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A PRAGMATIC APPROACH TO THE DESCRIPTION OF MEDICAL DISCOURSE

Asia International University

Lecturer of the Department

of Uzbek and Russian Philology

PhD in Philology

Yunusova Maftuna Shokirovna

Abstract: This article examines the essence of speech communication as a complex and dynamic system from the perspective of pragmatic linguistics. In particular, the pragmalinguistic, psycholinguistic, and sociolinguistic features of medical discourse are analyzed, and the institutional and personal aspects of "doctor–patient" communication are revealed. The study substantiates the main functions of medical discourse, including information delivery, cognitive impact, ensuring communicative interaction, and serving therapeutic purposes. Special attention is paid to the role of mitigating linguistic devices in medical discourse (such as euphemisms, periphrasis, politeness strategies, expressiveness, and others), their influence on the patient's psychological state, and their close connection with medical ethics and deontology. The article also highlights the scientific and everyday (colloquial) types of medical discourse, its discursive features as an institutional form of communication, and the importance of communicative strategies and tactics in doctor–patient interaction. The results of the study demonstrate the necessity of investigating medical discourse within the framework of a cognitive-pragmatic approach.

Keywords: medical discourse, pragmalinguistics, psycholinguistics, sociolinguistics, speech communication, institutional discourse, doctor–patient interaction, mitigating linguistic devices, medical ethics, deontology, discourse, cognitive features, communicative strategy, linguotherapeutic orientation.

It is well known that speech communication is a dynamic system formed through the interaction of numerous national, ethnographic, social, philosophical-cultural, moral-aesthetic, historical, everyday, and psychological factors manifested through linguistic units. Thus, pragmatic linguistics studies humans as both subjective and objective entities. Indeed, it is impossible to analyze subjectivity and objectivity in speech separately, as the system is characterized by integrity and systemic unity. Consequently, the essence of speech activity is revealed only when it is studied in connection with psychological, physiological, social, spiritual, and cultural systems inherent to human beings, which allows for an objective evaluation of speech as an individual phenomenon.

In modern linguistics, increasing attention is being paid to the classification and study of the pragmalinguistic features of medical discourse. Medical discourse is examined from pragmalinguistic, psycholinguistic, and sociolinguistic perspectives. Several definitions of this phenomenon are presented below.

L. S. Beilinson defines medical discourse as "a multifaceted communicative formation whose system-forming features include its goals, speech participants (doctor and patient), and the sociocultural conditions of communication."

S. I. Madzhaeva describes medical discourse as "a set of verbal and nonverbal structures used in communication to perform therapeutic and preventive functions and possessing specific pragmatic characteristics," and classifies its functions as follows:

- of social experience;
- transmission informational;
- cognitive;
- creative;
- communicative;
- regulatory functions;
- focusing on objectivity or, conversely, mitigating asymmetry.

According to S. I. Madzhaeva, when speaking about the cognitive features of medical discourse, it possesses universal principles of speech such as dynamism, sociality, integration, dialogicity, integrity, contextuality, coherence, intentionality, and situational regulation. V. V. Zhura, in turn, defines the key characteristics of oral discourse as dialogicity, structure, clarity, intertextuality, intellectuality, and psychology.

N. V. Goncharenko highlights such distinctive features of medical discourse as the communicative and social status of participants, specialized lexical composition (terminology), linguotherapeutic orientation, and core speech characteristics.

V. B. Kurilenko emphasizes that the structure and content of medical discourse, aimed at demonstrating the professional culture of medical specialists, are determined by its ethics, moral values, norms, and the goals and objectives of the social and educational sphere. From this perspective, medical discourse becomes an object of study for speech culture, sociolinguistics, and psycholinguistics.

Based on the definitions above, the specific features of medical discourse can be summarized as follows:

Medical discourse addressed to patients is characterized by the active use of mitigating linguistic devices.

Means of mitigation include politeness strategies, diminutives, expressive coloring, euphemisms, and periphrasis, which represent various functional and semantic categories.

The function and semantic scope of these units are interrelated. The frequent use of mitigation strategies in medical discourse serves as the foundation for successful communication, helping to reveal the patient's psychological world, motivational needs, character traits, and individual typological features.

