

**ANDIJON DAVLAT CHET TILLARI INSTITUTI
HUZURIDAGI ILMIY DARAJA BERUVCHI
PhD.03/29.12.2022.Fil.156.01 RAQAMLI ILMIY KENGASH**

ANDIJON MASHINASOZLIK INSTITUTI

BABAYEVA GULNOZAXON LATIBJONOVNA

TIBBIY DISKURS: NUTQ STRATEGIYASI VA TAKTIKASI

10.00.11 – Til nazariyasi. Amaliy va kompyuter lingvistikasi

**FILOLOGIYA FANLARI bo'yicha falsafa doktori (PhD) dissertatsiyasi
AVTOREFERATI**

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**Filologiya fanlari bo'yicha falsafa doktori (PhD) dissertatsiyasi
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**Contents of abstract of dissertation of doctor of philosophy (PhD) on
philological sciences**

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AVTOREFERATI**

Andijon – 2024

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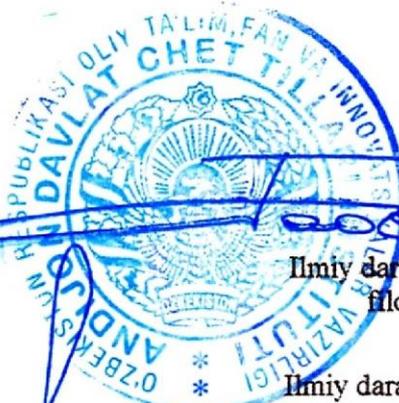
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KIRISH (falsafa doktori (PhD) dissertatsiyasi annotatsiyasi)

Mavzuning dolzarbligi va zarurati. Jahon tilshunosligida tilning lisoniy imkoniyatlaridan amaliy foydalanishga, tilshunoslikning qator fanlar bilan aloqasini o‘rganish natijasida nutqning serqirraligini namoyon etishga e’tibor kuchaymoqda. Tilning bunyodkorlik vazifasi, amaliy ahamiyati tilshunoslikning qator fanlar bilan integrasiyalashuvi natijasida ochib berildi. Natijada, psixolingvistika, sotsiolingvistika, neyrolingvistika, lingvokulturologiya, tibbiy lingvistika kabi qator soha lingvistikalari shakllandi.

Dunyo tilshunosligida tibbiyot leksikasining turli qirralari, xususan, tibbiy diskurs, uning shakllanish omillari, amaliy ahamiyati hamda shifokor nutqi taktikasi va strategiyasi, turli xil kommunikativ vaziyatlarda shifokor va bemor o‘rtasidagi professional aloqani o‘rganish, sohaga oid terminlar bo‘yicha qator ilmiy izlanishlar olib borilmoqda. Zotan, tibbiy nutqni o‘rganish zamonaviy shifokorning nutq ko‘rinishini taqdim etish, bemorga nutq ta’sirining samarali usullarini aniqlash imkonini beradi.

O‘zbek tilshunosligida bugungi kunda tibbiyot tilshunosligi, tibbiy lingvistika deb ataladigan yangi fan tarmog‘i rivojlanib bormoqda. Tibbiyot tili tibbiyot tarixchilari uchun ham, tilshunoslar uchun ham dolzarb masalalarni hal etadi. Klassik olimlar eng qadimgi tibbiy yozuvlarning mazmuni va tilini batafsil tahlil qildilar, bugungi kunda esa tibbiy lingvistikaning, tibbiy terminologiyaning keyingi rivojlanishi tilshunosligimizning yutug‘idir. Prezidentimiz Sh.M.Mirziyoyev ta’kidlaganlaridek, “Globallashuv sharoitida milliy tilimizning sofligini saqlash, uning lug‘at boyligini oshirish, turli sohalarda zamonaviy atamalarning o‘zbekcha muqobilini yaratish, ularning bir xil qo‘llanishini ta’minlash dolzarb vazifa bo‘lib turibdi... Yana bir muhim vazifa: fundamental tadqiqotlar, sanoat, bank-moliya tizimi, yurisprudensiya, diplomatiya, tibbiyot va boshqa tarmoqlarda davlat tilini to‘laqonli qo‘llash bilan bog‘liq”¹. Shuning uchun o‘zbek tibbiy diskursini chuqur o‘rganish, tahlil etish, tavsiyalar ishlab chiqish dolzarb vazifalardan hisoblanadi.

O‘zbekiston Respublikasi Prezidentining 2016-yil 13-maydagi “Alisher Navoiy nomidagi Toshkent davlat o‘zbek tili va adabiyoti universitetini tashkil etish to‘g‘risida”gi PF-4997-son, 2017-yil 7-fevraldagi PF-4947-son “O‘zbekiston Respublikasini yanada rivojlantirish bo‘yicha Harakatlar strategiyasi to‘g‘risida”gi Farmoni, O‘zbekiston Respublikasi Prezidentining 2017-yil 17-fevraldagi PF-2789-son “Fanlar akademiyasi faoliyati, ilmiy-tadqiqot ishlarini tashkil etish, boshqarish va moliyalashtirishni yanada takomillashtirish chora-tadbirlari to‘g‘risida”gi Qarori, 2019-yil 4-oktyabrdagi PQ-4479-son “O‘zbekiston Respublikasining “Davlat tili haqida”gi Qonuni qabul qilinganligining o‘ttiz yilligini keng nishonlash to‘g‘risida”gi qarori, O‘zbekiston Respublikasi Prezidentining 2019-yil 21-oktyabrdagi PF-5850-son “O‘zbek tilining davlat tili sifatidagi nufuzi va mavqeyini tubdan oshirish chora-tadbirlari to‘g‘risida”gi Farmoni, 2020-yil 24-yanvardagi O‘zbekiston Respublikasi Prezidentining Oliy

¹ Ўзбекистон Республикаси Президенти Шавкат Мирзиёевнинг “Ўзбек тилига давлат тили мақоми берилганининг ўттиз йиллигига бағишланган тантанали маросимдаги нутқи”// 2019 йил, 21 октябрь// <http://uza.uz/oz/politics/>

Majlisga Murojaatnomasi, O‘zbekiston Respublikasi Prezidentining 2020-yil 20-oktyabrdagi PF-6084-son “Mamlakatimizda o‘zbek tilini yanada rivolantirish va til siyosatini takomillashtirish chora-tadbirlari to‘g‘risida”gi Farmoni hamda boshqa me‘yoriy-huquqiy hujjatlarda belgilangan vazifalarni amalga oshirishda ushbu tadqiqot muayyan darajada xizmat qiladi.

Dissertatsiyaning O‘zbekiston Respublikasi fan va texnologiyalar taraqqiyoti ustuvor yo‘nalishlariga mosligi. Tadqiqot respublika fan va texnologiyalari rivojlanishining I. “Axborotlashgan jamiyat va demokratik davlatni ijtimoiy, huquqiy, iqtisodiy, madaniy, ma‘naviy-ma‘rifiy rivojlantirish, innovasion iqtisodiyotni rivojlantirish” ustuvor yo‘nalishiga muvofiq bajarildi.

Muammoning o‘rganilganlik darajasi. Diskurs, tibbiy diskurs masalasi dunyo tilshunosligida atroflicha tahlil etilgan. Rus tilshunosligida diskurs va tibbiyotda professional kommunikasiyaga oid ko‘plab ilmiy ishlar mavjud. Jumladan, V.G.Borbotko², V.N.Babayan va S.L.Kruglova³, M.L.Makarov⁴, N.F.Alefirenko⁵, L.M.Alekseyeva va S.L.Mishlanova⁶, Ye.P.Bogatikova, S.L.Mishlanova va A.A.Filippova⁷, S.V.Mayborova⁸ va boshqalarning ilmiy ishlari misol bo‘la oladi. Tibbiy diskurs bo‘yicha esa M.I.Barsukova, L.S.Beylison, N.V.Goncharenko, V.V.Jura⁹ maxsus tadqiqot olib borishgan.

Tibbiy diskurs sohasidagi tadqiqotlar xorijiy tadqiqotchilar S.Poirier va D.Brauner¹⁰, J.Kuipers¹¹, P.Atkinson^{12,13}, J.Wilce¹⁴ ilmiy ishlarida o‘z aksini topgan. Tibbiyot sosiologiyasi sohasida R.Anspach¹⁵, H.Waitzkin¹⁶, R.Charon, M.Greene va R.Adelman¹⁷, A.Werner¹⁸, yozma va og‘zaki diskurs sohasida M.Gotta^{19, 20}, M.Gotti va F.Salager-Meyer²¹ kabi olimlar tadqiqot olib borishgan.

² Борботько В.Г. Элементы теории дискурса. – Грозный: ЧИГУ, 1981. – 113 с.

³ Бабаян В.Н., Круглова С.Л. Теория дискурса в системе наук о языке // Ярославский педагогический вестник. 2002. № 3. – С. 55–57.

⁴ Макаров М.Л. Основы теории дискурса. – М.: Гнозис, 2003. – 280 с.

⁵ Алефиренко Н.Ф. Текст и дискурс. – М.: Флинта, 2012. – 232 с.

⁶ Алексеева Л.М., Мишланова С.Л. Медицинский дискурс: теоретические основы и принципы анализа. Пермь: Изд-во Перм. ун-та, 2002. – 200 с.

⁷ Богатикова Е.П., Мишланова С.Л., Филиппова А.А. Особенности представления специального знания в медицинском дискурсе // Историческая и социально-образовательная мысль. 2014. № 3. – С. 215–217.

⁸ Майборода С.В. Медицинский дискурс: современные теоретико-методологические подходы и перспективы исследования // Коммуникативные исследования. 2017. № 1. – С. 63–74.

⁹ Барсукова М.И. Медицинский дискурс: стратегии и тактики речевого поведения врача: автореф. дис. на соиск. учен. степ. канд. филол. наук. – Саратов, 2007. – 21 с.; Бейлисон Л.С. Характеристики медико-педагогического дискурса (на материале логопедических рекомендаций): дис. ...канд. филол. наук. – Волгоград, 2001. – 177 с.; Гончаренко Н.В. Суггестивные характеристики медицинского дискурса: дис. на соиск. учен. степ. канд. фил. наук. – Волгоград, 2007; Жура В.В. Речевые стратегии врача в устном медицинском дискурсе // Альманах современной науки и образования: Языкознание и литературоведение в синхронии и диахронии и методика преподавания языка и литературы: в 3 ч. – 2007. – № 3, Ч. 2. – С. 59-61.

¹⁰ Poirier S., Brauner D. Ethics and the Daily Language of Medical Discourse // The Hastings Center Report. 1988. Vol. 18. № 4. – P. 5-9.

¹¹ Kuipers J. “Medical Discourse” in Anthropological Context: Views of Language and Power // Medical Anthropology Quarterly. 1989. № 3. – P. 99–123.

¹² Atkinson P. Medical discourse, evidentiality and the construction of professional responsibility // Talk, work, and institutional order: Discourse in medical, mediation, and management settings. 1999. – P. 75-108.

¹³ Atkinson P. Medical Talk and Medical Work. – London: Sage Publications, 1995. – 176 p.

¹⁴ Wilce J. Medical Discourse // Annual Review of Anthropology. 2009. № 38. – P. 199–215.

¹⁵ Anspach R. Notes on the Sociology of Medical Discourse: The Language of Case Presentations // Journal on Health and Social Behavior. 1988. Vol. 29. № 4. – P. 357–375.

¹⁶ Waitzkin H. A Critical Theory of Medical Discourse: Ideology, Social Control, and the Processing of Social Context in Medical Encounters // Journal of Health and Social Behavior. 1989. Vol 30. № 2. – P. 220–239.

¹⁷ Charon R. Multi-dimensional interaction analysis: A collaborative approach to the study of medical discourse // Social Science and Medicine. 1994. Vol. 39. № 7. – P. 955–965.

O‘zbek tilshunosligida tibbiy lingvistika bo‘yicha sanoqli ishlar amalga oshirilgan. Jumladan, N.G‘aybullayeva²² tibbiy evfemizmlarni, A.Qobilova²³ tibbiy perifractalarni, D.Sobirova²⁴ tibbiy reklamalarning sosiopragmatik xususiyatlarini monografik planda o‘rgangan. “Tibbiy metaforalarning qisqacha izohli lug‘ati” hamda “O‘zbek tili tibbiy evfemizmlarining qisqacha izohli lug‘ati” yaratilgan²⁵. Ammo tibbiy diskurs masalasi monografik planda o‘rganilmagan va kun tartibiga qo‘yilmagan.

Tadqiqotning dissertatsiya bajarilgan oliy ta’lim va ilmiy-tadqiqot muassasasining ilmiy-tadqiqot ishlari bilan bog‘liqligi. Tadqiqot ishi Andijon davlat chet tillar instituti ilmiy-tadqiqotlar rejasining «Filologiya fanlarining dolzarb muammolari va ularni amaliyotga joriy etishning yangi pedagogik texnologiyalari» mavzusi doirasida bajarilgan.

Tadqiqotning maqsadi nutq strategiyasi va tibbiy diskursning taktikasi hamda ularni amalga oshirish usullari, shifokor nutqining axloqiy xususiyatlarini ochib berishdan iborat.

Tadqiqotning vazifalari:

tibbiy diskurs bo‘yicha mahalliy va xorijiy tilshunoslikdagi tadqiqotlarni o‘rganish va umumlashtirish;

o‘zbek tibbiy nutqini kuzatish, davolashning nutq taktikasini aniqlash, aniqlangan taktikalarni amalga oshirish usullarini tahlil qilish;

shifokor va bemor muloqotida nutq odobi va xushmuomalalik tamoyilini ko‘rib chiqish;

tibbiy xodim, bemor va bemorning yaqinlari nutqini sosiopragmatik tahlil etish, ularning muloqotidagi nutqiy aktlar o‘rnini aniqlash;

tibbiy diskursda paralingvistik vositalarning ahamiyatini diskurslar orqali tahlil qilish, nutqiy muloqotda ularning muhimligini ko‘rsatish;

tibbiy diskursda eksplisit va implisit ifoda usullarining mohiyatini yoritish;

o‘zbek shifokorlari nutqiy madaniyatini oshiruvchi tavsiyalar ishlab chiqish.

Tadqiqotning obyektini tibbiy xodim, bemor, bemorga aloqador kishilar nutqi, ularning nutqiy xulqi tashkil qiladi.

Tadqiqotning predmeti tibbiy xodim, bemor, bemorga aloqador kishilarning nutq odobi strategiyasi va taktikasidir.

Tadqiqotning usullari. Tadqiqotda kuzatish, tahlil qilish, talqin qilish, tizimlashtirish, umumlashtirish usullaridan foydalanildi.

¹⁸ Werner A. A sociological perspective of the medical consultation // Tidsskrift for Den norske legeförening. 2011. Vol. 20. № 131. – P. 2032–2034.

¹⁹ Gotti M. Variations in Medical Discourse for Academic Purposes // Medical Discourse in Professional, Academic and Popular Settings. Bristol: Multilingual Matters, 2016. – P. 9–30.

²⁰ Gotti M. Investigating Specialized Discourse. Bern: Peter Lang, 2011. – 230 p.

²¹ Advances in Medical Discourse Analysis: Oral and Written Contexts / ed. by Gotti M., Salager-Meyer F. Pieterlen: Peter Lang, 2006. – 492 p.

²² Faybullova N.I. Ўзбек тилида тиббий эвфемизмлар: Филол. фан. бўйича фалс. д-ри. дисс... – Бухоро, 2019. – 145 б.

²³ Қобилова А. Тиббий перифразаларнинг лингвомаданий хусусиятлари: Филол.фан.бўйича фалс. д-ри. дисс...– Бухоро, 2022. – 155 б.

²⁴ Собирова Д.Р. Тиббий рекламаларнинг социопрагматик хусусиятлари: Филол.фан.бўйича фалс. д-ри. дисс... – Бухоро, 2022. – 153 б.

²⁵ Faybullova N.I. Ўзбек тили тиббий эвфемизмларининг қисқача изоҳли луғати. – Тошкент: Академнашр, 2019. –77 б.; Абузалова М.К., Юлдашева Д.Н., Болтаева Н. Тиббий метафораларнинг қисқача изоҳли луғати. – Бухоро: Дурдона, 2021. – 63 б.

Tadqiqotning ilmiy yangiligi quyidagilardan iborat:

shifokor va bemor nutqida ekstralingvistik vositalarning intensiyasi nutq payti, soʻzlovchi (shifokor/bemor) va tinglovchi (shifokor/bemor)ning holatiga bogʻliqligi aniqlangan;

diagnostika strategiyasi bilan tanishish, axborot soʻrovi, yaqinlashish, tushuntirish, ayblash; davolash strategiyasi psixologik holatni tartibga solish, tasalli, nasihat, tahdid; tavsiya strategiyasi maslahat, tavsiya, koʻrsatma berish kabi taktikalarini oʻz ichiga olishi ochiqqlangan;

shifokor, bemor, bemorning yaqinlari lisoniy muloqotining samaradorligining miqdor (maʼlum qilinayotgan axborotning miqdorini belgilash yoki chegaralash); sifat (berilayotgan axborot haqiqat boʻlishi); mavzuga oidlik (mavzudan uzoqlashmaslik, kerak boʻlgan maʼlumotni berishga harakat qilish); muloqot uslubi (tarzi) (aniq va tushunarli soʻzlash) tamoyillari asoslangan;

tibbiy diskursda dialoglarning shifokor + boshqa shifokor; shifokor + hamshira; shifokor + bemorning qarindoshi; shifokor + bemor modellari ajratilgan.

Tadqiqotning amaliy natijalari quyidagilardan iborat:

diskurs, tibbiy diskurs hodisalarining lingvistikadagi oʻrni, ahamiyati masalasi ilmiy manbalar asosida yoritildi va bu orqali oʻzbek tibbiy diskursini oʻrganish boʻyicha amaliy vazifalar bajarildi;

tibbiy nutq, tibbiy diskurs, tibbiy deontologiya boʻyicha amaliy xulosalar shakllantirildi;

shifokor, bemor, bemor qarovchisi, bemorni koʻrishga kelgan shaxs nutqining sosiopragmatik tahlili asosida ularning nutqini boyitish boʻyicha xulosalar berildi;

oʻzbek tibbiy diskursini oʻrganish asosida bemor-shifokor, shifokor-shifokor, bemor-bemor qarovchisi, bemor-bemorni koʻrishga kelgan shaxs munosabatlari strategiyasi va taktikasi boʻyicha tavsiyalar ishlab chiqildi.

Tadqiqot natijalarining ishonchliligi oʻrganilgan materiallarning oʻzbek tili tabiatidan kelib chiqqan holda xulosalar qilishga yordam berganligi, ularning asosli ekanligi, metodologik mukammalligi, amalda isbotlangan manbalarga tayanilganligi bilan izohlanadi.

Tadqiqot natijalarining ilmiy va amaliy ahamiyati. Tadqiqotning ilmiy ahamiyati umumlashtirilgan ilmiy-nazariy xulosa va tavsiyalar, eng avvalo, tibbiyot taʼlimida “Tibbiy etika”, “Nutq madaniyati” va “Deontologiya” oʻquv kurslarining nazariy asoslarini ishlab chiqishda muhim nazariy ahamiyat kasb etadi. Ishdagi ilmiy tahlil, nazariy qarash va usullardan tilning boshqa birliklarini oʻrganishda foydalanish mumkin.

Ishning amaliy ahamiyati shundaki, uning materiallaridan pragmalingvistika, nutq madaniyati, lingvokulturologiya boʻyicha maʼruzalarni ishlab chiqishda foydalanish mumkin. Tadqiqot natijalari tibbiy nutqni kengroq oʻrganishga, tibbiy filologiyani rivojlantirishga asos boʻlib xizmat qiladi.

