

PSYCHOLINGUISTIC ASPECTS OF MEDICAL COMMUNICATION

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Abstract: The available theoretical and practical data from scientific research on medical communication in the addresser-addressee aspect in Uzbek and foreign works are summarized. This study is based on the theoretical and methodological basis of psycholinguistics and takes into account the provisions of the theory of communication. The method of analysis, synthesis and systematization was used to achieve the goal.

Keywords: Psycholinguistics, communicative behavior, addresser, addressee, communicative strategy, speech strategy, condition for effective communication.

INTRODUCTION

The interaction of participants within the framework of oral medical discourse in general, the features of the communicative behavior of its participants in the aspect of communicative goals, the specifics of addresser-addressee relationships, verbal, paraverbal and non-verbal design of communication between the patient and the doctor, etc. are included in the scientific field of current linguistic, linguocognitive, psycholinguistic and medical research. At the same time, due to the ethical and legal aspects of studying communication between a patient and a doctor, these scientific objects have not been sufficiently studied and, therefore, are relevant for scientific research. The parameterization of communication between patients and doctors is significant in several areas of scientific knowledge and practical application.

MATERIALS AND METHODS

Communication between a doctor and a child, especially preschool children, does not allow collecting enough information about the patient's well-being. Preschool children cannot always accurately localize and describe painful sensations; they do not know the meanings of even the simplest and most common medical terms, which is due to their cognitive and speech development characteristic of their age. M. S. Ovseitseva notes the specifics of communication between an adult and a child - it is thanks to the adult that the so-called designation of the essence of what is happening occurs [1]. An adult is not just a source of information, new knowledge, but offers ways to compare new knowledge about a subject with existing knowledge, thus providing a process of generalization, the result of which is concepts.

Already in early childhood, in the process of carrying out objective activities, the child learns the meanings of words by associating them with images of objects and phenomena. The stimulus for this activity, according to M. I. Lisina, is communication with an adult [2]. The adult acts as the source of the child's speech activity. It is thanks to the encouragement and support of an adult that the child pronounces words. In the process of situational business communication, the adult sets speech tasks for the child. For example, name an object that an adult is showing by repeating a new word after it. It is necessary to take into account the fact that the words spoken by adults relate to everyday objects and do not contain examples of vocabulary on the topics of health, illness, or medicine. In order to talk about his experiences and well-being, the child relies on the adult's speech patterns. Very often, in response to the question "What hurts you?", the child cannot localize the source of the pain. However, if you ask the question "does your stomach hurt?", you can get an affirmative answer, which often does not correspond to reality. In essence, the child "mirrors" the content of the question and answers in the affirmative.

RESULTS AND DISCUSSION

Collecting data about the disease in communication between a doctor and a school-age patient is also complicated. Schoolchildren can hide, "simulate or aggravate the symptoms of the disease in the case of a difficult psychological situation in the family or school community" [3] due to fear

of prohibitions on visiting sections, fear of a negative reaction from parents, etc. It is necessary to take into account the presence of age-psychological characteristics of a teenager's communication, which include the immaturity of a positive attitude towards the interlocutor, unbalanced self-esteem and pronounced emotional dependence on the partner communication. When entering into communication, an adult must maintain an emotional distance, without putting pressure on the teenager and without offering his own interpretation of what happened, for example, "I told you that you need to take care of your health." When faced with the unquestioning position of an adult, the teenager withdraws, becomes silent and does not give feedback to the interlocutor about his feelings or his sensations. Experiencing difficulties in planning and forecasting, a teenager does not always realize the consequences of such concealment of information. In addition, it is necessary to remember that a teenager's value of life and health is undeveloped, which is facilitated by numerous opportunities for "resurrection" both in computer games and in feature films. In addition, building a dialogue with an unfamiliar adult is not always easy for a teenager.

Nevertheless, works indicating the need to study communication between a doctor and a minor patient began to appear, for example, an article by V. P. Chemekov and A. V. Shashelev [2].

There are also few studies on communication between a doctor and a parent or legal representative of a minor patient. Let us note the study by T. A. Tkacheva and N. V. Tkacheva, who examined some aspects of communication between a neurologist and parents or legal representatives of young patients, emphasizing the variability in the number of participants in oral medical discourse in conditions. Particular attention was paid to the strategy of conflict avoidance and the strategy of persuasion [4].

According to a review of scientific literature, the psycholinguistic aspects of communication between a doctor and an adult patient have been studied in more detail. It is noteworthy that there are works on the peculiarities of communication between doctors and patients depending on the disease. In addition, some psycholinguistic aspects of communication between a doctor and patients with incurable diseases or near death have been studied.

CONCLUSION

Today, one can observe an unintentional confusion between the concepts of "professional communication strategy" and "speech strategy" itself. The fragmentation and disunity of studies of speech strategies of medical communication not only indicates theoretical gaps, but also confirms the relevance of developing a classification of speech strategies of medical communication. We also consider the analysis of linguistic means that actualize the tactics of speech strategies of medical communication to be significant for linguistic research.

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