favorable contact with the patient, arrange him for yourself, and maintain the desired tone of communication.

There are given some examples and to analyze how well-known medical concepts are presented in dictionaries. Take, for example, the word "*headache*". The Cambridge Dictionary for Advanced Learners presents this block as "a pain you feel inside your head: *I've got a headache*" literal and figurative "something that causes you great difficulty and worry:

*Finding a babysitter for Saturday evening will be a major headache.* [Cambridge Advanced Learner's Dictionary, 2005, pp. 590].

The Longman WordWise Dictionary contains the following definition: "a pain in your head", followed by the example "*I've got a terrible headache*" [Longman WordWise Dictionary, 2007, pp. 274]. The Longman Dictionary of English Language and Culture defines "*headache*" in its direct meaning: "a pain in the head:

*"I always get headaches after reading. I've got a bad headache"*

And figuratively: "a difficult or worrying problem:

*Trying to make the children eat is one big headache!* [Longman Dictionary of English Language and Culture, 2008, pp. 644].

The dictionary of medical terms contains the following definition: "a pain in the head, caused by changes in pressure in the blood vessels feeding the brain which

act on the nerves. Also called “*cephalalgia*” [Dictionary of Medical Terms, 2008, pp. 171]. Thus, despite the fact that one of the most important features of terms is their semantic uniqueness due to meaning and expression, the use of analogues of Latin or Greek origin is inherent in medical terminology. Another very important point is that a dictionary entry can often be accompanied by a comment that indicates the nature and types of the disease (in our case, a headache):

*“Headaches can be caused by a blow to the head, by lack of sleep or food, by eye strain, sinus infections and many other causes. Mild headaches can be treated with analgesic and rest. Severe headaches which recur may be caused by serious disorders in the head or nervous system”.*

### Conclusion

In conclusion, it should be noted that the functional linguistic approach is closely related to the cognitive and conceptual analysis of language, since the latter implies a close interaction between language and thinking, and also indicates an anthropocentric approach to the process of research in the field of language and thinking. The role of conceptualization, including conceptual metaphorical representation in medical discourse, is extremely important from a cognitive-pragmatic point of view. The use of cognitive metaphors helps to achieve certain communicative goals in these aspects of human interaction, as well as to model the formation of a certain worldview, carrying out cognitive activities in relation to the assimilation and processing of information, as well as the acquisition and creation of new knowledge and skills that are subject to accumulation for the development of individuals and the human community as a whole. The allegorical representation of medical concepts is a series of functions for the transfer of information of a special kind, due to the discourse of specific features.

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