Tadqiqot natijalarining joriy qilinishi. Tibbiy diskurs: nutq strategiyasi va taktikasini aniqlash yuzasidan olib borilgan tadqiqot asosida:

tibbiy diskursga doir muloqot odatlari hamda nutqiy etiketlarni ifodalovchi til birliklarining muloqotdagi oʻziga xoslikni taʼminlashdagi oʻrni, ularning taʼrifi, tibbiy matnning grammatik, leksik va semantik, shuningdek, lingvostilistik imkoniyatlarining muloqot aktida lisoniy madaniyatni taʼminlashdagi vazifalari,

gender xususiyatlari, tartibga solingan diskurs, spontan diskursning nutqiy ta'sirga oid farqlarini ifodalash uchun maxsus va vazifadosh shakllar, eksplisit va implisit jihatlar bilan bog'liq ilmiy xulosalardan Andijon davlat universitetida bajarilgan "OT-F1-18 Ommaviy lisoniy madaniyatni shakllantirish metodlari va metodologiyasini ishlab chiqish" mavzusidagi loyihani bajarishda foydalanilgan (Andijon davlat universitetining 2023-yil 31-maydagi 39-01-1306-son ma'lumotnomasi). Natijada lisoniy madaniyatini ta'minlashga oid metodologiya yangi nazariy qarashlar bilan boyitilgan;

shifokor va bemor o'rtasidagi nutqiy aktning lokutiv, illokutiv va perllokutiv harakatlarining o'rni pragmatik yondashuv asosida aniqlash, shifokor, bemor, bemorning yaqinlari lisoniy muloqotining samarali kechishi miqdor, sifat, mavzuga oidlik, muloqot uslubi (tarzi) tamoyillariga bog'liqligi ilmiy asoslash, shifokor, bemor nutqining implisit (yashirin) va eksplisit (oshkor) ifodalanishi yozib olingan diskurs materiallari asosida tahlillash natijalaridan O'zbekiston Milliy teleradiokompaniyasi "O'zbekiston" teleradiokanali DUK "Ma'naviy-ma'rifiy va badiiy eshittirishlar" muharririyati tomonidan tayyorlangan "Ta'lim va taraqqiyot", "Adabiy jarayon" "O'zbekiston yoshlari" nomli eshittirishlari senariysida foydalanilgan (2023-yil aprel va may oylari). (O'zbekiston Milliy teleradiokompaniyasi "O'zbekiston" teleradiokanali davlat unitar korxonasi 2023-yil 23-apreldagi 04-36-803-son ma'lumotnomasi). Natijada, eshittirishlarning ilmiy saviyasi ortgan hamda ishda qo'llangan yondashuv o'zbek tili tabiatidan kelib chiqib, "tibbiy diskurs" tushunchasining lingvistik asoslari, maqsad-vazifasi tahlili kesimida o'rganishda foydalanish mumkinligi asoslanganligi ta'minlangan.

diskurs va matn lingvistikasiga doir mazmun ifodalovchi til birliklari konseptologiyasi va ularning olam lisoniy manzarasidagi aksiga doir lingvistik atamalarni izohlashda Andijon davlat universitetida 2022-2023-yillarda bajarilayotgan "№ IL-402104213. O'zbek tilida elektron lingvistik ensiklopedik lug'at ishlab chiqish" davlat innovatsion-tadqiqot dasturlari doirasidagi loyihada foydalanilgan (Andijon davlat universitetining 2023-yil 31-maydagi 39-01-1307-son ma'lumotnomasi). Natijada olam diskurs tavsifida qo'llaniluvchi ayrim birliklarining o'ziga xosliklari ochib berilgan.

Tadqiqot natijalarining aprobatsiyasi. Mazkur tadqiqot natijalari 3 ta xalqaro, 2 ta respublika anjumanida muhokamadan o'tkazilgan.

Tadqiqot natijalarining e'lon qilinishi. Dissertatsiya mavzusi bo'yicha 8 ta ilmiy ish nashr etilgan, jumladan, Oliy ta'lim, fan va innovatsiyalar vazirligi huzuridagi Oliy attestatsiya komissiyasining doktorlik dissertatsiyalari asosiy ilmiy natijalarini chop etish uchun tavsiya etilgan ilmiy nashrlarda 3 ta ilmiy maqola, ulardan 1 tasi xorijiy jurnallarda chop qilingan.

Dissertatsiyaning hajmi va tuzilishi. Dissertatsiya kirish, uch bob, xulosa, foydalanilgan adabiyotlar ro'yxati va ilovadan iborat. Hajmi 144 sahifani tashkil etadi.

DISSERTATSIYANING ASOSIY MAZMUNI

Dissertatsiyaning "Kirish" qismida mavzuning dolzarbligi va zarurati asoslanib, tadqiqotning maqsad-vazifalari, predmeti va obyekti aniqlangan. Tadqiqotning O'zbekiston Respublikasi fan va texnologiyalar taraqqiyotining

ustuvor yo‘nalishlariga mosligi ko‘rsatilib, uning ilmiy yangiligi va amaliy natijalari bayon etilgan. Olingan natijalarning ishonchligi asoslanib, ishning nazariy va amaliy ahamiyati ochib berilgan. Tadqiqot natijalarining amaliyotga joriy qilinishi, aprobasiyasi ko‘rsatilgan.

Dissertatsiyaning **“Diskurs lingvistik tadqiqot obyekt sifatida”** deb nomlanuvchi I bobida diskurs, uning jahon va o‘zbek tilshunosligida o‘rganilishi, “Tibbiy diskurs” tushunchasi tahlili va tadqiqi masalasi o‘rganilgan hamda ushbu masalalarga munosabat bildirilgan. Bobning “Diskurs va uning o‘rganilish masalasi” deb ataluvchi birinchi bo‘limida diskursning jahon va o‘zbek tilshunosligidagi tadqiqi o‘rganilgan, umumlashtirilgan, munosabat bildirilgan. “Diskurs” tushunchasi tilshunoslik, antropologiya, adabiyotshunoslik, etnografiya, sosiologiya, sociolingvistika, falsafa, psixolingvistika, kognitiv psixologiya va boshqa bir qator fanlarning birlashmasida paydo bo‘lganligi sababli uni tahlil etish hamda unga ta’rif berish katta qiyinchiliklarni keltirib chiqaradi. Shunga qaramay, aytish mumkinki, olimlarning sa’y-harakatlari tufayli turli sohalarda diskurs nazariyasi mustaqil fanlararo umumiy tendensiyani aks ettiruvchi zamonaviy fan sifatida shakllanmoqda²⁶. Bu zamonaviy ilm-fan rivojlanishidagi integrasiyaning umumiy tendensiyasini aks ettiruvchi fanlararo sohadir, bu diskursni chuqurroq va kengroq o‘rganishga, uning umumiy va o‘ziga xos xususiyatlarini aniqlashga yordam beradi. Fransuzcha ildizlarga ega bo‘lgan “diskurs” atamasi “nutq”, “gapirish”, “mulohaza yuritish” degan ma’nomlarni anglatadi²⁷.

Yana bir manbada “diskurs” atamasi etimologik jihatdan lotincha “discurrere” so‘zidan kelib chiqqan bo‘lib, “bahs-munozara”, “muzokara”, hatto “og‘zaki janjal qilish” ma’nomlarni bildirishi ta’kidlanadi²⁸.

Lingvistik ensiklopedik lug‘atda diskursga ekstralingvistik, pragmatik, ijtimoiy-madaniy, psixologik va boshqa omillar bilan birgalikdagi izchil matn; voqea jihatidan olingan matn; odamlar va ularning ong mexanizmlari (kognitiv jarayonlar)da ishtirok etadigan maqsadli ijtimoiy harakat sifatida qaraladi²⁹.

Diskurs bo‘yicha birinchi tadqiqotlar XX asrning 50-yillari oxirlariga to‘g‘ri keladi. Bu izolyasiya qilingan so‘z (jumla) larning tilshunoslik chegarasidan chiqib, matnni tashkil etuvchi sintagmatik zanjirni tahlil qilish davr edi. Rus tilshunosligida, asosan, nutqda frazeologik birlikni tashkil etuvchi so‘zlar o‘rtasidagi mantiqiy-grammatik munosabatlar o‘rganilgan³⁰. T.A.van Deyk³¹, V.V.Bogdano³², A.G.Baranov³³, T.G.Vinokur³⁴, R.Vodak³⁵, V.I.Karasik³⁶,

²⁶ Борботько В. Г. Элементы теории дискурса. – Грозный, 1981. – С. 7–10.

²⁷ Дейк Т.А. Язык. Познание. Коммуникация. – М.: Прогресс, 1989. – С. 298.

²⁸ [Электронный ресурс] // Энциклопедия эпистемологии и философии науки. URL: <http://philosophy.niv.ru/doc/encyclopedia/epistemology/articles/405/diskurs.htm>

²⁹ [Электронный ресурс] // Лингвистический энциклопедический словарь / под ред. В.Н. Ярцевой. – М., 2002. URL: <http://tapemark.narod.ru/les/136g.html>].

³⁰ Фигуровский И.А. Основные направления в исследованиях синтаксиса связного текста // Лингвистика текста. Материалы научной конф. Ч. II. – М.: МГПИИЯ им. М. Тореза, 1974. – С. 109.

³¹ Дейк Т.А. ван, Кинч В. Стратегии понимания связного текста // Когнитивные аспекты языка: Сб. ст. / Сост., ред. и вступ. ст. В.В. Петрова и В.И. Герасимова. – М.: Прогресс, 1988 (Новое в зарубежной лингвистике; Вып. 23). – С. 153–211; Язык. Познание. Коммуникация: Сб. работ / Составление В.В. Петрова; Пер! с англ. яз. под ред. В.И. Герасимова; Вступ. ст. Ю.Н. Караулова, В.В. Петрова. – М.: Прогресс, 1989. – 310 с.; Принципы критического анализа дискурса / Пер. с англ. // Перевод и лингвистика текста. – М.: ВЦП, 1994. – С. 169–217.

³² Богданов В.В. Коммуникативная компетенция и коммуникативное лидерство // Язык, дискурс, личность. Тверь: Изд-во Твер. ун-та, 1990. – С. 26-31; Текст и текстовое общение: Учеб. пособие / Санкт-Петербург. гос. ун-т. СПб.: Изд-во СГ16ГУ. 1993. – 67 с.

M.L.Makarov³⁷, T.G.Slishkin³⁸, Y.I.Sheygal³⁹ tadqiqotlarida diskursni matn sifatida o‘rganish ijtimoiy va pragmalingvistik tahlil nuqtai nazaridan amalga oshirilgan. Y.A.Karaulov⁴⁰, L.P.Krisin⁴¹, M.P.Brandes⁴², I.P.Susov⁴³ ishlarida lingvistik diskursning sosiolingvistik xususiyatlari matn tahlillarida ko‘rilgan.

Zamonaviy o‘zbek tilshunosligida ham diskurs, uning mohiyati, o‘rni borasida tadqiqotlar amalga oshirilgan va bu jarayon davom etmoqda. Jumladan, Sh.Safarov, D.Ashurova, B.Yo‘ldoshev, A.Pardayev, L.Raupova, N.Normurodova, G.Odilova kabi olimlar pragmatik tilshunoslikda diskursning turli qirralarini tadqiqotlarida asoslab berishgan⁴⁴. Olim N.Turniyozov sintagmatik munosabat va diskurs

³³ Баранов А.Н. Политический дискурс: прощание с ритуалом // Человек. 1997. №6. – С. 108–118.

³⁴ Винокур Т.Г. Закономерности стилистического использования языковых единиц. – М.: Наука, 1980. – 237с.

³⁵ Водак Р. Язык. Дискурс. Политика / Пер. с англ. и нем. – Волгоград: Перемена, 1997. – 139 с.

³⁶ Карасик В.И. Язык социального статуса / Рос. акад. наук, Ин-т языкознания, Волгогр. гос. пед. ин-т им. А.С. Серафимовича. М.: Ин-т языкознания; Волгоград: Перемена, 1992. – 329 с.; О категориях дискурса // Языковая личность: социолингвистические и эмотивные аспекты. – Волгоград: Перемена, 1998. – С. 185–197; Религиозный дискурс // Языковая личность: проблемы лингвокультурологии и функциональной семантики. – Волгоград: Перемена, 1999. – С. 5–19; Структура институционального дискурса // Проблемы речевой коммуникации. – Саратов: Изд-во Сарат. ун-та, 2000. – С. 25–33.

³⁷ Макаров М.Л. Интерпретативный анализ дискурса в малой группе. – Тверь: Изд-во Твер. ун-та, 1998. – 200 с.; Основы теории дискурса. – М.: ИТДГК “Гнозис”, 2003. – 280 с.

³⁸ Слышкин Г.Г. Лингвокультурные концепты прецедентных текстов: Автореф. дисс... канд. филол. наук. – Волгоград, 1999. – 18 с.

³⁹ Шейгал Е.И. Семиотика политического дискурса: Монография / Ин-т языкознания РАН; Волгогр. гос. пед. ун-т. – Волгоград: Перемена, 2000. – 368 с.

⁴⁰ Караулов Ю.Н. Русский язык и языковая личность / Отв. ред. Д.Н. Шмелёв; АН СССР, Отд-ние лит. и яз. – М.: Наука, 1987. – 261 с.

⁴¹ Крысин Л.П. Социолингвистические аспекты изучения современного русского языка. – М.: Наука, 1989. – 188 с.; Религиозно-проповедческий стиль и его место в функционально-стилистической парадигме современного русского литературного языка // Поэтика. Стилистика. Язык и культура. Памяти Т.Г. Винокура. – М.: Наука, 1996. – С. 135–138.

⁴² Брандес М.П. Стилистика немецкого языка (для институтов и факультетов иностранных языков): Учеб. 2-е изд., испр. и доп. – М.: Высшая школа, 1990. – 320 с.

⁴³ Сусов И.П. Деятельность, сознание, дискурс и языковая система // Языковое общение: процессы и единицы: Межвуз. сб. науч. тр. / Калинин, гос. ун-т; Редкол.: И.П. Сусов (отв. ред.) и др. Калинин, КГУ, 1988. – С. 7–13; Личность как субъект языкового общения // Личностные аспекты языкового общения: Межвуз. сб. науч. трудов / Редкол.: И.П. Сусов и др. Калинин: Калининск. гос. ун-т, 1989. – С. 9–16.

⁴⁴ Сафаров Ш. Лингвистика дискурса. – Челябинск, ЧГКИ, 2018, – 315 с.; Прагмалингвистика. – Тошкент: 2008. – 318 б.; Ашурова Д.У. Стилистические и прагматические аспекты словообразования английского языка: Дисс... кан. филол. наук. – Ташкент, 1993. – 405 с.; Йўлдошев Б. Ўзбек тилида фразеологизмларнинг услубий ва прагматик имкониятлари. – Самарқанд: СамДУ, 2002. – 37 б.; Пардаев А. Дискурсив юкламаларнинг прагматик вазифаси хусусида // Бадиий асарларни шарҳлаб ўрганиш: тарих, тажриба, технология. Республика илмий конференцияси материаллари. – Тошкент: ТДПУ, 2014. – Б. 197–200; «Дискурсив юкламалар» ҳақида // Республика ёш олимлар илмий-амалий конференцияси материаллари. – Тошкент: ЎзФА, 2014. – Б.271–272; Дискурсивные маркеры в узбекском языке // Дискурсология: язык, культура, общество: материалы XIII Международной научной конференции. – Луганск: ЛНУ, 2014. –С. 81–91; Дискурс ҳақида айрим мулохазалар // Ўзбек тилшунослигининг долзарб масалалари: Республика илмий-амалий конференцияси материаллари. – Тошкент: ТошДЎТАУ, 2016. – Б. 49–51; Раупова Л. Диалогик дискурсадаги полипредикатив бирликларнинг сопиопрагматик тадқиқи: филол. фан. д-ри...дисс. автореф. – Т., 2012. – 52 б.; Диалогик дискурсада миллий ментал омилларнинг намоён бўлиши // “Амударё” журнали, № 5. 2010. – Б. 125–128; Dialogical discourse as an environment in which a polypredictive unit is implemented. ISJ Theoretical & Applied Science, 03 (83). P. 451–457; Диалогический дискурс как среда, в которой реализуется полипредикативная единица // Theoretical & Applied Science. № 3. 2020. – С. 451–457; Diyalojik diskursa sosyal mental ve pragmatik etkenler // Turkiy tilda so‘zlashuvchi xalqlar qurultoyi. – 2017. – Б. 33–38; Диалогик дискурс босқичлари ва уларнинг шаклланиши // Дунёвийлик ва динийлик ёшлар нигоҳида. 2010. – Б. 68–72; Бадиий ва санъат асарларида маданий нутқ орқали миллий ментал омилларнинг ифодаланиши. Монография. – Тошкент: Инновация-зиё, 2019. – 210 б. Нормуронова Н.З. Вербальная экспликация антропоцентризма в англоязычном художественном дискурсе. Автореф. ... дисс. Д-ра филол. наук. – Т., 2020. – 81 с.; Verbal explication of discursive personality in the light of anthropocentrism // ACADEMICIA An International Multidisciplinary Research Journal Vol. 10 Issue 12, December 2020; Одилова Г. К. Хусусий дискурслар лингвомаданий талқинининг назарияси ва амалиёти Автореф. Филол. фан. д-ри...дисс. – Т., 2020. – 80 б.

shakllanishiga doir⁴⁵ batafsil to'xtalib o'tgan. U diskurs aksariyat hollarda ikki va undan ortiq gaplarning, murakkab sintaktik qurilmalarning o'zaro bog'lanishidan tashkil topishini ta'kidlaydi.

Tadqiqotlardan anglashiladiki, pragmatolingvistika va kognitiv tilshunoslikda diskurs asosiy ahamiyat kasb etadigan masalalardan biridir. Diskurs ko'p qirrali hodisa, ekstralingvistik omillar bilan uyg'un, kishilarning o'zaro munosabati va ularning ongli mexanizmlarining tarkibiy qismi sifatidagi nutq shaklidir. Ta'kidlash joizki, diskurs ifodalaydigan ma'no turli xilligi sababli, diskursning barcha holatlarini qamrab oladigan biror bir aniq va umumiy tan olingan ta'rif mavjud emas.

Bobning ikkinchi fasli "Tibbiy diskurs" tushunchasi tahlili va tadqiqi masalasi" deb nomlanadi. So'nggi yillarda tibbiyotning ijtimoiy roli keng jamoatchilik muhokamasiga sabab bo'lmoqda, chunki sog'liqni saqlash tizimida olib borilayotgan islohotlar ba'zi dolzarb vazifalarni hal qilishga imkon bergan bo'lsa-da, yangi muammolarni keltirib chiqardi. Bularga tibbiylashtirishning kengayishi, tashkiliy va texnik omillarning: tibbiyot xodimlari sonining kamayishi, ularga ish soatining oshishi, byurokratizasiya va maslahatlashuvlar uchun ajratilgan vaqtning qisqarishi, shuningdek, yangi biotexnologiyalar ta'siri ostida tibbiy amaliyotlarning o'zgarishi kiradi. Bu muammolarning barchasi shifokor va bemor o'rtasidagi kommunikativ munosabatlar modellarining o'zgarishiga olib keldi, bu esa o'z navbatida tibbiy diskursni lingvistik, psixologik, ijtimoiy va madaniy hodisa sifatida o'rganish va tavsiflashga bag'ishlangan ko'plab tadqiqotlarning paydo bo'lishiga olib keldi va metodologik yondashuv asosida tibbiy diskurs shakllarini aniqlash, tizimlashtirish va umumlashtirish fikri yuzaga keldi.

"Tibbiy diskurs" tushunchasi doirasini aniqlashtirish va ko'rib chiqish uchun uning tuzilishi tamoyillari, "tibbiyot" so'zining ta'riflarini tahlil qilinishi o'rinlidir. Etimologik jihatdan leksema lotin *medicina* atamasiga borib taqaladi hamda normal va patologik jarayonlarni o'rganish bo'yicha inson salomatligini saqlash, turli kasalliklar bo'yicha patologik sharoitlar yaratish kabi ilmiy va amaliy sohani anglatadi. Semantik tuzilishga asoslangan "tibbiyot" tushunchasidan "tibbiy diskurs" fenomeni doirasini aniqlash mumkin.

