

COMPARATIVE STUDY OF ENGLISH AND UZBEK MEDICAL DISCOURSES

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Abstract: Communicative orientation refers to the integrative quality of a person, which determines his attitude to communication. This competence affects and shapes the attitude of a person to engage in communication and acquire knowledge and skills related to communication in general, his moral standards, interests, environment and people around him. The passage of the direction of communication at a higher or lower level is carried out depending on the expressiveness of the components of communication.

Key words: face-to-face communication, comparative study, politeness, language.

Introduction. Pragmatic analysis has an integral connection with sociolinguistics, and this connection occurs through the fact that a person lives in a human society and takes certain patterns from it, moves in accordance with the social environment, and performs various social tasks.

Any person has the obligation to speak according to the linguistic means and norms that are in accordance with the social task he is performing. Such a speech is a socially characterized speech, characterized by specialization in a certain social task, profession, craft (Hakimov, 2013; 68).

In general, in the analysis of the medical discourse based on the communication between the doctor and the patient, S. The politeness model developed by Levinson (Levinson, 1987; 139), E. Particular attention is paid to the principles of the conceptualization of "face-to-face communication" developed by (Goffman, 1967; 33-48).

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 issues such as "face-to-face" communication with patients in medical practice are also actively discussed.

Materials and Methods. Based on these considerations expressed in the sources, we found it necessary to conduct a comparative study of English and Uzbek medical discourses in connection with oral discourse. One of the reasons for such a choice is the lack of prior comparative research of English and Uzbek medical discourse, and the second is that oral discourse has the opportunity to think on a wider scale.

The requirement for the volume of theses limits the ability to focus on all internal types of oral discourse, therefore, it was decided to limit the research process to a comparative assessment of other pairs, with a special emphasis on doctor-patient communication.

One of the most important aspects in medical discourse analysis is politeness. Courtesy, which is an important condition of communication in any field, acquires a special value in medical discourse with its therapeutic power. Politeness is the manner of realizing the goal of

communication using verbal and non-verbal means that meet the requirements of social and speech etiquette criteria, such as age, gender, and profession.

Its origin is the etiquette of greeting, and its further development is related to the etiquette of asking and informing the purpose of communication. In both situations, the use of verbal and non-verbal means of language within the framework of etiquette ensures the effect of politeness.

In addition, analyzing interactive socio-linguistic discourse by providing information about individual speakers and relating it to a broader institutional and socio-cultural framework is also effective in discourse analysis.

These techniques can serve to create a communication situation that supports collaborative communication or allows for "collaboration in discourse" (Wodak, 1996).

In the further linguistic interpretations of the medical discourse, it is pointed out that it is necessary to pay attention to the development of the communicative culture of the medical worker and the emotional component in relation to the patients.

Of course, the implementation of these conditions increases the ability of medical workers to think creatively, and forms the ability to effectively use speech tools in communication. Communicative practices that encourage the patient develop, the skill of formulating questions that have a positive effect on him increases, self-control, correct assessment of the situation and adaptation skills develop.

A number of studies have been carried out on the analysis of questions asked by doctors in medical discourse. In particular, M. While Coulthard and Ashby's research (Coulthard and Ashby, 1975) focused on questions about medical treatment, Ong (Ong, 1995) focused on question interpretation.

Frankel (Frankel, 1984, 1990) and Ten Have (Ten Have, 1991) analyzed questionnaires reflecting doctor-patient conversations, as the study of questions was their main topic.

In his research, Jones found that physicians sometimes ignore the "worth-checking" information they convey in addition to the patient's responses (Jones, 2001).

Conclusion. The socio-communicative event is also evaluated as a means of developing the communication experience. In this case, it is important that the interlocutor is ready for this conversation, has knowledge and skills on the topic of this conversation, and has the desire to provide a communication experience. A high level of communicative orientation depends on the fact that the topic of communication is interesting for both the addressee and the addressee, and there is enough information about the topic. In the field of medicine, the patient's and the doctor's clinical diagnoses of the patient and the patient's thoughts about his illness are compatible, and the language units expressed by the doctor are understandable for the patient.

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