A distinctive feature of mitigating devices in medical discourse is their multifunctionality, which results from the combination of linguistic and extralinguistic factors and enables them to perform several functions simultaneously.

Effective use of mitigating linguistic devices is one of the general professional duties of medical personnel and is grounded in medical ethics and deontology. In medical terms, ethics and deontology represent a doctrine concerning the legal, professional, and moral obligations and behavioral norms of medical professionals toward patients. Deontology also regulates relationships between medical staff and patients' relatives, as well as interactions among colleagues within the medical community.

In some cases, the inappropriate use of medical terminology may aggravate or prolong illness, cause painful side effects, or even provoke suicidal tendencies in patients with mental disorders. Furthermore, the development of market relations in society, the expansion of paid medical services, the growth of business relations, and the increase in medical advertising contribute to the rising incidence of diseases.

Medical discourse can be classified into scientific and everyday types. Scientific medical discourse is realized in professional communication among medical personnel and includes conference presentations, meetings, and reports. In contrast, everyday medical discourse involves informal communication among medical workers and their daily conversations with patients on various topics. In everyday medical communication, information related to disease history, treatment, folklore elements, medical narratives, legends, and similar materials is conveyed. Its distinguishing features include the communicative, social, and psychological state of participants, with medical terminology serving as the primary lexical resource. Some researchers identify linguocognitive and linguotherapeutic orientations as the main sources of medical discourse.

According to V. I. Karasik, medical discourse exists in both institutional and personal forms. Medical discourse is primarily characterized as a status-oriented (institutional) type of communication. Scholars such as V. I. Karasik, L. S. Beilinson, V. V. Zhura, and M. I. Barsukova define medical discourse as a type of institutional discourse, that is, communication between individuals who may not know each other personally but are required to interact according to the norms of a specific social institution.

M. Yu. Oleshkov identifies the following parameters that define medical discourse as institutional: The main pair of participants: doctor–patient interaction.

Localized chronotope: medical examinations, consultations, medical procedures, and regulated check-ups.

The presence of a socially determined goal within the institution—providing medical care.

Speech organization: greeting (excluding handshakes, unlike diplomatic or business communication), requesting permission to enter a doctor's office or hospital, invitations to enter or sit down, and other conventional elements.

Implementation of established speech strategies and tactics in typical situations: questioning the patient, giving recommendations, issuing instructions during examinations, etc.

A limited range of actions: complaints, inquiry based on complaints, case history, life narratives, recommendations, and others.

The presence of institutional attributes (special clothing, instruments, personal seals, documents).

Alongside general characteristics typical of institutional discourse, linguists also note specific discursive features. In "doctor–patient" interaction, oral medical discourse is primarily defined by its therapeutic goals. To ensure clarity, simplicity, and fluency in communication, it is recommended to avoid obscure, harsh, or ambiguous language that may require additional clarification.

Medical discourse is part of communicative activity determined by social goals and conventions. Since it integrates linguistic and extralinguistic components of professional communication, it is essential to study this phenomenon in terms of the effectiveness, methods, and functions of participants' speech behavior. Based on research in cognitive linguistics and pragmalinguistics, the goals of doctor–patient communication can be summarized as follows:

Cognitive: influencing the recipient's mental mechanisms, transforming negative linguistic memories in patients;

Discursive: diagnosing, treating, and advising—collecting, analyzing, and synthesizing information from patient complaints to prevent disease;

Interactional: requesting and obtaining information;

Informational: providing explanations and recommendations;

Pragmatic: exerting mutual influence and offering psychological support.

Oral medical discourse, like other institutional discourses, is characterized by social specificity and asymmetry in knowledge and competence. The addresser (doctor) possesses greater specialized knowledge and communicative power compared to the addressee (patient).

One of the key features of institutional medical communication is its formality, stability of subject matter, consistency and variability in typical situations, and the high professional competence of one of the participants. A distinctive aspect of medical discourse is its individuality, which is associated with the necessity of establishing trust and ensuring mutual understanding.

Oral medical discourse represents a stable model of speech activity formed under the influence of various factors within a specific communicative situation. A communicative event encompasses all extralinguistic conditions of communication and is limited by time and space, ranging from simple to complex phenomena. For example, "seeking medical assistance" is a complex communicative event that includes a series of actions such as registration, medical consultation, treatment procedures, and others.

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