Tibbiy diskurs – bu ilgari bir-birini tanimaydigan, lekin kerak bo'lganda odamlar orasida jamiyat va ushbu jamoatchilik muassasasi normalariga muvofiq muloqot qilishi shart bo'lgan maxsus aloqa turi. Tibbiy diskurs global muammo bo'lib, muhtojlarga tibbiy yordam ko'rsatish va turli soha xodimlari bilan belgilangan professional o'zaro ta'sir (muloqot) turidir⁴⁶.

Tibbiy diskurs o'tgan asrning 60-70-yillarida AQSh va Yevropada fanning boshqa antropologik sohalari qatorida o'rganila boshlandi. G'arb tilshunosligida tibbiy diskursni tahlil qilishning ikkita yondashuvini ajratish mumkin. Birinchidan, AQShda sotsiolingvistika nuqtai nazaridan rivojlanayotgan klinik suhbatlarni tahlil qilish (tadqiqotchilar bu yondashuvni mikroanalitik deb ta'riflaydilar), ikkinchidan, Yevropada M.Fuko asarlarida ko'rsatilgan falsafiy fanlar yo'nalishi bilan bog'liq

⁴⁵ Турниёзов Н. Синтагматик муносабат ва дискурс шаклланишига доир баъзи қайдлар // Хорижий филология. № 4, 2016 йил. – Б. 10–13.

⁴⁶ Барсукова М.И. Медицинский дискурс: стратегии и тактики речевого поведения врача: Автореф. дис...канд. филол. наук [Текст]/ М.И. Барсукова. – Саратов, 2007. – 21 с.

diskursiv tadqiqotlar. Ularda nutq shifokorning vakolatlarini tasdiqlash va saqlash vositasi, shuningdek, manipulyasiya vositasi sifatida tahlil qilinadi (makroanalitik yondashuv). Ikkala, falsafiy va sotsiologik yondashuvlarning markaziy muammosi bemorga tibbiy diskursda ta'sir qilish usullarini o'rganish, tibbiy nutqning ijtimoiy nazorat shakli sifatida ishlashini aniqlash edi⁴⁷.

Har qanday institusional sohaning diskursi turli xil janrlardan iborat. Tibbiy diskurs ijtimoiy o'zaro ta'sir maydoni sifatida quyidagilarni o'z ichiga oladi: 1) ko'plab nutq janrlarining yozma va og'zaki shakllari; 2) tibbiy idoralarda yoki ommaviy axborot vositalarida shifokor va bemorning klinik uchrashuvlari (tibbiy forumlar va bloglar); 3) televideniyaning mashhur tibbiy dasturlari va statsionar tibbiy yozuvlar, klinik konferensiyalardagi taqdimotlar va h.

Ilmiy va tibbiy diskursda uchta umumiy makro janr mavjud. Bular:

1) ilmiy tadqiqot ishlari; 2) shifokorning bemor bilan suhbat; 3) darslik.

Bunday diskurs ishtirokchilari tibbiyot vakillari yoki boshqa kasb egalari bo'lishi mumkin. Bunda tibbiy diskursning o'zi vertikal (shifokordan bemorga) yoki gorizontal (shifokordan shifokorga, olimdan olimga) amalga oshirilishi mumkin. Tibbiy diskursning yozma va og'zaki usullari mavjud.

Tibbiyot ta'lim muassasalarida maxsus fan sifatida o'qitiladigan tibbiyot deontologiyasining bir qismini tibbiy diskurs tashkil qiladi.

Zamonaviy o'zbek lingvistikasida tibbiy diskurs masalasi monografik planda o'rganilmagan va kun tartibiga qo'yilmagan. Bundan anglashiladiki, tibbiy nutqning diskursiv, kommunikativ va pragmatik strategiyalarni aniqlash va farqlash masalasi dolzarb bo'lib qolmoqda.

Dissertatsiyaning ikkinchi bobi **“Tibbiy diskurs yaratuvchilarining nutqiy xulqi masalasi”** deb nomlanib, unda tibbiy diskursda nutqiy aktning o'rni masalasi yoritilgan, shifokor va bemor nutqining kommunikativ strategiyasi hamda sotsiopragmatik tahlili amalga oshirilgan, shuningdek, maishiy tibbiy diskurs xususida atroflicha ilmiy mushohada yuritilgan, yozib olingan tibbiy, maishiy tibbiy diskurslar tahlilga tortilgan. “Tibbiy diskursda nutqiy aktning o'rni” deb nomlangan birinchi bo'limida pragmalingvistikaning tadqiq doirasiga kiruvchi nutqiy akt hodisasi yoritilgan hamda tibbiy diskursda uning ahamiyati misollar asosida batafsil yoritilgan. Tilning mavjudligi insonlarning so'zlash yoki yozish harakatlarini bajarishi bilan bog'liqdir. Bu harakatlarning bajarilishi jarayonida lisoniy birliklar (birinchi o'rinda – gap) asl ma'nosidan tashqari, tasdiqlash, buyurish, ogohlantirish, va'da berish kabi mazmunni ifodalash imkoniyatini namoyon qiladilar. Bu ma'nolar so'zlovchi shaxs tomonidan bajarilayotgan nutqiy faoliyat natijasidir. Nutqiy akt so'zlovchining ma'lum muhitda, aniq maqsadda tinglovchiga lisoniy murojaatidir⁴⁸. Tibbiy diskursda nutqiy akt ahamiyatli hodisadir. Chunki shifokor-bemor nutqi faqatgina axborot berishdan iborat bo'lmay, bir qator pragmatik vazifalarni bajaradi. Tibbiy diskurs muayyan pragmatik xususiyatlar, funksiyalarga ega verbal va noverbal aloqalar, shuningdek, tibbiy muhitda davolash va kasallikning oldini olish vazifalarini amalga oshirish to'plamidir⁴⁹.

⁴⁷ Фуко М. Рождение клиники. – М.: Смысл, 1998. – 310 с.

⁴⁸ Сафаров Ш. Прагмалингвистика. – Тошкент, 2008. – 318 б. – Б. 77.

⁴⁹ Маджаева С.И. Медицинские терминосистемы: становление, развитие, функционирование (на материале предметных областей медицины сахарный диабет и СПИД). – Астрахань: АГМА, 2012. – 277 с.

Nutqiy akt mazmuni lisoniy va nolisoniy xususiyatlar umumlashmasidan tashkil topishini barcha pragmalingsvistlar e'tirof etishadi. Ularning ko'pchiligi nutqiy aktga uch bosqichli faoliyat sifatida qarash tarafdorlaridir. Bu bosqichlarda uch xil harakat bajariladi. Ular – lokutiv, illokutiv va perllokutiv harakatlardir. Tibbiy diskursda ham nutq sohiblari tomonidan yaratiladigan va talaffuz qilinadigan gap lokusiyadir. Agarda biror bir sabab bilan (tilni bilmaslik yoki shifokor bemordan kasalligini yashirgan holatda) gap tuzilmasa va u talaffuz etilmasa, lokutiv harakat yuzaga kelmaydi. Masalan, “Siz tez orada sog‘ayib ketasiz” (shifokor tilidan) jumlasini faqatgina yozuvda qolsa, lokusiya yo‘q.

Diskurs yaratuvchilari gaplarni tuzishdan va talaffuz etishdan ma'lum bir maqsad ko'zlaydi, zero, bu maqsad til sohibi ongida doimo mavjud bo'ladi. Ushbu maqsadning voqelanishi esa illokutiv akt natijasidir. Illokusiya⁵⁰ shaxslararo (muloqot ishtirokchilari o'rtasidagi) munosabatlarning ifodalanishidir. Masalan, yuqorida keltirilgan “Siz tez orada sog‘ayib ketasiz” gapini talaffuz etish vositasida shu voqea haqida xabar berish, bemor kayfiyatini ko'tarish, o'zini tetik his qilishiga sabab bo'lish kabi kommunikativ istaklarni ifodalash imkoni bor. Aynan shu kommunikativ maqsaddan qaysi biri ma'lum sharoitda voqelanishiga nisbatan nutqiy tuzilmaning illokutiv kuchi aniqlanadi.

Ravshanki, har qanday muloqot harakati natijaviy maqsadni ko'zlab bajariladi. Bu maqsadga erishish uchun so'zlovchining nutqi tinglovchiga ta'sir o'tkazishi lozim. Nutqiy faoliyatning ta'sir o'tkazish bosqichi perllokutiv akt⁵¹ nomini olgan. Yuqoridagi “Siz tez orada sog‘ayib ketasiz” gapi talaffuzining natijasini tinglovchi ushbu nutqiy harakatni biz istagan maqsadda (masalan, xursand bo'lish, ruhiyatining ko'tarilishi, tuzalishga harakat qilish) qabul qilishda ko'ramiz. Demak, perllokusiya tinglovchi ongiga, his-tuyg'ulariga va xatti-harakatiga ta'sir o'tkazish harakatidir.

Har qanday kasbiy faoliyatning, shu jumladan, shifokor kasbining muhim tarkibiy qismlaridan biri bu nutqiy aloqadir. Faoliyat sohasiga qarab, nutq aloqasi mutaxassis ish vaqtining 90 % ini tashkil qilishi mumkin. Zamonaviy mehnat bozorida mutaxassisning ahamiyati va dolzarbligi ko'p jihatdan muloqot qilish qobiliyatiga, so'zlar orqali boshqa odamlarga ta'sir o'tkazishga bog'liq. Bu haqda V.Verseyev shunday deydi⁵²: “Shifokor zukko iste'dodga ega bo'lishi, o'z ishining mohir ustasi bo'lishi mumkin, ammo u bemorning ruhini zabt etish va bo'ysundirish qobiliyatiga ega bo'lmasa, bularning barchasi samarasiz bo'lib qoladi”⁵³. Til me'yorlarining buzilishi, hatto o'z sohasidagi juda obro'li mutaxassisning nutqidagi xatolar tinglovchilar va o'quvchilar ongida u tomonidan taqdim etilgan ma'lumotlarning ishonchlik darajasini sub'yektiv ravishda pasaytiradi. Psixologlar nutqning deformatsiyasi ongning deformatsiyasiga olib kelishi mumkinligini ogohlantiradi.

Bobning ikkinchi fasli “Shifokor va bemor nutqining kommunikativ strategiyasi hamda sotsiopragsmatik tahlili” deb nomlanadi. “Strategiya” atamasi keng qo'llanilishiga qaramay tilshunoslikda bu atamaning umumiy qabul qilingan

⁵⁰ Сафаров Ш. Прагмалингвистика. – Тошкент, 2008. – Б. 82.

⁵¹ Сафаров Ш. Прагмалингвистика. – Тошкент, 2008. – Б. 83.

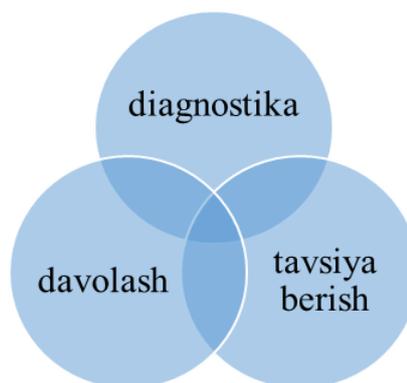
⁵² Вересаев В. Записки врача. – Санкт-Петербург, 1896–1906.

⁵³ Кокенова З.К., Турысбекова Г.Ж., Аркабаева Г.С. Культура. Личность. Общение. Речь. Человек. Вестник КазНМУ. – Алматы, 2014.

ta'rifi yo'q. O'TILda mazkur so'zga quyidagicha izoh berilgan: **STRATEGIYA** [*yun.* strategia < stratos -qo'shin + ago – boshlab boraman] **1** *harb.* Urush olib borish san'ati; urush va harbiy operatsiyalar o'tkazishning umumiy rejasi. **2** Urush olib borish haqidagi fan. **3** *ko'chma* Ijtimoiy-siyosiy kurashga rahbarlik qilish san'ati, shuningdek, umuman, boshqaruvni to'g'ri va istiqbolli rejalashtirish san'ati⁵⁴. Ko'rinadiki, strategiya ko'p ma'noli so'z bo'lib, 3-ma'nosida (boshqaruvni to'g'ri va istiqbolli rejalashtirish san'ati) nutqqa nisbatan qo'llash mumkin. “Kommunikativ strategiya” deganda muayyan vaziyatda nutq xatti-harakatida maqsadga erishish, ya'ni kommunikasiyani o'rnatish uchun ma'lum bir usul. Har qanday kommunikativ muloqotni taktikalar (aniq nutq harakatlari, o'zaro ta'sirning muayyan bosqichida nutqning ketma-ketligi) yordamida amalga oshiriladigan strategiya nuqtai nazaridan ko'rib chiqish mumkin⁵⁵.

O'TILda “taktika” so'ziga quyidagicha izoh berilgan: **TAKTIKA** [*yun.* taktike – qo'shin tuzish, saflash mahorati] **1** Harbiy san'atning jangga tayyorgarlik ko'rish va jang olib borish nazariyasi va amaliyotini o'z ichiga olgan tarkibiy qismi. **2** Ko'zlangan maqsadga erishmoq uchun olib boriladigan kurashning muayyan sharoitga mos yo'l va vositalari, shakl va usullari⁵⁶.

Strategik reja vositalarni tanlash va uni amalga oshirish usullarini belgilaydi, shuning uchun nutq strategiyasi va nutq taktikasi bir-biri bilan chambarchas bog'liq. Tibbiy diskursning nutq strategiyalari muloqotning yakuniy maqsadi haqidagi umumiy g'oya bilan bog'liq. Tibbiy nutqning asosiy maqsadi, shubhasiz, kasal odamga malakali yordam ko'rsatish, ya'ni kasallikni aniqlash, kerakli davolash kursini belgilash va shuningdek, muayyan xatti-harakatni tavsiya qilishdan iboratdir. Shuning uchun boshqa tadqiqotchilar⁵⁷ quyidagi tibbiy diskursning uchta asosiy strategiyalarini ajratadilar. Ular quyidagilar:



1-rasm. Tibbiy diskurs strategiyalari

Ko'rinyaptiki, nutq strategiyalari birlashgan va bir-biriga qorishib ketgan. Bu tibbiy diskursning o'ziga xos xususiyatidir. Shuni unutmash kerakki, inson tanasi

⁵⁴ Ўзбек тилининг изоҳли луғати. 5 жилдди. – Тошкент: Ўзбекистон миллий энциклопедияси, 2006. 3-жилд. – 688 б. – Б. 617.

⁵⁵ Формановская Н.И. Русский речевой этикет: Норматив. социокультур. контекст / Н.И. Формановская. – М.: Рус. яз., 2002 (ЗАО Астра семь). – 162 с.

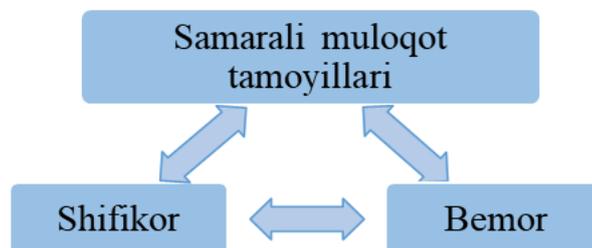
⁵⁶ Ўзбек тилининг изоҳли луғати. 5 жилдди. – Тошкент: Ўзбекистон миллий энциклопедияси, 2006. 3-жилд. – 688 б. – Б. 696.

⁵⁷ Карасик В.И. О типах дискурса / В.И. Карасик // Языковая личность: институциональный и персональный дискурс: сб. науч. тр. / В.И. Карасик. – Волгоград: Перемена, 2000. – С. 5–20.

Бейлинсон Л.С. Характеристики медико-педагогического дискурса (на материале логопедических рекомендаций): дис. ... канд. филол. наук: 10.02.01 / Любовь Семеновна Бейлинсон. – Волгоград, 2001. – 177 с.

murakkab tizim. Bir organ ko‘pincha boshqa organlarning disfunktsiyasi bilan birga keladi. Shu sababli xatoga yo‘l qo‘ymaslik uchun davolanish jarayonida (davolash strategiyasi), bir tomondan, shifokor qo‘shimcha ma‘lumot (diagnostika strategiyasi) olishi kerak va boshqa tomondan, shifokor davolashni tayinlab, davolashning muvaffaqiyatli natijasi uchun bemorga kerakli xatti-harakatlarni (tavsiya strategiyasi) buyurishi mumkin.

Shifokor va bemor muloqotning samarali kechishi ma‘lum qoidalar, muomala tamoyillariga amal qilish bilan bog‘liq.



2-rasm

Yuqoridagi chizmada shifokor va bemorning muvaffaqiyatli diskursi ularning samarali muloqot tamoyillariga amal qilishi bilan bog‘liqligi aks etgan. Ma‘lumki, axborot almashinilishi jarayonida miqdor, sifat, muqobillik va muomala tarzi muhim rol o‘ynaydi. Bu tamoyillar diskurs yaratuvchilarining har ikkisi uchun ham muhim. Xuddi shunga binoan H.Grays quyidagi maksima-tamoyillarni ajratadi⁵⁸: 1. Miqdor tamoyili. 2. Sifat tamoyili. 3. Mavzuga oidlik tamoyili. 4. Muloqot uslubi (tarzi) tamoyili.

Shifokor va bemor muloqot jarayonida mana shu tamoyillarga amal qilishi lozim. Bemor shifokorga kasalligi haqida ma‘lumot berganda ortiqcha ehtirosiga berilmasligi, kasalligiga oid kerakli faktlarni keltirishi lozim. Bemor, albatta, boshidan o‘tkazgan jarayonini aniq tushuntirishi va to‘g‘risini aytishi lozim (kasalligiga oid biror hodisani yashirmasligi kerak). Bu jarayonda bemor mavzudan uzoqlashmasligi (shaxsiy hayoti va b. masalalarga chalg‘imasligi) kerak. Shifokorga bezovtaligi haqidagi ma‘lumotlarni qisqa va aniq, ravon uslubda yetkazishi lozim.

Shifokor ham o‘z navbatida yuqoridagi tamoyillarga amal qilib, bemor va uning salomatligiga daxldor bo‘lmagan masalalarga to‘xtalmasligi, o‘zining shaxsiy hayoti va qiziqishlari to‘g‘risidagi axborotlarni qo‘shmay, notanish, tushunilishi qiyin bo‘lgan tibbiy iboralarni qo‘llamay, uning o‘rnida omma tushunadigan oddiy uslubda yetkazishi, tashxis qo‘yganda dudmallikdan qochishi, aniq va tushunarli so‘zlashi muhim masalalardandir.

Neonatolog vrach bilan ona (bemor bolaning onasi) suhbatlari:

- Assalomu aleykum, yaxshimisiz, doktor?
- Vaaleykum salom, kelinglar! Nima bezovta qilyapti?
- Ikki kundan buyon burni bitib, emishga qiynalyapti. Bugundan bir-ikkita yo‘tal ham paydo bo‘lgan.
- Nechinchi bolangiz?
- Uchinchisi.
- Abort qilganmisiz?
- Yo‘q.

⁵⁸ Сафаров Ш. Прагмалингвистика. – Тошкент, 2008. – Б. 136.

- *Bola tushishi-chi?*
- *Bo‘lmagan.*
- *O‘zingiz yengil bo‘ldingizmi yo kesercha yo‘li bilanmi?*
- *O‘zim.*
- *Bu bolangiz nechi kg tug‘ilgan?*
- *3,5 kg.*
- *Tug‘ilganida biror travma olganmi?*
- *Yo‘q, yaxshi tug‘ilgan.*
- *Hozir necha oylik?*
- *1 oylik.*
- *Hozir qanday dori ichiryapsiz?*
- *Burun bitishiga hech narsa bermadik, faqat otsos bilan burnini tozalab turibmiz.*
- *Qani, bir fonendoskop bilan eshitib ko‘raylik-chi (Eshitib ko‘radi). O‘pkasi toza. Faqat nafas olishida o‘zgarish bor. Kasalxonada qolishga sharoitingiz bormi?*
- *Agar zarur bo‘lsa, qolib davolanamiz.*
- *Shifokor nazoratida bo‘lgani ma‘qul. Chunki chaqaloqlarda kasallik tez rivojlanadi. Hozircha antibiotik boshlamaysiz. Dori bilan 1-2 kun ahvolini kuzatamiz.*
- *Yaxshi, rahmat.*

Yuqoridagi diskursga e‘tibor bersak, chaqaloq shamollashi tufayli kasalxonaga olib kelingan. Ammo shifokor onadan homiladorlikdan oldingi va keyingi holat, bolaning dunyoga kelishi bilan bog‘liq bir qator savollar bilan murojaat etgan. Ko‘p bemorlarda shifokorning savollarni uzoqdan boshlashi noodatij tuyulishi mumkin. Ammo mazkur diskursda shifokor ham, ona ham miqdor tamoyiliga amal qilgan. Chunki ma‘lum qilinayotgan holatda ortiqcha savol ham berilmagan, ortiqcha javob ham qaytarilmagan. Shuningdek, sifat tamoyiliga ham to‘liq javob beradi. Shifokor mazkur savollarni aynan onaga bergan (ota, buvi va b.ga emas), chunki bola bilan ona doimo birga, faqat ona bola holati haqida to‘liq ma‘lumotga ega bo‘ladi. Bu orqali shifokor aniq va to‘g‘ri javob oladi, bu esa kasalning tezroq tuzalishiga muhim ahamiyat kasb etadi.

Diskursga diqqat qilinsa, savol beruvchi shifokor mavzudan uzoqlashmagan, ona ham kerak bo‘lgan ma‘lumotni berishga harakat qilgan. Muloqot uslubi (tarzi) esa ravon, shifokor notanish, tushunilishi qiyin bo‘lgan tibbiy terminlarni qo‘llashdan qochgan, dudmallik yo‘q, har ikki diskurs yaratuvchisining nutqi mantiqiy uzviylikka ega.

Bobning uchinchi fasli “Maishiy tibbiy diskurs xususida” deb nomlanadi. Tibbiy diskursga shifokor va kichik tibbiyot xodimlari bilan rasmiy va norasmiy muloqot, talabalar uchun ma‘ruzalar, bemor kartochkalarini yuritish, kasallik varaqalari, ma‘lumotnomalar va boshqa tibbiy hujjatlarni ro‘yxatga olish, bemor va uning qarindoshlari, hamkasblari, tanishlari bilan muloqoti kiradi⁵⁹. Ko‘rinadiki, tibbiy diskurs keng tushuncha. Bemorning sog‘ayishi va oyoqqa turishi uchun atrofdegilar bilan bo‘ladigan muloqoti ham muhimdir. Inson kasal bo‘lib qolganda undan xabar oluvchilar, hol-ahvol so‘rovchilar ko‘p bo‘ladi. Ayniqsa, o‘zbek xalqi kimningdir kasal bo‘lganini eshitsa, darrov borib xabar olishni, dalda bo‘lishni,

⁵⁹ <https://vprosvet.ru/biblioteka/psihologiya-rodstvennikov/>

qaysidir tomondan yordam qo'lini cho'zishni savob amal deb biladi. Bemorning yaqinlari, hamkasblari, tanishlari bilan amalga oshiriladigan diskursni maishiy tibbiy diskurs sifatida baholash mumkin. Maishiy tibbiy diskursga quyidagi kommunikatorlar orasidagi muloqot kiradi: 1) bemor – uning qarindoshlari; 2) bemor – uning hamkasblari; 3) bemor – uning tanishlari, do'stlari va b.; 4) bemor – u uchun begona kishilar.

Maishiy tibbiy diskursda bemordan xabar oluvchi quyidagi strategiyalarga amal qilishi lozim: 1) tashrif buyurish; 2) suhbat davomiyligi; 3) suhbat mavzusi.

Bemorning hamkasblari ko'rishga kelganda, odatda, shifokorning rozilgisiz bemorni uning ishi bilan bog'liq muammolar va hatto vazifalar bilan bezovta qilishlari mumkin⁶⁰. Bunday tashrifning ham salbiy, ham ijobiy tomonlari bor. Og'ir ahvolda yotgan bemor uchun boshqa tashvishlar ahamiyatsiz bo'lib, uning asabiylashishiga olib kelishi mumkin. Ammo bunday tashrif bemorning ahvoli sezilarli yaxshilanayotgan vaqtda uning ishonchi va o'ziga bo'lgan hurmatini mustahkamlashi, o'zini kerakli his qilishi uchun yordam berishi mumkin. Odatda hamkasblar bemor do'stlarining xarakterini bilganlari uchun uning psixologiyasidan kelib chiqib maishiy tibbiy diskurs yaratadilar. Quyida rak kasaliga chalingan ayol bilan uni ko'rishga kelgan hamkasblari orasidagi diskurs berilgan:

– *Assalomu aleykum, Sanobarxon! Yaxshimisiz?*

– *Voy, assalomu aleykum! Kelinglar, kelinglar, qadrdonlarim! Xush kelibsizlar.*

– *Ko'p urinmang, Sanobarxon. Bizlar o'zimiz joylashib olamiz.*

– *Yaxshi keldingizlarmi, azizlarim? Ishxona tinchmi, hamkasblar yaxshi ishlab yurishibdimi?*

– *Rahmat, bizlar hammamiz yaxshi. Hamkasblar so'rab yuborishdi. O'zingiz, sog'ligingiz yaxshimi? Ko'rinishingiz yaxshi. Hali ko'rmaganday bo'lib ketasiz...*

– *Hmmm, kundan kun orqaga ketyapman... Men-ku mayli-ya, bolalarimni o'ylayman, mendan keyin ularning holi nima kecharkin?..*

– *Voy, Sanobarxon, yomon narsalarni aslo o'ylamang, dardini bergan Alloh shifosini ham beradi... Siz faqat yaxshi narsalar haqida, bolalaringizning go'zal kelajagi haqida o'ylang. Hali tuzalib ham ketasiz, farzandlaringiz to'yida mazza qilib o'ynaymiz, Xudo xohlasa...*

– *Ha, ilohim, aytganingiz kelsin, ko'nglim ancha ravshan bo'ldi...*

– *Ishxonadagilar ham sizni judayam sog'inishgan. Talabalarimiz ham sizni so'rashgani-so'rashgan. Darslaringizni rosa sog'inishgan. Tez orada tuzalib, yana o'z o'rningizga qaytishingizni sabrsizlik bilan kutyapmiz.*

– *Ilohim, rahmat, sog' bo'lishsin...*

– *Mana biz sizga qiziqarli jurnallar olib keldik, zerikmasdan shularni mutolaa qilib o'tiring. Vaqt qanday o'tganini ham sezmay qolasiz. Muolajalaringizni vaqtida olib tursangiz, hammasi yaxshi bo'ladi. Biz esa tez-tez xabar olib turamiz. Doim muloqotda bo'lamiz.*

– *Rahmat, qadrdonlarim, boringizga shukur...*

Diskursda hamkasblar bemorning tuzalmas dardga chalinganini, umri kam qolganini bilishsa-da, uning yuragiga dalda bo'luvchi, kelajakdagi yorqin kunlar haqida gapirib, taskin berishadi. Lekin bemorning o'zi ham kasali og'irligini,

⁶⁰ <https://vprosvet.ru/biblioteka/psihologiya-rodstvennikov/>

uzoqqa bormasligini biladi. Shunday bo'lsa-da, umid bilan xursand bo'lgan. Suhbatdoshlar bemorni psixik travmadan asrab, og'ir holatini yana ham og'irlashtirmaslikka, chuqur depressiyaga tushirmaslikka harakat qilishgan. Chunki shunday yondashilmasa, bemor davolanishdan voz kechishiga, o'limini kutib, o'zini azobga qo'yishiga olib kelishi mumkin. Bemorning tibbiy-ruhiy holatiga muvofiq diskurs o'rnatish muhim.

Og'ir yotgan bemor, odatda shifokor bilan gaplashgan yaqinlaridan kasalligi to'g'risida so'raydi. Bunday bemorga esa kasalligi og'irligi haqida gapirish to'g'ri emas. Ishongan yaqinlarining gapidan bemor vahimaga tushib, shifokorga bo'lgan ishonchini yo'qotishi mumkin. Ammo bemorga yolg'on ma'lumot ham berish mumkin emas. Ko'nglini ko'tarish, yupatish lozim, ammo yolg'on ma'lumot bilan emas.

Maishiy diskursda bemor bilan muloqotda bo'luvchilarga asosiy "yuk" tushadi. Ular kasalning injiqligi, kayfiyatsizligi, qo'rsiligiga javoban qattiq gapirmasligi, ozor bermasligi kerak. Bemor bilan diskursga kirishganda uning ruhiy holatini e'tibordan qochirmaslik kerak. Maishiy tibbiy diskursda bemor huzuriga tashrif buyuruvchilar, asosan, so'z orqali kasalga ijobiy ta'sir ko'rsatishga, ularni hayotga qaytarishga shifokorga yordam beradilar.

III bob "Tibbiy diskursda lingvistik va ekstralingvistik vositalar" deb nomlanib, unda paralingvistik vositalar va uning tibbiy diskursdagi o'rni hamda tibbiy diskursda fikrning implisit/eksplisit ifodalanishi masalasi tahlil etilgan. "Paralingvistik vositalar va uning tibbiy diskursdagi o'rni" deb nomlangan birinchi bo'limi paralingvistik vosita ekstralingvistik hodisalarning bir turi sifatida namoyon bo'lishi hamda tibbiy diskursda paralingvistik vositalarning o'rni masalasiga bag'ishlangan. Paralingvistika – 50-asrning 20-yillari boshlarida AQSHda tilshunoslik, psixologiya, etnografiya, tibbiyot va madaniy antropologiyada paydo bo'lgan fan sohasi. Ushbu soha vakillari Dj.Treger, G.Smit, I.Xoket, T.Sebeoklar hisoblanadi. Rus psixologiyasida G.V.Borozdina, I.N.Gorelov, V.F.Yengalichev, N.I.Jinkin, A.A.Leontyev⁶¹ va boshqalar ushbu muammoni o'rganish bilan shug'ullanishgan.

XX asrning so'nggi o'n yilligida sodir bo'lgan yangi ilmiy paradigmaga o'tish nafaqat tilshunoslikning qiziqish doirasi kengayishiga, balki paralingvistika yo'nalishining paydo bo'lishi va rivojlanishiga ham imkon berdi.

Paralingvistik vositalarni stilistik o'rganish 70-yillarda, ya'ni bu vositalarning ekspressiv imkoniyatlariga bag'ishlangan birinchi stilistik tadqiqotlar paydo bo'lganda boshlangan.

Paralingvistika odamlarning lingvistik muloqotiga hamroh bo'lgan va ma'lum bir tarzda talqin qilingan ma'lumotlarni yetkazib beradigan hodisalarni o'rganadi (ovoz tembri, intonasiya, yo'tal, imo-ishoralar, gapirish uslubi va hokazo.). Pragmalingvistika insonlar orasidagi muloqot reaksiyasini o'rganadigan

⁶¹ Бороздина Г. В. Психология делового общения: учеб. пособие для студентов экон. и техн. спец. вузов / Г.В. Бороздина. – Москва, 2006. – 224 с.; Горелов И.Н. Невербальные компоненты коммуникации / Отв. ред. В.Н. Ярцева; Предисл. В.И. Карасика. Изд. 4-е. – М.: Книжный дом «Либроком», 2009. – 112 с.; Енгаличев В.Ф. Судебная психологическая экспертиза в уголовном и гражданском процессах: вопросы теории и практики: практикум для студентов факультетов психологии высших учебных заведений. – Москва: МПСУ; Воронеж: МОДЭК, 2015. – 449 с.; Жинкин Н.И. Речь как проводник информации. – М.: Наука, 1982. – 157 с.; Леонтьев А.Н. Становление психологии деятельности. – М.: Смысл, 2003. – 870 с.

pragmatikaga eng yaqin yo‘nalishdir. Paralingvistika, odatda, lingvistik faoliyat bilan birga keladigan barcha turdagi hodisalarni – tovush, grafika, kinetika va boshqalarni qamrab oladi⁶². Tadqiqotlar shuni ko‘rsatadiki, noverbal muloqotda verbal muloqotga qaraganda besh marotaba ko‘proq ma‘lumot yetkaziladi. Bu jihati bilan u verbal muloqotdan afzaldir.

Paralingvistik aloqa vositalari tibbiyotda so‘zlovchi nutqini tinglovchiga yetkazishda amaliy yordam beradi. Xususan, bemor bilan shifokor, bemor bilan bemor, shifokor bilan tibbiy xodim, tibbiy xodim bilan bemorning yaqinlari o‘rtasidagi muloqotda ham paralingvistikaning o‘rni juda ahamiyatli hisoblanadi. Chunki ko‘pincha shifokorga bemorning og‘zaki nutqi yetarli ma‘lumot bera olmaydi. Shuning uchun shifokor-bemor nutqining juda muhim jihati verbal nutq bilan bir qatorda noverbal vositalardan foydalanishdir⁶³. Shifokor bemor bilan muloqotga kirishganda “til to‘sig‘i” bo‘lgan holatda noverbal muloqot juda zarurdir. Agar shifokor va bemor turli tillarda gaplashsa yoki bemor gapini tushuntira olmaydigan holatda bo‘lsa, bir-birini tushunmaydi. Bunday vaziyatda ular imoishora, yuz reaksiyalari, ovoz intonasiyalaridan foydalanishadi.

Quyida afaziyaga chalingan bemor bilan shifokor diskursi berilgan bo‘lib, kasalni rasmlar orqali gapirtirishga, unga noverbal usullar orqali ta‘sir qilishga harakat qilingan:

– *Salom, men sizning shifokoringizman, meni tushunyapsizmi? (sekin va aniq talaffuz qilgan holda biroz kutib turib) Tushungan bo‘lsangiz “Ha” deb javob bering. (Shifokor bemorning javob berishi uchun bir oz vaqt kutib turdi.)*

– *Haa-aa-aa.*

– *Yaxshi. (Shifokor kulib, ko‘zlarini qisib qo‘ydi.) Hozir sizga rasm ko‘rsataman, nima tasvirlanganini aytasiz. Bu nima?*

– *Ko-koooooo-kop-ttttok.*

(Shifokor bemor tomonga yelkalari biroz egilgan, qo‘llari ochiq holatda, uning ko‘zlariga tikilganicha diqqat bilan eshitdi. Hamshiraga esa qo‘li bilan derazani yopishga ishora qildi.

– *To‘g‘ri, bunisi-chi? (Qo‘l harakatlari bilan faolroq tushuntirishga harakat qildi.)*

– *Mush-mushuk, yo‘q, mash-mashshshina.*

– *Zo‘r (katta barmog‘i bilan zo‘r ishorasini qilib). (Bemorning chehrasi yorishdi.)*

– *Endi o‘qishingizni tekshirib ko‘ramiz.*

Bu yerda nima yozilgan? (Shifokor boshlang‘ich maktab uchun mo‘ljallangan kitoblardan foydalandi.)

– *Quyooooooooosh buuuulutlar oraasidan chiiqdi.*

– *(Shifokor qarsak chalib yubordi, yuziga tabassum yugurdi) Siz buni yaxshi uddalayapsiz, endi keyingisini o‘qishga harakat qilamiz. (Shifokor bemor o‘qiyotgan gapni boshini qimirlatgan holatda ma‘qullab turdi.)*

– *(Bemor mamnun qiyofada keyingi rasmga diqqat qildi.) Bahor oyida yomg‘ir yog‘ishi ekinlar uchun muhim.*

– *Ajoyib. (Shifokor bemorning qo‘lini ushladi.)*

⁶² <https://otherreferats.allbest.ru/languages/00208>

⁶³ <http://medpsy.ru/zdravo/zdravo383.php>

Shifokor kasalning nutqini tiklash uchun rasmlar yordamida gapirtirishga, soʻzlarni eslashga, jummalarni oʻqishga undagan. Verbal muloqot bilan bir qatorda noverbal aloqa vositalaridan ham foydalangan. Shifokorning “bemor tomonga yelkalari biroz egilgan, qoʻllari ochiq holatda, uning koʻzlariga tikilganicha diqqat bilan eshitish” holati orqali kasalga befarq emasligi, uni qoʻllab turganini ifoda etgan, bu esa bemorga kuch bergan. Bemorning koʻrsatgan natijasiga javoban shifokorning katta barmogʻi bilan “zoʻr” ishorasini qilishi bemorni faol boʻlishga undashi bilan birga, oʻziga ishonch hissini uygʻotgan. Buning natijasida keyingi mashqlarni ham muvaffaqiyatli amalga oshirgan. Shifokorning qarsak chalib, yuziga tabassum yugurishi natijasida bemor mamnun qiyofada keyingi rasmga diqqat qilib, javob bergan. Shifokor bemor oʻqiyotgan gapni boshini qimirlatgan holatda maʼqullab turishi, qoʻlidan ushlashi unga dalda boʻlgan. Koʻrinyaptiki, shifokorning ijobiy noverbal harakatlari bemorning sogʻayishiga tomon qadam tashlashiga turtki boʻlgan.

Bobning “Tibbiy diskursda fikrning implisit va eksplisit ifodalanishi” deb nomlangan ikkinchi faslida implisit/eksplisit hodisasi mohiyati, tibbiy xodim, bemor va bemorga aloqador kishilar nutqida mazkur hodisalarning oʻrni, ahamiyati, maqsadi yozib olingan diskurslar asosida tahlil qilingan.

“Implisit”, “eksplisit” tushunchalari bugungi kunda koʻplab sohada keng qoʻllaniladi. Koʻpgina lugʻatlarda bu soʻz lotinchadan kirib kelganligi qayd etiladi⁶⁴. Jumladan, N.G.Komlevaning xorijiy soʻzlar lugʻatida “eksplisit” lotincha “explicite” soʻzidan olingan boʻlib, “aniq”, “ochiq” degan maʼnoni bildiradi, deb taʼrif berilgan. “Implisit” atamasi esa aksincha, “eksplisit” termini maʼnosiga antonim boʻlib, “koʻzda tutilmagan”, “tashqi tomondan koʻrinmaydigan”, “toʻgʻridan-toʻgʻri ifodalanmagan”, “yashirin” maʼnolarini ifodalashi taʼkidlangan⁶⁵.

Grammatik lugʻatda ham “eksplisit” va “implisit” atamalarining lotincha “explicitus” va “implicatus” soʻzlaridan kelib chiqqanligi, “eksplisit” – aniq, tushunarli boʻlib, “implisit” atamasiga nisbatan zid maʼnoni ifodalashi qayd etiladi. Implitik – chalkash, noaniq, oʻzini aniq namoyon qilmaydigan, tashqi tomondan aniqlanmaydigan, eksplisitikka qarama-qarshi maʼnoga ega tushuncha⁶⁶.

Ensiklopedik lugʻatda “eksplisitik” ingliz tilidagi “explicit” (aniq, ochiq ifodalangan), “implisitik” esa “implicit” (chalkash, noaniq, oʻzini aniq namoyon qilmaydigan, sirtni kuzatish orqali aniqlanmaydigan) soʻzlaridan olinganligi taʼkidlangan⁶⁷.

Yuqoridagi turli lugʻatlar izohlarini tahlil qilib, implisit termini “ifoda noaniq, yashirin”, eksplisit termini esa “aniq, ochiq” degan maʼnolarni ifodalashini qayd etish mumkin.

Diskursda kommunikativ aloqa maʼlum maqsad bilan yo eksplisit, yo implisit tarzda ifodalanadi. Bu soʻzlovchining niyati, holati, sharoiti, imkoniyati asosida voqelanadi. Tibbiy diskursda ham bu hodisalarning namoyon boʻlishi tabiiy.

⁶⁴ Пономарева Е.А. Изучение педагогических понятий, связанных с терминами «эксплицитный» и «имплицитный» // Мир науки, культуры, образования. № 2 (51) 2015. ISSN 1991-5497. – С. 133-137.

⁶⁵ Комлев Н.Г. Словарь иностранных слов. – Москва: Флинта, 2006 // <http://enc-dic.com/fwords/JEkstralingvisticheskiy-41678.html>

⁶⁶ <http://www.gramota.ru/slovari/dic>

⁶⁷ <http://tolkslovar.ru/ie683.html>

Tibbiyot xodimi, bemor, bemorning qarindoshlari orasidagi diskursda ma'lum kommunikativ maqsad asosida fikr imlisit yoki eksplisit tarzda ifodalanadi. Bunday diskursda ochiq muloqot bilan bir qatorda imlisit ifodaning ham o'rni katta. Chunki bemorning salomatligi, kayfiyati, ruhiyatiga salbiy ta'sirning oldini olish maqsadida shifokor uning kasalligini, ahvoli og'irligini ochiqchasiga aytishdan "tiyiladi". Yoki bemorning yaqinlariga uning o'limini eksplisit tarzda yetkazishdan ko'ra imlisit yo'l bilan bildiradi. To'g'ridan-to'g'ri "o'ldi" demaydi. "Bardam bo'ling!", "O'zingizni qo'lga oling!", "Alloh sabr bersin!", "Qo'limizdan kelganini qildik", "Tayyorgarliklaringizni ko'ringlar" kabi ifodalar bilan yetkazadi. Bunday ifodalarning intensiyasi nutqiy vaziyatdan reallashadi. Bu ham tibbiy xodimning yuksak tibbiy etikasidan, muloqot madaniyatidan dalolat beradi.

Agar diskursda pragmatik maqsad aniq va eksplisit ifoda topsa, nutqiy tuzilmada axborot oddiygina uzatilib qolmasdan, balki tinglovchilarga tezda ta'sir o'tkazish, ularni javob harakatiga undash maqsadlari aniq namoyon bo'ladi. Implitit ifodada esa adresantning javob reaksiyasi tez bo'lmasligi mumkin. Chunki adresantning ifodalamoqchi bo'lgan fikrini vaziyatdan kelib chiqib tinglovchi uqishi uchun vaqt kerak bo'ladi.

tibbiy diskursda ham bunday yashirin ma'nolarni anglash uchun diskurs yaratuvchilarining ongi, dunyoqarashi, farosati bilan bir qatorda o'sha paytdagi muhit, vaziyat ham muhim ahamiyat kasb etadi.

Bemor huzurida shifokor-shifokor diskursi:

– *Kompyuter tomografiya va magnit rezonans tomografiya tekshiruvi bu kishida buyrak adenokarsinomasi kasalligi borligini tasdiqladi.*

– *Qanday shikoyat bilan keldilar?*

– *Siydikdagi qon, bel yon soxasidagi og'riq va isitma bilan.*

– *Boshqa a'zolarga tarqalish darajasi qanday?*

– *(Shifokor bemorga qarab oladi, so'ng hamkasbiga yuzlanib, qo'lidagi qog'ozni uzatadi.) Mana xulosa.*

– *(Shifokor manfiy xulosani o'qiydi.) Muolajani boshladingizmi?*

– *Ha.*

Anglashilyaptiki, ikki shifokor bemorning oldida uning kasalligi haqida muloqotga kirishgan, ammo kasallik nomini tibbiy terminologik tushuncha bilan aytib, implitit ifodadan o'rinli foydalangan. Buyrak raki kasalligining buyrak adenokarsinomasi va buyrak xujayrali karsinomasi degan nomlari ham bor. Xalq orasida ko'pincha *rak*, *o'simta* nomlari bilan yuritiladigan xavfli kasallik bemor yuragiga vahima tug'dirib, kelajakka ishonchsizlik bilan qarashiga, kasali xuruj olishiga sabab bo'ladi. Bemorning ruhiyatiga yomon ta'sir etib, depressiyaga olib kelishi mumkin. Chunki vahima yarim kasallikdir. Shuning uchun shifokor boshqacha, xalq ishlatmaydigan, bilmaydigan nomni qo'llaydi. Shifokorning *Boshqa a'zolarga tarqalish darajasi qanday?* degan savoliga hamkasbi verbal javob bermay, implitit ifodadan foydalanadi, xulosa yozilgan qog'ozni berish bilan chegaralanadi. Chunki bu kasallik bemorning boshqa a'zolariga ham tarqalib bo'lgan edi. Buni ochiqchasiga aytish esa kasalning ahvolini bundan ham yomon bo'lishiga sabab bo'lar edi.

Xulosa o'rnida aytish mumkinki, tibbiy diskursda eksplisit bilan bir qatorda implitit ifoda ham ko'p qo'llanib, kasallik xavfini bemordan yashirishga,

bemor/shifokorga nisbatan betakalluf munosabatini ko'rsatishga, bemorning o'limini yaqinlariga yetkazishga xizmat qiladi.

XULOSA

1. Diskurs pragmalingvistika va kognitiv tilshunoslikning asosiy ahamiyat kasb etadigan masalalaridandir. U ko'p qirrali hodisa bo'lib, tilshunoslik, antropologiya, adabiyotshunoslik, etnografiya, sosiologiya, sociolingvistika, falsafa, psixolingvistika, kognitiv psixologiya va boshqa bir qator fanlarning integrasiyasida paydo bo'lgan. Diskurs ifodalaydigan ma'no turli xilligi sababli uning barcha xususiyatlarini ifoda eta oladigan aniq ta'rif mavjud emas.

2. Lingvistik manbalarni o'rganish asosida diskursga berilgan ta'riflar va unga xos xususiyatlar sifatida quyidagilarni umumlashtirib ko'rsatish mumkin: 1) ekstralingvistik, pragmatik, ijtimoiy-madaniy, psixologik va boshqa omillar bilan qorishgan izchil matn; 2) kognitiv jarayonlarda ishtirok etadigan maqsadli ijtimoiy harakat; 3) matnning og'zaki va yozma shakli; 4) dialog; 5) ma'no jihatidan bog'langan so'zlar guruhi; 6) iboradan kattaroq birlik; 7) vaziyatni hisobga olgan holda so'zning uni qabul qiluvchiga ta'siri; 8) nutqning asosiy turi sifatidagi suhbat; 9) ijtimoiy yoki mafkuraviy jihatdan cheklangan turdagi fikrlar, bayonotlar, masalan, feministik diskurs; 10) matn ishlab chiqarish shartlarini o'rganish uchun mo'ljallangan nazariy konstruktsiya va b.

3. Sohalar integrasiyasi natijasida tibbiy diskursni lingvistik, psixologik, ijtimoiy, madaniy hodisa sifatida o'rganish va tavsiflashga bag'ishlangan ko'plab tadqiqotlar paydo bo'lib, metodologik yondashuv asosida tibbiy diskurs shakllarini aniqlash, tizimlashtirish va umumlashtirish ehtiyoji tug'ildi.

4. Tibbiy diskurs ko'plab nutq janrlarining yozma va og'zaki shakllarini (1); tibbiy idoralarda yoki ommaviy axborot vositalarida shifokor va bemorning klinik uchrashuvlarini (tibbiy forumlar va bloglar) (2); televideniyaning mashhur tibbiy dasturlari va stasionar tibbiy yozuvlar, klinik konferensiyalardagi taqdimotlarni (3) o'z ichiga oladi. Tibbiy diskursning ilmiy tadqiqot ishlari (1); shifokorning bemor bilan suhbat (2); darslik (3) kabi uchta umumiy makro janri mavjud.

5. Nutqiy akt uch bosqichli faoliyat bo'lib, tibbiy diskursda nutq sohiblari tomonidan yaratiladigan va talaffuz qilinadigan gap lokusiyadir. Agarda biror bir sabab bilan (tilni bilmaslik yoki shifokor bemordan kasalligini yashirgan holatda) gap tuzilmasa va u talaffuz etilmasa, lokutiv harakat yuzaga kelmaydi. Tibbiy xodim yoki bemor gaplarni tuzishdan va talaffuz etishdan ma'lum bir maqsad ko'zlaydi. Ushbu maqsadning voqelanishi esa illokutiv akt natijasidir. Muloqot harakati natijaviy maqsadni ko'zlab bajariladi. Bu maqsadga erishish uchun so'zlovchi (tibbiy xodim/bemor)ning nutqi tinglovchi (tibbiy xodim/bemor)ga ta'sir o'tkazishi lozim. Nutqiy faoliyatning ta'sir o'tkazish bosqichi esa perlokutiv aktdir.

6. Tibbiy diskursdagi asosiy nutq strategiyalari: 1) diagnostika; 2) davolash; 3) tavsiya qilishdir. Diagnostika strategiyasi tanishish, axborot so'rovi, yaqinlashish, tushuntirish, ayblash; davolash strategiyasi psixologik holatni tartibga solish, tasalli, nasihat, tahdid; tavsiya strategiyasi maslahat, tavsiya, ko'rsatma berish kabi taktikalarini o'z ichiga oladi. Tibbiy diskursda dialoglarning bir nechta modellari ajratildi: 1) shifokor + boshqa shifokor; 2) shifokor + hamshira; 3) shifokor + bemorning qarindoshi; 4) shifokor + bemor.

7. Tibbiy diskursda miqdor (ma'lum qilinayotgan axborotning miqdorini belgilash yoki chegaralash) (1); sifat (berilayotgan axborot haqiqat bo'lishi) (2); mavzuga oidlik (mavzudan uzoqlashmaslik, kerak bo'lgan ma'lumotni berishga harakat qilish) (3); muloqot uslubi (tarzi) tamoyili (aniq va tushunarli so'zlash)ga (4) amal qilish lozim. Chunki tibbiy xodim, bemor va bemor yaqinlarining muvaffaqiyatli diskursi ularning samarali muloqot tamoyillariga amal qilishi bilan bog'liq.

8. Tibbiy diskurs keng tushuncha. Bemorning sog'ayishi va oyoqqa turishi uchun atrofdagilar bilan bo'ladigan muloqoti ham muhimdir. Bemorning yaqinlari, hamkasblari, tanishlari bilan amalga oshiriladigan diskursni maishiy tibbiy diskurs sifatida baholash mumkin. Maishiy tibbiy diskursga bemor – uning qarindoshlari; bemor – uning hamkasblari; bemor – uning tanishlari, do'stlari va b.; bemor – u uchun begona kishilar orasidagi muloqot kiradi. Bemordan xabar oluvchi tashrif buyurish; suhbat davomiyligi; suhbat mavzusi kabi strategiyalarga amal qilishi lozim.

9. Nutq yaratishda adresat va adresant, ular o'rtasidagi munosabat, aloqa ohangi, vaqt, joy, vaziyat kabi nolingvistik vositalar ham muhim ahamiyat kasb etadi. Bu vositalar nutqning shakllanishiga, individualligi va originalligiga bevosita ta'sir qiladi. Muloqotning muhim kommunikativ omili paralingvistik aloqa vositalaridan foydalanishdir. Paralingvistika axborot uzatishning noverbal vositalarini o'z ichiga oladi. U odamlarning lingvistik muloqotiga hamroh bo'lgan va ma'lumotlarni yetkazib berishga ko'mak beruvchi hodisalarni o'rganadi.

10. Paralingvistik aloqa vositalari tibbiyotda so'zlovchi nutqini tinglovchiga yetkazishda amaliy yordam beradi. Xususan, bemor bilan shifokor, bemor bilan bemor, shifokor bilan tibbiy xodim, tibbiy xodim bilan bemorning yaqinlari o'rtasidagi muloqotda ham bunday vositalarning ahamiyati katta. Ko'pincha shifokorga bemorning, bemorga shifokorning og'zaki nutqi yetarli ma'lumot bera olmaydi. Shuning uchun shifokor-bemor nutqining juda muhim jihati verbal nutq bilan bir qatorda noverbal vositalardan foydalanishdir. Muvaffaqiyatli shifokor bemorning o'zgarishiga o'z vaqtida javob berish uchun noverbal tilni "o'qiy olishi" kerak. Bu bemor bilan munosabatlarni yaxshilashga, tuzalishini tezlashtirishga, vaqtni tejashga, nizolarning oldini olishga imkon beradi.

11. Tilshunoslikda implisitlik hodisasi o'n yildan ortiq vaqt davomida o'rganib kelingan. Bugungi kunga qadar tilshunoslikda implisitlikning turli xil ta'riflari mavjud. ularni umumlashtirgan holda quyidagilarni keltirish mumkin: 1) ko'zda tutilganlarning eng muhim qismi sifatida har qanday ibora va matnning ma'nosini ularsiz yaratish va tushunish mumkin emas; 2) nutq faoliyati jarayonida sub'yekt tomonidan yaratilgan ma'nolar xususiyati; 3) doimiy bo'lmagan, matnda tez o'zgarib turadigan, hatto yo'qolishi mumkin bo'lgan ma'no, mazmun elementi. Tibbiy diskursda eksplisit bilan bir qatorda implisit ifoda ham ko'p qo'llanib, kasallik xavfini bemordan yashirishga, bemor/shifokorga nisbatan betakalluf munosabatini ko'rsatishga, bemorning o'limini yaqinlariga yetkazishga xizmat qiladi.

**SCIENTIFIC COUNCIL AWARDING SCIENTIFIC
DEGREE PhD.03/29.12.2022.Fil.156.01 AT
ANDIJAN STATE INSTITUTE OF FOREIGN LANGUAGES**

ANDIJAN MACHINE-BUILDING INSTITUTE

BABAEVA GULNOZAKHAN LATIBJONOVNA

MEDICAL DISCOURSE: SPEECH STRATEGIES AND TACTICS

10.00.11 – Theory of language. Applied and Computational Linguistics

ABSTRACT
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INTRODUCTION (annotation of the dissertation for the degree of Doctor of Philosophy (PhD))

Topicality and necessity of the dissertation topic. In world linguistics, attention is being paid to the practical use of the linguistic possibilities of the language, to the manifestation of fluency of speech as a result of studying the connection of linguistics with a number of disciplines. The creative function and practical importance of language was revealed as a result of the integration of linguistics with a number of disciplines. As a result, a number of fields of linguistics such as psycholinguistics, sociolinguistics, neurolinguistics, linguoculturology, medical linguistics were formed.

Various aspects of the medical lexicon in world linguistics, in particular, medical discourse, its formation factors, practical significance, as well as the tactics and strategies of the doctor's speech, the study of the professional relationship between the doctor and the patient in various communicative situations, a number of scientific researches on the terms related to the field is being conducted. In fact, the study of medical speech makes it possible to present a view of the speech of a modern doctor, to determine the effective methods of the impact of speech on the patient.

In Uzbek linguistics, a new field of science called medical linguistics and medical linguistics is developing today. Medical language solves urgent issues for medical historians and linguists. Classical scientists analyzed the content and language of the oldest medical records in detail, and today the further development of medical linguistics and medical terminology is the achievement of our linguistics. As President Sh.M.Mirziyoyev noted, "In the conditions of globalization, it is an urgent task to preserve the purity of our national language, increase its vocabulary, create an Uzbek alternative to modern terms in various fields, and ensure their uniform use." ... Another important task: related to the full use of the state language in fundamental research, industry, banking and financial system, jurisprudence, diplomacy, medicine and other sectors¹. Therefore, deep study of Uzbek medical discourse, analysis, development of recommendations are urgent tasks.

Decree of the President of the Republic of Uzbekistan dated May 13, 2016 "On the establishment of the Tashkent State University of Uzbek Language and Literature named after Alisher Navoi" No. PF-4997, No. PF-4947 dated February 7, 2017 Decree of the President of the Republic of Uzbekistan No. PF-2789 of February 17, 2017 "On the Strategy of Actions for the Further Development of the Republic of Uzbekistan" and the Resolution on measures to further improve financing, dated October 4, 2019 PQ-4479 "It is appropriate to widely celebrate the thirtieth anniversary of the adoption of the Law of the Republic of Uzbekistan "On the State Language" Decree of the President of the Republic of Uzbekistan dated October 21, 2019 No. PF-5850 "On measures to fundamentally increase the prestige and status of the Uzbek language as a state language", Address of the President of the Republic of Uzbekistan to the Oliy Majlis dated January 24, 2020, No. PF-6084

¹ Ўзбекистон Республикаси Президенти Шавкат Мирзиёевнинг “Ўзбек тилига давлат тили мақоми берилганининг ўттиз йиллигига бағишланган тантанали маросимдаги нутқи”// 2019 йил, 21 октябрь// <http://uza.uz/oz/politics/>

of the President of the Republic of Uzbekistan dated October 20, 2020 "On measures to further develop the Uzbek language and improve the language policy in our country" This study serves to a certain extent in the implementation of the tasks defined in the decree and other regulatory legal documents.

Correspondence of the research to the priorities of the development of science and technology of the republic. This dissertation was completed in the framework of the priority direction of the development of science and technology of the republic I. "Formation of a system of innovative ideas and ways to implement them in the social, legal, economic, cultural, spiritual and educational development of an informed society and democratic state."

The degree to which the problem has been studied. The issue of discourse, medical discourse has been thoroughly analyzed in world linguistics. There are many scientific works on discourse and professional communication in medicine in Russian linguistics. For example, the scientific works of V.G.Borbotko², V.N.Babayan and S.L.Kruglova,³ M.L.Makarov,⁴ N.F.Alefirenko,⁵ L.M.Alekseyeva and S.L.Mishlanova,⁶ Ye.P.Bogatikova, S.L.Mishlanova and A.A.Filippova,⁷ S.V.Mayborova⁸ and others can be examples. M.I.Barsukova, L.S.Beilison, N.V.Goncharenko, V.V.Jura⁹ conducted special research on the medical discourse.

Research in the field of medical discourse is reflected in the scientific works of foreign researchers S.Poirier and D.Brauner¹⁰, J.Kuipers¹¹, P.Atkinson^{12,13}, J.Wilce¹⁴. In the field of medical sociology, scientists such as R.Anspach¹⁵, H.Waitzkin¹⁶, R.Charon, M.Greene and R.Adelman¹⁷, A.Werner¹⁸, in the field of

² Борботько В.Г. Элементы теории дискурса. – Грозный: ЧИГУ, 1981. – 113 с.

³ Бабаян В.Н., Круглова С.Л. Теория дискурса в системе наук о языке // Ярославский педагогический вестник. 2002. № 3. – С. 55–57.

⁴ Макаров М.Л. Основы теории дискурса. – М.: Гнозис, 2003. – 280 с.

⁵ Алефиренко Н.Ф. Текст и дискурс. – М.: Флинта, 2012. – 232 с.

⁶ Алексеева Л.М., Мишланова С.Л. Медицинский дискурс: теоретические основы и принципы анализа. Пермь: Изд-во Перм. ун-та, 2002. – 200 с.

⁷ Богатикова Е.П., Мишланова С.Л., Филиппова А.А. Особенности представления специального знания в медицинском дискурсе // Историческая и социально-образовательная мысль. 2014. № 3. – С. 215–217.

⁸ Майборода С.В. Медицинский дискурс: современные теоретико-методологические подходы и перспективы исследования // Коммуникативные исследования. 2017. № 1. – С. 63–74.

⁹ Барсукова М.И. Медицинский дискурс: стратегии и тактики речевого поведения врача: автореф. дис. на соиск. учен. степ. канд. филол. наук. – Саратов, 2007. – 21 с.; Бейлисон Л.С. Характеристики медико-педагогического дискурса (на материале логопедических рекомендаций): дис. ... канд. филол. наук. – Волгоград, 2001. – 177 с.; Гончаренко Н.В. Суггестивные характеристики медицинского дискурса: дис. на соиск. учен. степ. канд. фил. наук. – Волгоград, 2007; Жура В.В. Речевые стратегии врача в устном медицинском дискурсе // Альманах современной науки и образования: Языкознание и литературоведение в синхронии и диахронии и методика преподавания языка и литературы: в 3 ч. – 2007. – № 3, Ч. 2. – С. 59-61.

¹⁰ Poirier S., Brauner D. Ethics and the Daily Language of Medical Discourse // The Hastings Center Report. 1988. Vol. 18. № 4. – P. 5-9.

¹¹ Kuipers J. „Medical Discourse” in Anthropological Context: Views of Language and Power // Medical Anthropology Quarterly. 1989. № 3. – P. 99-123.

¹² Atkinson P. Medical discourse, evidentiality and the construction of professional responsibility // Talk, work, and institutional order: Discourse in medical, mediation, and management settings. 1999. – P. 75-108.

¹³ Atkinson P. Medical Talk and Medical Work. – London: Sage Publications, 1995. – 176 p.

¹⁴ Wilce J. Medical Discourse // Annual Review of Anthropology. 2009. № 38. – P. 199-215.

¹⁵ Anspach R. Notes on the Sociology of Medical Discourse: The Language of Case Presentations // Journal on Health and Social Behavior. 1988. Vol. 29. № 4. – P. 357-375.

¹⁶ Waitzkin H. A Critical Theory of Medical Discourse: Ideology, Social Control, and the Processing of Social Context in Medical Encounters // Journal of Health and Social Behavior. 1989. Vol 30. № 2. – P. 220-239.

¹⁷ Charon R. Multi-dimensional interaction analysis: A collaborative approach to the study of medical discourse // Social Science and Medicine. 1994. Vol. 39. № 7. – P. 955-965.

written and oral discourse, M.Gotta¹⁹²⁰, M.Gotti and F.Salager-Meyer²¹ research carried out.

A number of works on medical linguistics have been carried out in Uzbek linguistics. In particular, N.Gaybullayeva²² studied medical euphemisms, A.Qobilova²³ medical periphrasis, D.Sobirova²⁴ studied the sociopragmatic features of medical advertisements in a monographic plan. "Brief explanatory dictionary of medical metaphors" and "Brief explanatory dictionary of medical euphemisms of the Uzbek language" were created²⁵. But the issue of medical discourse was not studied in a monographic plan and was not put on the agenda.

Relationship of the research with the research plans of the higher education institution where the dissertation was completed. The research work was carried out within the framework of the scientific research plan of the Andijan State Institute of Foreign Languages "Actual problems of philological sciences and new pedagogical technologies of their implementation".

The aim of the research speech strategy and tactics of medical discourse, as well as methods of their implementation, is to reveal the ethical features of the doctor's speech.

Research objectives:

It was determined that the intention of extralinguistic means in the speech of the doctor and the patient depends on the state of the speaker (doctor/patient) and the listener (doctor/patient) at the time of the speech;

diagnostic strategy: acquaintance, information request, approach, explanation, accusation; treatment strategy is regulation of psychological state, consolation, advice, threat; it is revealed that the recommended strategy includes tactics such as advice, recommendation, instruction;

the amount of effectiveness of the verbal communication of the doctor, the patient, the patient's relatives (determining or limiting the amount of information to be communicated); quality (the truth of the information provided); relevance to the topic (do not deviate from the topic, try to provide the necessary information); the principles of communication style (style) (clear and understandable speaking) are based;

doctor + other doctor dialogues in medical discourse; doctor + nurse; doctor + patient's relative; doctor + patient models are separated.

The object of the research is the speech of the medical worker, the patient, people related to the patient, and their speech behavior.

¹⁸ Werner A. A sociological perspective of the medical consultation // *Tidsskrift for Den norske legeforening*. 2011. Vol. 20. № 131. – P. 2032-2034.

¹⁹ Gotti M. Variations in Medical Discourse for Academic Purposes // *Medical Discourse in Professional, Academic and Popular Settings*. Bristol: Multilingual Matters, 2016. – P. 9-30.

²⁰ Gotti M. *Investigating Specialized Discourse*. Bern: Peter Lang, 2011. – 230 p.

²¹ *Advances in Medical Discourse Analysis: Oral and Written Contexts* / ed. by Gotti M., Salager-Meyer F. Pieterlen: Peter Lang, 2006. – 492 p.

²² Ғайбуллаева Н.И. Ўзбек тилида тиббий эвфемизмлар: Филол.фан.бўйича фал.док-ри.дисс... – Бухоро, 2019. – 145 б.

²³ Қобилова А. Тиббий перифразларнинг лингвомаданий хусусиятлари: Филол.фан.бўйича фал.док-ри.дисс... – Бухоро, 2022. – 155 б.

²⁴ Собирова Д.Р. Тиббий рекламаларнинг социопрагматик хусусиятлари: Филол.фан.бўйича фал.док-ри.дисс... – Бухоро, 2022. – 153 б.

²⁵ Ғайбуллаева Н.И. Ўзбек тили тиббий эвфемизмларининг қисқача изоҳли луғати”. – Тошкент: Академнашр, 2019. –77 б.; Абузалова М.К., Юлдашева Д.Н., Болтаева Н. Тиббий метафораларнинг қисқача изоҳли луғати. – Бухоро: Дурдона, 2021. – 63 б.

The subject of the research is the speech etiquette strategy and tactics of the medical worker, patient, and people related to the patient.

Research methods. The research used methods of observation, analysis, interpretation, systematization, and generalization.

The scientific novelty of the research is as follows:

it was determined that the intention of extralinguistic means in the speech of a doctor and a patient depends on the state of the speaker (doctor/patient) and the listener (doctor/patient) at the time of the speech;

diagnostic strategy: acquaintance, information request, approach, explanation, accusation; treatment strategy is regulation of psychological state, consolation, advice, threat; it is revealed that the recommended strategy includes tactics such as advice, recommendation, instruction;

doctor + other doctor dialogues in medical discourse; doctor + nurse; doctor + patient's relative; doctor + patient models are separated;

the amount of effectiveness of the verbal communication of the doctor, the patient, the patient's relatives (determining or limiting the amount of information to be communicated); quality (the truth of the information provided); relevance to the topic (do not deviate from the topic, try to provide the necessary information); based on the principles of communication style (clear and understandable speaking).

The practical results of the research are as follows:

discourse, the issue of the place and importance of medical discourse phenomena in linguistics was highlighted on the basis of scientific sources, and through this, practical tasks on the study of Uzbek medical discourse were fulfilled;

practical conclusions on medical speech, medical discourse, medical deontology was formed;

based on the sociopragmatic analysis of the speech of the doctor, the patient, the patient's caregiver, the person who came to see the patient, conclusions were given on the enrichment of their speech;

Based on the study of the Uzbek medical discourse, recommendations on the strategy and tactics of patient-doctor, doctor-doctor, patient-caregiver, and patient-visitor relations were developed.

The reliability of the research results is explained by the fact that the studied materials helped to draw conclusions based on the nature of the Uzbek language, their validity, methodological excellence, and reliance on practically proven sources.

Scientific significance of the research results. The scientific significance of the research is a generalized scientific-theoretical conclusion and recommendations, first of all, it has an important theoretical value in the development of the theoretical foundations of the "Medical Ethics", "Speech Culture" and "Deontology" training courses in medical education. Scientific analysis, theoretical views and methods at work can be used in the study of other units of the language.

The practical importance of the work is that its materials can be used in the development of lectures on pragmalinguistics, speech culture, and linguocultural studies. The results of the research serve as a basis for a wider study of medical speech and the development of medical philology.

Implementation of the research results. Medical Discourse: Based on Research on Identifying Discourse Strategies and Tactics:

the role of language units representing speech etiquette and communication habits of medical discourse in ensuring the uniqueness of communication, their definition, the functions of the grammatical, lexical and semantic, as well as linguistic possibilities of the medical text in ensuring linguistic culture in the act of communication, gender characteristics, organized discourse, special and task-oriented forms for expressing the differences of spontaneous discourse, explicit and implicit aspects of scientific conclusions related to "OT-F1-18 Development of methods and methodology of formation of public linguistic culture" carried out at Andijan State University " was used in the implementation of the project (Andijan State University reference No. 39-01-1306 dated May 31, 2023). As a result, the methodology of providing linguistic culture is enriched with new theoretical views;

Determining the role of locative, illocutionary and perlocutionary actions of the speech act between the doctor and the patient based on a pragmatic approach, scientifically justifying the fact that the effective course of linguistic communication between the doctor, the patient, and the patient's relatives depends on the principles of quantity, quality, relevance to the topic, and the style of communication. , the implicit (hidden) and explicit (overt) expression of the speech of the doctor and patient was prepared by the editors of the "Spiritual-Educational and Artistic Broadcasts" of the National Television and Radio Company of Uzbekistan "Uzbekistan" based on the results of analysis based on the recorded discourse materials. Education and Development", "Literary Process" were used in the scenario of "Youth of Uzbekistan" broadcasts (April and May 2023). (Reference No. 04-36-803 dated April 23, 2023 of the state unitary enterprise of the Uzbekiston National Television and Radio Company Uzbekiston television and radio channel). As a result, the scientific level of broadcasts has increased, and the approach used in the work is based on the nature of the Uzbek language, and it is ensured that it can be used in the study of the linguistic foundations of the concept of "medical discourse", the purpose-task analysis.

Conceptology of language units expressing content related to discourse and text linguistics and interpretation of linguistic terms related to their reflection on the linguistic landscape of the world. "Development of an electronic linguistic encyclopedic dictionary in Uzbek language" was used in the project within the framework of the state innovation-research programs (reference No. 39-01-1307 of Andijan State University dated May 31, 2023). As a result, the peculiarities of some units used in the description of the world discourse have been revealed.

Approbation of the research results. The results of this research were discussed at 3 international and 2 national conferences.

Publication of the research results. 8 scientific works were published on the topic of the dissertation, including 3 scientific articles in scientific publications recommended for publication of the main scientific results of doctoral theses of the Higher Attestation Commission under the Ministry of Higher Education, Science and Innovation, 1 of them was published in foreign journal.

The structure and volume of the work. The dissertation consists of an introduction, three chapters, a conclusion, a list of used literature and an appendix. Its volume is 144 pages.

THE MAIN CONTENT OF THE DISSERTATION

In the "Introduction" part of the dissertation, the relevance and necessity of the topic are based on the goals, tasks, subject and object of the research. The relevance of the research to the priority directions of the development of science and technology of the Republic of Uzbekistan is shown, and its scientific innovation and practical results are described. Based on the reliability of the obtained results, the theoretical and practical importance of the work is revealed. Implementation and approval of research results are shown.

In chapter I of the dissertation, known as "Discourse as an object of linguistic research", the issue of discourse, its study in world and Uzbek linguistics, the analysis and research of the concept of "Medical discourse" is studied, and the reaction to these issues is expressed. In the first part of the chapter called "Discourse and its study issue", the study of discourse in world and Uzbek linguistics is studied, summarized, and commented on. Since the concept of "discourse" appeared in the union of linguistics, anthropology, literary studies, ethnography, sociology, sociolinguistics, philosophy, psycholinguistics, cognitive psychology and a number of other disciplines, its analysis and definition cause great difficulties. Nevertheless, it can be said that due to the efforts of scientists, discourse theory is being formed as a modern science that reflects the general trend of independent interdisciplinary fields²⁶. This is an interdisciplinary field that reflects the general trend of integration in the development of modern science, which helps to study the discourse in a deeper and broader way, to identify its general and specific features. The term "discourse", which has French roots, means "speech", "speak", "reasoning"²⁷.

Another source states that the term "discourse" is etymologically derived from the Latin word "discurrere", meaning "dispute", "negotiation", or even "verbal quarrel"²⁸.

In the linguistic encyclopedic dictionary, discourse is a coherent text combined with extralinguistic, pragmatic, socio-cultural, psychological and other factors; the text taken in terms of the event; It is considered as a purposeful social action involving people and their cognitive mechanisms (cognitive processes)²⁹.

The first studies on discourse date back to the late 50s of the 20th century. It was a period of analysis of the syntagmatic chain that makes up the text, leaving the boundaries of linguistics of isolated words (sentences). In Russian linguistics, logical-grammatical relations between words forming a phraseological unit in speech are studied³⁰. In the studies of T.A.van Dijk³¹, V.V.Bogdanov³²,

²⁶ Борботько В. Г. Элементы теории дискурса. – Грозный, 1981. – С. 7-10.

²⁷ Дейк Т.А. Язык. Познание. Коммуникация. – М.: Прогресс, 1989. – С. 298

²⁸ [Электронный ресурс] // Энциклопедия эпистемологии и философии науки. URL: <http://philosophy.niv.ru/doc/encyclopedia/epistemology/articles/405/diskurs.htm>

²⁹ [Электронный ресурс] // Лингвистический энциклопедический словарь / под ред. В. Н. Ярцевой. М., 2002. URL: <http://tapemark.narod.ru/les/136g.html>].

³⁰ Фигуровский И.А. Основные направления в исследованиях синтаксиса связного текста // Лингвистика текста. Материалы научной конф. Ч. II. – М.: МГПИИЯ им. М. Тореца, 1974. – С. 109.

³¹ Дейк Т.А. ван, Кинч В. Стратегии понимания связного текста // Когнитивные аспекты языка: Сб. ст. / Сост., ред. и вступ. ст. В.В. Петрова и В.И. Герасимова. – М.: Прогресс, 1988 (Новое в зарубежной лингвистике; Вып. 23). – С. 153-211; Язык. Познание. Коммуникация: Сб. работ / Составление В.В. Петрова; Пер! с англ. яз. под ред. В.И. Герасимова; Вступ. ст. Ю.Н. Караулова, В.В. Петрова. – М.: Прогресс, 1989. – 310 с.; Принципы критического анализа дискурса / Пер. с англ. // Перевод и лингвистика текста. – М.: ВЦП, 1994. – С. 169-217.

A.G.Baranov³³, T.G.Vinokur³⁴, R.Vodak³⁵, V.I.Karasik³⁶, M.L.Makarov³⁷, T.G.Slishkin³⁸, Ye.I.Sheygal³⁹, the study of discourse as a text was carried out from the point of view of social and pragmalinguistic analysis. In the works of Yu.A.Karaulov⁴⁰, L.P.Krisin⁴¹, M.P.Brandes⁴², I.P.Susov⁴³, sociolinguistic features of linguistic discourse were seen in text analysis.

In modern Uzbek linguistics, research has been carried out on discourse, its essence and place, and this process continues. For example, scientists such as Sh.Safarov, D.Ashurova, B.Yoldoshev, A.Pardayev, L.Raupova, N.Normurodova, G.Odilova have based their studies on various aspects of discourse in pragmatic linguistics⁴⁴. Scientist N. Turniyozov elaborated on syntagmatic relationship and

³² Богданов В.В. Коммуникативная компетенция и коммуникативное лидерство // Язык, дискурс, личность. Тверь: Изд-во Твер. ун-та, 1990. – С. 26-31; Текст и текстовое общение: Учеб. пособие / Санкт-Петербург. гос. ун-т. СПб.: Изд-во СГ16ГУ. 1993. – 67 с.

³³ Баранов А.Н. Политический дискурс: прощание с ритуалом // Человек. 1997. №6. – С. 108-118.

³⁴ Винокур Т.Г. Закономерности стилистического использования языковых единиц. – М.: Наука, 1980. – 237 с.

³⁵ Водак Р. Язык. Дискурс. Политика / Пер. с англ. и нем. – Волгоград: Перемена, 1997. – 139 с.

³⁶ Карасик В.И. Язык социального статуса / Рос. акад. наук, Ин-т языкознания, Волгогр. гос. пед. ин-т им. А.С. Серафимовича. М.: Ин-т языкознания; Волгоград: Перемена, 1992. – 329 с.; О категориях дискурса // Языковая личность: социолингвистические и эмотивные аспекты. – Волгоград: Перемена, 1998. – С. 185-197; Религиозный дискурс // Языковая личность: проблемы лингвокультурологии и функциональной семантики. – Волгоград: Перемена, 1999. – С. 5-19; Структура институционального дискурса // Проблемы речевой коммуникации. – Саратов: Изд-во Саратов. ун-та, 2000. – С. 25-33.

³⁷ Макаров М.Л. Интерпретативный анализ дискурса в малой группе. – Тверь: Изд-во Твер. ун-та, 1998. – 200 с.; Основы теории дискурса. – М.: ИТДГК “Гнозис”, 2003. – 280 с.

³⁸ Слышкин Г.Г. Лингвокультурные концепты прецедентных текстов: Автореф. дисс... канд. филол. наук. – Волгоград, 1999. – 18 с.

³⁹ Шейгал Е.И. Семиотика политического дискурса: Монография / Ин-т языкознания РАН; Волгогр. гос. пед. ун-т. – Волгоград: Перемена, 2000. – 368 с.

⁴⁰ Караулов Ю.Н. Русский язык и языковая личность / Отв. ред. Д.Н. Шмелёв; АН СССР, Отд-ние лит. и яз. – М.: Наука, 1987. – 261 с.

⁴¹ Крысин Л.П. Социолингвистические аспекты изучения современного русского языка. – М.: Наука, 1989. – 188 с.; Религиозно-проповедческий стиль и его место в функционально-стилистической парадигме современного русского литературного языка // Поэтика. Стилистика. Язык и культура. Памяти Т.Г. Винокура. – М.: Наука, 1996. – С. 135-138.

⁴² Брандес М.П. Стилистика немецкого языка (для институтов и факультетов иностранных языков): Учеб. 2-е изд., испр. и доп. – М.: Высшая школа, 1990. – 320 с.

⁴³ Сусов И.П. Деятельность, сознание, дискурс и языковая система // Языковое общение: процессы и единицы: Межвуз. сб. науч. тр. / Калинин, гос. ун-т; Редкол.: И.П. Сусов (отв. ред.) и др. Калинин, КГУ, 1988. – С. 7-13; Личность как субъект языкового общения // Личностные аспекты языкового общения: Межвуз. сб. науч. трудов / Редкол.: И.П. Сусов и др. Калинин: Калининск. гос. ун-т, 1989. – С. 9-16.

⁴⁴ Сафаров Ш. Лингвистика дискурса. – Челябинск, ЧГКИ, 2018, – 315 с.; Прагмалингвистика. – Тошкент: 2008. – 318 б.; Ашурова Д.У. Стилистические и прагматические аспекты словообразования английского языка: Дисс... кан. филол. наук. – Ташкент, 1993. – 405 с.; Йўлдошев Б. Ўзбек тилида фразеологизмларнинг услубий ва прагматик имкониятлари. – Самарқанд: СамДУ нашри, 2002. – 37 б.; Пардаев А. Дискурсив юкламаларнинг прагматик вазифаси хусусида // Бадий асарларни шарҳлаб ўрганиш: тарих, тажриба, технология. Республика илмий конференцияси материаллари. – Тошкент: ТДПУ, 2014. – Б. 197-200; «Дискурсив юкламалар» ҳақида // Республика ёш олимлар илмий-амалий конференцияси материаллари. – Тошкент: ЎзФА, 2014. – Б.271-272; Дискурсивные маркеры в узбекском языке // Дискурология: язык, культура, общество: материалы XIII Международной научной конференции. – Луганск: ЛНУ, 2014. –С. 81-91; Дискурс ҳақида айрим мулоҳазалар // Ўзбек тилшунослигининг долзарб масалалари: Республика илмий-амалий конференцияси материаллари. – Тошкент: ТошДЎТАУ, 2016. – Б. 49-51; Раупова Л. Диалогик дискурсадаги полипредикатив бирликларнинг социопрагматик тадқиқи: филол. фан. д-ри...дисс. автореф. – Т., 2012. – 52 б.; Диалогик дискурсада миллий ментал омилларнинг намоён бўлиши // “Амударё” журнали, № 5. 2010. – Б. 125-128; Dialogical discourse as an environment in which a polypredictive unit is implemented. ISJ Theoretical & Applied Science, 03 (83). P. 451-457; Диалогический дискурс как среда, в которой реализуется полипредикативная единица // Theoretical & Applied Science. № 3. 2020. – С. 451-457; Diyalojik diskursa sotsial mental ve pragmatik etkenler // Turkiy tilda so‘zlashuvchi xalqlar qurultoyi. – 2017. – Б. 33-38; Диалогик дискурс босқичлари ва уларнинг шаклланиши // Дунёвийлик ва динийлик ёшлар нигоҳида. 2010. – Б. 68-72; Бадий ва санъат асарларида маданий нутқ орқали миллий ментал омилларнинг ифодаланиши. Монография. – Тошкент:

discourse formation⁴⁵. He emphasizes that in most cases discourse consists of the interconnection of two or more sentences, complex syntactic devices.

It is understood from the research that discourse is one of the main issues in pragmalinguistics and cognitive linguistics. Discourse is a multifaceted phenomenon, combined with extralinguistic factors, a form of speech as a component of human interaction and their conscious mechanisms. It should be noted that due to the variety of meanings expressed by discourse, there is no clear and generally recognized definition that covers all cases of discourse.

The second part of the chapter is called "The issue of analysis and research of the concept of medical discourse". In recent years, the social role of medicine has been the cause of wide public discussion, because the reforms in the health care system have allowed solving some urgent tasks, but have created new problems. These include the expansion of medicalization, organizational and technical factors: a decrease in the number of medical personnel, an increase in their working hours, bureaucratization and a reduction in the time allocated for consultations, as well as changes in medical practices under the influence of new biotechnologies. All these problems led to a change in the models of the communicative relationship between the doctor and the patient, which in turn led to the emergence of many studies devoted to the study and description of medical discourse as a linguistic, psychological, social and cultural phenomenon. And the idea of defining, systematizing and summarizing the forms of medical discourse arose based on the methodological approach.

In order to clarify and consider the scope of the concept of "medical discourse", it is appropriate to analyze the principles of its structure and the definitions of the word "medicine". Etymologically, the lexeme goes back to the Latin term *medicina* and refers to the scientific and practical field of studying normal and pathological processes, maintaining human health, and creating pathological conditions for various diseases. The scope of the phenomenon of "medical discourse" can be determined from the concept of "medicine" based on the semantic structure.

Medical discourse is a special type of communication between people who previously did not know each other, but when necessary, must communicate in accordance with the norms of society and this public institution. Medical discourse is a global problem, and it is a type of professional interaction (communication) defined by the provision of medical care to those in need and employees of various fields⁴⁶.

Medical discourse began to be studied in the 60s and 70s of the last century in the USA and Europe, along with other anthropological fields of science. Two approaches to the analysis of medical discourse can be distinguished in Western linguistics. First, the analysis of clinical conversations developing in the United

Инновация-зиё, 2019. – 210 б. Нормуродова Н.З. Вербальная экспликация антропоцентризма в англоязычном художественном дискурсе. Автореф. ... дисс.д.ф.н.– Т., 2020. – 81 с.; Verbal explication of discursive personality in the light of anthropocentrism // ACADEMICIA An International Multidisciplinary Research Journal Vol. 10 Issue 12, December 2020; Одилова Г. К. Хусусий дискурслар лингвимадания талкинининг назарияси ва амалиёти Автореф. Филол. фан. д-ри...дисс. – Тошкент, 2020. – 80 б.

⁴⁵ Турниёзов Н. Синтагматик муносабат ва дискурс шаклланишига доир баъзи қайдлар // Хорижий филология. № 4, 2016 йил. – Б. 10-13.

⁴⁶ Барсукова М.И. Медицинский дискурс: стратегии и тактики речевого поведения врача: автореф. дис...канд. филол. наук [Текст]/ М.И. Барсукова. – Саратов, 2007. – 21 с.

States from the point of view of sociolinguistics (researchers describe this approach as microanalytical), and secondly, discursive research related to the direction of philosophical sciences shown in the works of M. Foucault in Europe. In them, speech is analyzed as a means of confirming and maintaining the doctor's authority, as well as a means of manipulation (macroanalytical approach). The central problem of both philosophical and sociological approaches was to study the methods of influencing the patient in the medical discourse, to determine the functioning of the medical discourse as a form of social control⁴⁷.

The discourse of any institutional field consists of different genres. Medical discourse as a field of social interaction includes: 1) written and oral forms of many speech genres; 2) clinical meetings of doctor and patient in medical offices or mass media (medical forums and blogs); 3) popular television medical programs and inpatient medical records, presentations at clinical conferences, etc.

There are three general macro genres in scientific and medical discourse. These are:

1) scientific research works; 2) the doctor's conversation with the patient; 3) textbook.

The participants of such a discourse can be representatives of medicine or other professions. In this case, the medical discourse itself can be carried out vertically (from a doctor to a patient) or horizontally (from a doctor to a doctor, from a scientist to a scientist). There are written and oral methods of medical discourse.

Medical discourse is a part of medical deontology, which is taught as a special subject in medical educational institutions.

In modern Uzbek linguistics, the issue of medical discourse has not been studied monographically and has not been put on the agenda. It is clear from this that the issue of identifying and distinguishing discursive, communicative and pragmatic strategies of medical speech remains relevant.

The second chapter of the dissertation is called "The issue of the speech behavior of medical discourse participants", in which the issue of the role of the speech act in the medical discourse is highlighted, the communicative strategy and sociopragmatic analysis of the doctor's and the patient's speech is carried out, as well as a detailed scientific observation of the domestic medical discourse is carried out and recorded. Medical, domestic medical discourses are analyzed. In the first section called "The role of the speech act in the medical discourse", the phenomenon of the speech act included in the research of pragmalinguistics is highlighted and its importance in the medical discourse is explained in detail on the basis of examples. The existence of language is related to the actions of people to speak or write. In the process of performing these actions, linguistic units (first of all - sentences) demonstrate the possibility of expressing content such as confirmation, command, warning, promise, in addition to their original meaning. These meanings are the result of speech activity performed by the speaker. A speech act is a linguistic address of the speaker to the listener in a certain environment and for a specific purpose. Speech act is an important event in medical discourse. Because the doctor-patient speech is not only informative, but performs a

⁴⁷ Фуко М. Рождение клиники. – М.: Смысл, 1998. – 310 с.

number of pragmatic tasks⁴⁸. Medical discourse is a collection of verbal and non-verbal communication with certain pragmatic features and functions, as well as the implementation of treatment and disease prevention tasks in the medical environment⁴⁹.

All pragmalinguists recognize that the content of a speech act consists of a combination of linguistic and non-linguistic features. Most of them are supporters of viewing the speech act as a three-stage activity. Three different actions are performed in these stages. They are locative, illocutionary and perlocutionary actions. Also in medical discourse, a sentence created and pronounced by speakers is a locution. If for some reason (lack of knowledge of the language or the doctor hides his illness from the patient) a sentence is not formed and it is not pronounced, the locative action does not occur. For example, there is no locution if the sentence "You will get well soon" (from the doctor's language) remains only in the text.

Discourse creators have a certain goal in the construction and pronunciation of sentences, because this goal is always present in the mind of the speaker. The realization of this goal is the result of an illocutionary act. Illocution⁵⁰ is an expression of interpersonal (between communication participants) relations. For example, by pronouncing the sentence "You will get well soon" mentioned above, it is possible to express communicative wishes such as informing about this event, raising the patient's mood, making him feel refreshed. The illocutionary force of the speech structure is determined in relation to which of these communicative goals is realized in certain conditions.

Obviously, any communicative action is performed with a goal in mind. To achieve this goal, the speech of the speaker should influence the listener. The influencing stage of speech activity is called the perlocutionary⁵¹ act. We see the result of the utterance of the sentence "You will be well soon" above in the listener's acceptance of this speech act for the desired purpose (ex, to be happy, to be uplifted, to try to get better). So, perlocution is an act of influencing the listener's mind, feelings and behavior.

One of the important components of any professional activity, including the profession of a doctor, is speech communication. Depending on the field of activity, speech communication can make up 90% of a specialist's working time. The importance and relevance of a specialist in the modern labor market largely depends on the ability to communicate and influence other people through words. V. Veresayev says about this⁵²: "A doctor can have a brilliant talent, be a master of his work, but if he does not have the ability to conquer and subjugate the soul of the patient, all this will be ineffective"⁵³. Violations of language standards, even mistakes in the speech of a highly respected expert in his field, subjectively lower the level of reliability of the information presented by him in the minds of listeners and readers. Psychologists warn that the deformation of the speech can lead to the deformation of the mind.

⁴⁸ Сафаров Ш. Прагмалингвистика. – Тошкент, 2008. – 318 б. – Б. 77.

⁴⁹ Маджаева С.И. Медицинские терминосистемы: становление, развитие, функционирование (на материале предметных областей медицины сахарный диабет и СПИД). – Астрахань: АГМА, 2012. – 277 с.

⁵⁰ Сафаров Ш. Прагмалингвистика. – Тошкент, 2008. – Б. 82.

⁵¹ Сафаров Ш. Прагмалингвистика. – Тошкент, 2008. – Б. 83.

⁵² Вересаев В. Записки врача. – Санкт-Петербург, 1896-1906.

⁵³ Кокенова З.К., Турысбекова Г.Ж., Аркабаева Г.С. Культура. Личность. Общение. Речь. Человек. Вестник КазНМУ. – Алматы, 2014.

The second part of the chapter is called "Communicative strategy and sociopragmatic analysis of the speech of the doctor and the patient." Despite the widespread use of the term "strategy", there is no generally accepted definition of this term in linguistics. In Uzbek spelling dictionary, this word is explained as follows: STRATEGY [Greek. strategy < stratos -army + ago – I will start] 1 army. The art of warfare; a general plan for conducting war and military operations. 2 Science of warfare. 3. The art of leading a mobile socio-political struggle, as well as the art of proper and forward-looking management planning in general⁵⁴. It seems that strategy is a multi-meaning word and can be applied to speech in the 3rd sense (the art of correct and prospective management planning). "Communicative strategy" means a specific method for achieving a goal in speech behavior in a specific situation, that is, for establishing communication. Any communicative interaction can be considered from the point of view of a strategy implemented with the help of tactics (specific speech movements, sequence of speech at a certain stage of interaction)⁵⁵.

In Uzbek spelling dictionary, the word "tactic" is explained as follows: TACTICS [Greek. tactics - the skill of forming an army, lining up] 1 The component of military art that includes the theory and practice of preparing for battle and conducting battle. 2 Ways and means, forms and methods of the struggle to achieve the intended goal suitable for certain conditions⁵⁶.

A strategic plan determines the choice of means and methods of its implementation, therefore, speech strategy and speech tactics are closely related to each other. Speech strategies of medical discourse are related to the general idea of the ultimate goal of communication. The main goal of medical speech is, of course, to provide qualified help to a sick person, that is, to identify the disease, determine the necessary course of treatment, and also recommend a certain behavior. Therefore, other researchers distinguish⁵⁷ the following three main strategies of medical discourse. They are as follows:

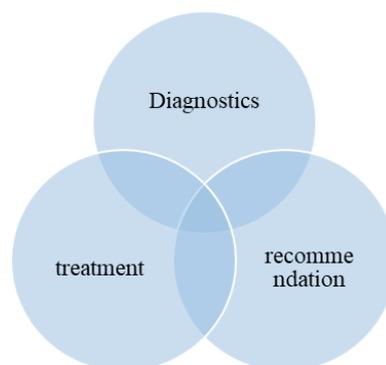


Figure 1. Medical Discourse Strategies

⁵⁴ Ўзбек тилининг изоҳли луғати. 5 жилдли. – Тошкент: “Ўзбекистон миллий энциклопедияси” Давлат илмий нашриёти, 2006. 3-жилд. – 688 б. – Б. 617.

⁵⁵ Формановская Н.И. Русский речевой этикет: Норматив. социокультур. контекст / Н.И.Формановская. – М.: Рус. яз., 2002 (ЗАО Астра семь). – 162 с.

⁵⁶ Ўзбек тилининг изоҳли луғати. 5 жилдли. – Тошкент: “Ўзбекистон миллий энциклопедияси” Давлат илмий нашриёти, 2006. 3-жилд. – 688 б. – Б. 696.

⁵⁷ Карасик В.И. О типах дискурса / В.И. Карасик // Языковая личность: институциональный и персональный дискурс: сб. науч. тр. / В.И. Карасик. – Волгоград: Перемена, 2000. – С. 5-20.

Бейлинсон Л.С. Характеристики медико-педагогического дискурса (на материале логопедических рекомендаций): дис. ... канд. филол. наук: 10.02.01 / Любовь Семеновна Бейлинсон. – Волгоград, 2001. – 177 с.

It seems that the discourse strategies are combined and intermingled. This is a characteristic of medical discourse. It should not be forgotten that the human body is a complex system. One organ is often accompanied by dysfunction of other organs. Therefore, in order to avoid mistakes, during the treatment process (treatment strategy), on the one hand, the doctor must obtain additional information (diagnostic strategy), and on the other hand, the doctor prescribes the treatment and gives the patient the necessary behavior for the successful outcome of the treatment. (Recommendation strategy) can prescribe.

Effective communication between the doctor and the patient depends on following certain rules and principles of treatment.

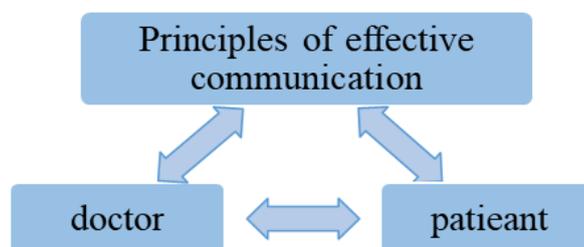


Figure 2

The diagram above shows that the successful discourse of the doctor and the patient is related to their adherence to the principles of effective communication. It is known that in the process of information exchange, quantity, quality, alternative and manner of handling play an important role. These principles are important for both discourse makers. Accordingly, H. Grays distinguishes the following maxims-principles⁵⁸: 1. Principle of quantity. 2. Quality principle. 3. The principle of subjectivity. 4. The principle of communication style (style).

The doctor and the patient should follow these principles in the process of communication. When giving information about his illness to the doctor, the patient should not be too passionate and should provide the necessary facts about his illness. The patient must clearly explain the process he went through and tell the truth (he must not hide any event related to his illness). In this process, the patient should not deviate from the topic (be distracted by personal life, etc. issues). He should convey the information about his discomfort to the doctor in a short and clear, fluent manner.

The doctor, in turn, should follow the above principles and not dwell on issues that do not concern the patient and his health, should not include information about his personal life and interests, and should not use unfamiliar, difficult to understand medical terms. It is important not to use it, but instead to convey it in a simple way that the public can understand, to avoid hesitation when making a diagnosis, and to speak clearly and understandably.

Interview of a mother (mother of a sick child) with a neonatologist:

- *Hello, how are you, doctor?*

- *Hello everyone, come on! What's bothering you?*

- *He has had a stuffy nose for two days and is having trouble sucking. A couple of coughs appeared today.*

⁵⁸ Сафаров Ш. Прагмалингвистика. – Тошкент, 2008. – Б. 136.

- *What about your child?*
- *The third one.*
- *Have you had an abortion?*
- *No.*
- *What if the baby falls?*
- *It didn't happen.*
- *Did you get relief yourself or by caesarean section?*
- *Myself.*
- *How much was this child of yours born?*
- *3.5 kg.*
- *Did he have any trauma at birth?*
- *No, he was born well.*
- *How many months are you now?*
- *1 month old.*
- *What medicine are you taking now?*
- *We didn't give him anything to grow a nose, we just cleaned his nose with a straw.*
- *Come on, let's listen with a stethoscope (He listens). His lungs are clean. Only his breathing has changed. Can you afford to stay in the hospital?*
- *If necessary, we will stay for treatment.*
- *It is better to be under the supervision of a doctor. Because the disease develops quickly in babies. Do not start antibiotics yet. We monitor the situation with the drug for 1-2 days.*
- *Fine thanks.*

If we pay attention to the above discourse, the baby was brought to the hospital because of a cold. However, the doctor asked the mother a number of questions about the condition before and after pregnancy, the birth of the child. For many patients, it may seem unusual for the doctor to start the questions at a distance. But in this discourse, both the doctor and the mother followed the principle of quantity. Because in the reported case, no redundant questions were asked and no redundant answers were returned. It also fully meets the principle of quality. The doctor asked these questions to the mother (not to the father, grandmother, etc.), because the child and the mother are always together, and only the mother has complete information about the child's condition. In this way, the doctor gets a clear and correct answer, which is important for the faster recovery of the patient.

If you pay attention to the discourse, the questioning doctor did not deviate from the topic, and the mother also tried to give the necessary information. The style of communication is fluent, the doctor avoids the use of unfamiliar and difficult to understand medical terms, there is no hesitation, the speech of both discourse creators has a logical coherence.

The third part of the chapter is called "On the Household Medical Discourse". Medical discourse includes formal and informal communication with doctors and junior medical staff, lectures for students, keeping patient cards, registering sick sheets, references and other medical documents, communication with the patient and his relatives, colleagues, and acquaintances⁵⁹. It seems that medical discourse is

⁵⁹ <https://vprosvet.ru/biblioteka/psihologiya-rodstvennikov/>

a broad concept. Communication with others is also important for the patient to recover and get back on his feet. When a person is sick, there are many people who will hear from him and ask about his condition. Especially, when the Uzbek people hear that someone is sick, they consider it a good deed to immediately go and get news, to be encouraged, and to extend a helping hand from some side. The discourse carried out with the patient's relatives, colleagues, acquaintances can be evaluated as a domestic medical discourse. Domestic medical discourse includes communication between the following communicators: 1) the patient - his relatives; 2) the patient - his colleagues; 3) the patient - his acquaintances, friends, etc.; 4) the patient is a stranger to him.

In the family medical discourse, the person receiving the information from the patient should follow the following strategies: 1) visiting; 2) conversation duration; 3) topic of conversation.

When the patient's colleagues come to visit, usually without the doctor's consent, they can bother the patient with problems related to his work and even tasks. Such a visit has both negative and positive aspects⁶⁰. For a critically ill patient, other concerns are irrelevant and can cause him to become irritable. But such a visit can help to strengthen the patient's confidence and self-esteem, to feel needed when the patient's condition is significantly improving. Usually, because colleagues know the character of the patient's friends, they create a domestic medical discourse based on his psychology. Below is a discourse between a woman suffering from cancer and her colleagues who came to see her:

- *Hello, Sanobar Khan! Are you OK?*

- *Oh, hello! Come in, come in, my dears! You are welcome.*

- *Don't worry too much, Sanobarkhan. We will settle ourselves.*

"How are you, my dears?" Is the office quiet, are colleagues working well?

- *Thank you, we are all fine. Colleagues asked. How are you and your health? You look nice. You'll pretend you haven't seen it yet...*

- *Hmmm, I'm going backwards day by day... It's okay, I'm thinking about my children, what will happen to them after me?*

- *Oh, Sanobarkhan, don't think about bad things at all, God who gives you pain will also heal you... Think only about good things, about the beautiful future of your children. You will still recover, we will have fun at your children's wedding, God willing...*

- *Yes, my God, whatever you say, my mind has become much clearer...*

- *The people at work also miss you a lot. Our students also asked about you. They really miss your lessons. We look forward to your recovery and return to your post soon.*

- *God, thank you, may they be healthy...*

- *Here we have brought you interesting magazines, read them without getting bored. You won't even notice how time has passed. As long as you get your treatments on time, you'll be fine. And we get news often. We are always in communication.*

- *Thank you, my dears, thank you for everything...*

⁶⁰ <https://vprosvet.ru/biblioteka/psihologiya-rodstvennikov/>

In the discourse, the colleagues know that the patient has an incurable disease and that his life is short, but they encourage him and comfort him by talking about bright days ahead. But the patient himself knows that his illness is serious and that he will not go far. Nevertheless, he was happy with hope. The interlocutors tried to protect the patient from mental trauma, not to make his condition even worse, not to bring him into deep depression. Because if this approach is not taken, the patient may refuse treatment, wait for his death and put himself in pain. It is important to establish a discourse according to the patient's medical and mental condition.

A seriously ill patient usually asks his relatives about his illness. It is not correct to talk to such a patient about the severity of his illness. The patient may panic and lose faith in the doctor due to the words of trusted relatives. But it is impossible to give false information to the patient. It is necessary to cheer up and console, but not with false information.

In household discourse, the main "burden" falls on those who communicate with the patient. They should not speak harshly in response to the patient's capriciousness, moodiness, or blindness. When entering into a discourse with the patient, one should not ignore his mental state. In the family medical discourse, the visitors to the patient's house mainly verbally help the doctor to have a positive effect on the patient and bring them back to life.

Chapter III is called "Linguistic and extralinguistic tools in medical discourse" and it analyzes paralinguistic tools and their place in medical discourse and the issue of implicit/explicit expression of thought in medical discourse. The first section entitled "Paralinguistic means and its role in medical discourse" is devoted to the question of the manifestation of paralinguistic means as a type of extralinguistic phenomena and the role of paralinguistic means in medical discourse. Paralinguistics is a branch of science that emerged in the United States in the early 20s of the 1950s in linguistics, psychology, ethnography, medicine, and cultural anthropology. Dj.Treger, G.Smith, I.Hoket, T.Sebeok are representatives of this field. In Russian psychology, G.V.Borozdina, I.N.Gorelov, V.F.Yengalichev, N.I.Jinkin, A.A.Leontiev⁶¹ and others were engaged in the study of this problem.

The transition to a new scientific paradigm that occurred in the last decade of the 20th century allowed not only the expansion of the scope of linguistics, but also the emergence and development of the field of paralinguistics.

The stylistic study of paralinguistic tools began in the 70s, when the first stylistic studies devoted to the expressive possibilities of these tools appeared.

Paralinguistics studies the phenomena accompanying the linguistic communication of people and conveying information interpreted in a certain way (voice timbre, intonation, cough, gestures, manner of speaking, etc.). Pragmalinguistics is the closest direction to pragmatics, which studies the reaction of communication between people. Paralinguistics usually includes all kinds of

⁶¹ Бороздина Г. В. Психология делового общения: учеб. пособие для студентов экон. и техн. спец. вузов / Г. В. Бороздина. – Москва, 2006. – 224 с.; Горелов И.Н. Невербальные компоненты коммуникации / Отв. ред. В. Н. Ярцева; Предисл. В. И. Карасика. Изд. 4-е. – М.: Книжный дом «Либроком», 2009. – 112 с; Енгаличев В.Ф. Судебная психологическая экспертиза в уголовном и гражданском процессах: вопросы теории и практики: практикум для студентов факультетов психологии высших учебных заведений. – Москва: МПСУ; Воронеж: МОДЭК, 2015. – 449 с.; Жинкин Н.И. Речь как проводник информации. – М.: Наука, 1982. – 157 с.; Леонтьев А.Н. Становление психологии деятельности. – М.: Смысл, 2003. – 870 с.

phenomena accompanying linguistic activity - sound, graphics, kinetics, etc⁶². Studies show that non-verbal communication conveys five times more information than verbal communication. In this respect, it is superior to verbal communication.

Paralinguistic communication tools provide practical help in conveying the speaker's speech to the listener in medicine. In particular, the role of paralinguistics is very important in the communication between the patient and the doctor, the patient and the patient, the doctor and the medical worker, the medical worker and the relatives of the patient. Because often the patient's oral speech cannot give the doctor enough information. Therefore, a very important aspect of the doctor-patient speech is the use of non-verbal means as well as verbal speech. Non-verbal communication is very necessary when there is a "language barrier" when a doctor communicates with a patient⁶³. If the doctor and the patient speak different languages or if the patient is unable to explain, they will not understand each other. In this situation, they use gestures, facial reactions, voice intonations.

Below is a discourse of a doctor with a patient suffering from aphasia, an attempt was made to make the patient speak through pictures and influence him through non-verbal methods:

- *Hello, I am your doctor, do you understand me? (waiting for a while while pronouncing slowly and clearly) Answer "Yes" if you understand. (The doctor waited a moment for the patient to answer.)*

- *Yee-yees.*

- *Good. (The doctor laughed and narrowed his eyes.) Now I'll show you a picture, you tell me what it shows. What is this?*

- *Baa-baaall.*

(The doctor listened attentively while looking into the patient's eyes with his shoulders slightly bent, his hands open. He gestured to the nurse to close the window with his hand.

"Right, what about this one?" (He tried to explain more actively with hand movements.)

- *Caa-caaat, no, caa-caar.*

- *Excellent (making an excellent gesture with his thumb). (The patient's face lit up.)*

- *Now we will check your reading.*

What is written here? (The doctor used books intended for elementary school.)

- *The Suu-suun came out from among the ccclooods.*

- *(The doctor clapped, a smile spread across his face) You are doing well, now we will try to read the next one. (The doctor nodded his head approvingly what the patient was reading).*

- *(The patient looked at the next picture with a satisfied expression.) Rainfall in spring is important for crops.*

- *Great. (The doctor took the patient's hand.)*

The doctor encouraged the patient to speak with the help of pictures, remember words, and read sentences in order to restore his speech. Along with verbal communication, he also used non-verbal communication tools. The doctor showed

⁶² <https://otherreferats.allbest.ru/languages/00208>

⁶³ <http://medpsy.ru/zdravo/zdravo383.php>

that he was not indifferent to the patient, supported him by the position of "shoulders slightly bent towards the patient, hands open, listening attentively while looking into his eyes", which gave strength to the patient. In response to the result shown by the patient, the doctor made a "great" gesture with his thumb, encouraging the patient to be active and instilling a sense of self-confidence. As a result, he successfully performed the next exercises. As a result of the doctor's clapping and a smile on his face, the patient responded by paying attention to the next picture with a satisfied face. He was encouraged by the doctor's nodding and holding the patient's hand in approval of what the patient was reading. It appears that the doctor's positive nonverbal actions motivated the patient to take steps toward recovery.

In the second part of the chapter entitled "Implicit and explicit expression of thought in medical discourse", the essence of the implicit/explicit phenomenon, the place, importance, and purpose of these phenomena in the speech of medical personnel, patients and people related to the patient are analyzed on the basis of recorded discourses.

The concepts of "implicit" and "explicit" are widely used in many fields today⁶⁴. In many dictionaries it is noted that this word came from Latin. For example, in the dictionary of foreign words of N. G. Komleva, it is defined that "explicit" is derived from the Latin word "explicite" and means "clear", "open". The term "implicit", on the other hand, is an antonym of the term "explicit", meaning "not intended", "not visible from the outside", "not directly expressed", "It is noted that it expresses the meaning of "hidden"⁶⁵.

In the grammar dictionary, it is noted that the terms "explicit" and "implicit" are derived from the Latin words "explicitus" and "implicatus", "explicit" means clear, understandable, and expresses the opposite meaning of the term "implicit". Implicit is a concept that is confusing, unclear, does not show itself clearly, cannot be determined from the outside, and has the opposite meaning to explicit⁶⁶.

In the encyclopedic dictionary, it is noted that "explicit" is derived from the English words "explicit" (clearly expressed), and "implicit" is derived from "implicite" (confused, unclear, not clearly manifesting itself, not determined by observing the surface)⁶⁷.

Analyzing the explanations of various dictionaries above, it can be noted that the term implicit means "uncertain, hidden expression", and the term "explicit" means "clear, open".

In discourse, communicative communication with a certain goal is expressed either explicitly or implicitly. This happens based on the speaker's intention, situation, circumstances, and opportunity. It is natural that these phenomena appear in the medical discourse. In the discourse between the medical worker, the patient, the patient's relatives, the opinion is implicitly or explicitly expressed based on a

⁶⁴ Пономарева Е.А. Изучение педагогических понятий, связанных с терминами «эксплицитный» и «имплицитный» // Мир науки, культуры, образования. № 2 (51) 2015. ISSN 1991-5497. – С. 133-137.

⁶⁵ Комлев Н.Г. Словарь иностранных слов. – Москва: Флинта, 2006 // <http://enc-dic.com/fwords/Jekstralingvisticheskiy-41678.html>

⁶⁶ <http://www.gramota.ru/slovari/dic>

⁶⁷ <http://tolkslovar.ru/ie683.html>

certain communicative goal. In such a discourse, along with open communication, tacit expression has a great place. Because in order to prevent a negative impact on the health, mood, and spirit of the patient, the doctor "refrains" from openly telling about his illness and the seriousness of his condition. Or informs the patient's relatives about his death implicitly rather than explicitly. It doesn't say "died" directly. "Be strong!", "Get a hold of yourself!", "May God give you patience!", "We did our best," and "See your preparations." The intention of such expressions is realized from the speech situation. This also indicates the high medical ethics and communication culture of the medical worker.

If the pragmatic goal is clearly and explicitly expressed in the discourse, then the speech structure does not simply transmit information, but the goals of quickly influencing the listeners and prompting them to respond are clearly manifested. In an implicit expression, the response of the addressee may not be quick. Because it takes time for the listener to understand what the addressee wants to express based on the situation.

In order to understand such hidden meanings in the medical discourse, along with the consciousness, outlook, and insight of the creators of the discourse, the environment and situation at that time are also important.

Doctor-doctor discourse in the presence of the patient:

- *Computed tomography and magnetic resonance imaging confirmed that this person has kidney adenocarcinoma.*

- *What kind of complaint did they come with?*

- *With blood in the urine, pain in the side of the back and fever.*

- *What is the rate of spread to other organs?*

- *(The doctor looks at the patient, then turns to his colleague and hands the paper in his hand.) Here is the conclusion.*

- *(The doctor reads the negative conclusion.) Have you started the treatment?*

- *Yes.*

It is understood that the two doctors started a conversation about the patient's illness in front of the patient, but used the implicit expression appropriately, saying the name of the illness with medical terminological understanding. Kidney cancer is also known as renal adenocarcinoma and renal cell carcinoma. A dangerous disease, which is often referred to by the names of cancer and tumor among the people, causes panic in the heart of the patient, makes him look at the future with distrust, and causes the patient to have seizures. It can have a bad effect on the patient's psyche and lead to depression. Because panic is half a disease. That's why the doctor uses a different name that people don't use and don't know. What is the degree of spread of the disease to other organs? The colleague does not give a verbal answer to the question, but uses an implicit expression, and is limited to giving a paper with a conclusion. Because this disease had spread to other organs of the patient. To say this openly would make the condition of the patient even worse.

In conclusion, it can be said that in the medical discourse, along with the explicit expression, the implicit expression is often used, which serves to hide the danger of the disease from the patient, to show a careless attitude towards the patient/doctor, and to convey the death of the patient to his relatives.

CONCLUSION

1. Discourse is one of the main issues of pragmalinguistics and cognitive linguistics. It is a multifaceted phenomenon that emerged from the integration of linguistics, anthropology, literary studies, ethnography, sociology, sociolinguistics, philosophy, psycholinguistics, cognitive psychology and a number of other disciplines. Due to the variety of meanings expressed by discourse, there is no clear definition that can express all its features.

2. Based on the study of linguistic sources, the following can be summarized as the definitions given to the discourse and its characteristics: 1) coherent text mixed with extralinguistic, pragmatic, socio-cultural, psychological and other factors; 2) purposeful social action involved in cognitive processes; 3) oral and written form of the text; 4) dialogue; 5) a group of semantically related words; 6) a unit larger than a phrase; 7) taking into account the situation, the effect of the word on the recipient; 8) conversation as the main type of speech; 9) socially or ideologically limited types of thoughts, statements, for example, feminist discourse; 10) theoretical construction intended for studying the conditions of text production, etc.

3. As a result of the integration of fields, many studies devoted to the study and description of medical discourse as a linguistic, psychological, social, cultural phenomenon appeared, and the need to identify, systematize and generalize the forms of medical discourse based on a methodological approach arose.

4. Medical discourse includes written and oral forms of many speech genres (1). doctor-patient clinical encounters in medical offices or in the media (medical forums and blogs) (2). includes popular television medical programs and inpatient medical records, presentations at clinical conferences (3). Scientific research works of medical discourse (1). the doctor's conversation with the patient (2). there are three general macro genres such as textbook (3).

5. A speech act is a three-stage activity, and a sentence created and pronounced by speakers in a medical discourse is a locution. If for some reason (lack of knowledge of the language or the doctor hides his illness from the patient) a sentence is not formed and it is not pronounced, the locative action does not occur. A health care worker or a patient has a specific goal in structuring and pronouncing sentences. The realization of this goal is the result of an illocutionary act. Communicative action is performed with a goal in mind. To achieve this goal, the speech of the speaker (medical worker/patient) should influence the listener (medical worker/patient). The influencing stage of speech activity is the perlocutionary act.

6. Basic speech strategies in medical discourse: 1) diagnosis; 2) treatment; 3) is to recommend. Diagnostic strategy is familiarization, information request, approach, explanation, accusation; treatment strategy is regulation of psychological state, consolation, advice, threat; recommendation strategy includes tactics such as advice, recommendation, instruction. Several models of dialogues were distinguished in the medical discourse: 1) doctor + other doctor; 2) doctor + nurse; 3) doctor + patient's relative; 4) doctor + patient.

7. Amount in medical discourse (determining or limiting the amount of information being communicated) (1); quality (the truth of the information provided) (2); relevance to the topic (do not deviate from the topic, try to provide the necessary information) (3); It is necessary to follow the principle of communication style (clear and understandable speech) (4). Because the successful discourse of a medical worker, patient and patient's relatives depends on their adherence to the principles of effective communication.

8. Medical discourse is a broad concept. Communication with others is also important for the patient to recover and get back on his feet. The discourse carried out with the patient's relatives, colleagues, acquaintances can be evaluated as a domestic medical discourse. The patient in the family medical discourse is his relatives; the patient - his colleagues; the patient - his acquaintances, friends, etc.; the patient - for him, communication between strangers is included. Visiting the patient; conversation duration; should follow the same strategies as the topic of conversation.

9. Non-linguistic tools such as the addressee and the addressee, the relationship between them, the tone of communication, time, place, and situation are also important in creating a speech. These tools directly affect the formation, individuality and originality of speech. An important communicative factor of communication is the use of paralinguistic means of communication. Paralinguistics includes non-verbal means of information transmission. It studies the phenomena that accompany human linguistic communication and help convey information.

10. Paralinguistic means of communication provide practical help in conveying the speaker's speech to the listener in medicine. In particular, such tools are of great importance in the communication between the patient and the doctor, the patient with the patient, the doctor with the medical worker, the medical worker and the relatives of the patient. Often, the oral speech of the patient to the doctor and the doctor to the patient cannot provide enough information. Therefore, a very important aspect of doctor-patient communication is the use of non-verbal means in addition to verbal speech. A successful physician must be able to "read" the patient's nonverbal language in order to respond in time to the patient's changes. This allows to improve relations with the patient, speed up recovery, save time, and prevent conflicts.

11. In linguistics, the phenomenon of implicitness has been studied for more than ten years. To date, there are various definitions of implicitness in linguistics. Summarizing them, the following can be given: 1) as the most important part of the provisions, the meaning of any phrase and text cannot be created and understood without them; 2) the nature of meanings created by the subject in the course of speech activity; 3) non-permanent meaning, element of content that changes rapidly in the text and may even disappear. In the medical discourse, in addition to the explicit expression, the implicit expression is often used to hide the danger of the disease from the patient, to show a careless attitude towards the patient/doctor, and to convey the death of the patient to his relatives.

**НАУЧНЫЙ СОВЕТ PhD.03/29.12.2022.Fil.156.01 ПО
ПРИСУЖДЕНИЮ УЧЁНОЙ СТЕПЕНИ ПРИ АНДИЖАНСКОМ
ГОСУДАРСТВЕННОМ ИНСТИТУТЕ ИНОСТРАННЫХ ЯЗЫКОВ**

АНДИЖАНСКИЙ МАШИНОСТРОИТЕЛЬНЫЙ ИНСТИТУТ

БАБАЕВА ГУЛНОЗАХОН ЛАТИБЖОНОВНА

**МЕДИЦИНСКИЙ ДИСКУРС: ДИСКУРСИВНЫЕ СТРАТЕГИИ
И ТАКТИКА**

10.00.11 – Теория языка. Прикладная и компьютерная лингвистика

**АВТОРЕФЕРАТ
диссертации доктора философии (PhD) по ФИЛОЛОГИЧЕСКИМ НАУКАМ**

Тема диссертации доктора философии (PhD) зарегистрирована в Высшей аттестационной комиссии Республики Узбекистан под номером B2023.2.PhD/Fil3666.

Диссертация выполнена в Андижанском машиностроительном институте.

Автореферат диссертации на трех языках (узбекском, английском и русском (резюме)) размещена на официальном веб-сайте Андижанского государственного института иностранных языков (www.adchti.uz), а также на портале информации и образования "ZiyoNet" по адресу (www.ziynet.uz).

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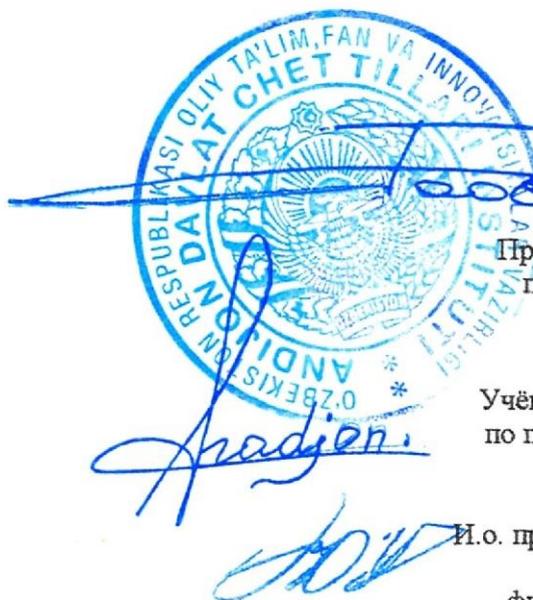
Ведущая организация:

Коканский государственный педагогический институт

Защита диссертации состоится на заседании Научного совета по присуждению учёных степеней PhD.03/29.12.2022.Fil.156.01 при Андижанском государственном институте иностранных языков «20» июня 2024 года. (Адрес: 170100, город Андижан, улица Бобуршоҳ, дом 5. Тел.: 0(374) 223-42-76; факс: 0(374) 223-42-76, e-mail: asif@edu.uz).

С диссертацией можно ознакомиться в Информационно-ресурсном центре Андижанского государственного института иностранных языков (зарегистрирован за № 355-A (Адрес: 170100, город Андижан, ул. Бабуршах, дом 5, тел.: (99874) 223-42-76).

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ВВЕДЕНИЕ (аннотация к диссертации доктора философии PhD)

Целью исследования речевая стратегия и тактика медицинского дискурса, а также способы их реализации заключаются в раскрытии этических особенностей речи врача.

Объектом исследования является речь медицинского работника, пациента, лиц, относящихся к пациенту, их речевое поведение.

Научная новизна исследования заключается в следующем:

Определено, что интенция экстралингвистических средств в речи врача и пациента зависит от состояния говорящего (врач/пациент) и слушателя (врач/пациент) в момент речи;

диагностическая стратегия: знакомство, запрос информации, подход, объяснение, обвинение; стратегия лечения – регулирование психологического состояния, утешение, совет, угроза; Выявлено, что рекомендательная стратегия включает в себя такие тактики, как совет, рекомендация, наставление;

степень эффективности речевого общения врача, пациента, родственников пациента (определяющая или ограничивающая объем сообщаемой информации); качество (правдивость предоставленной информации); соответствие теме (не отклоняйтесь от темы, старайтесь предоставить необходимую информацию); заложены принципы стиля общения (стиля) (ясная и понятная речь);

врач + другой доктор диалогов в медицинском дискурсе; врач + медсестра; врач + родственник пациента; Модели врача и пациента разделены.

Внедрение результатов исследования. Медицинский дискурс: на основе исследований по определению стратегий и тактик дискурса:

роль языковых единиц, репрезентирующих речевой этикет и коммуникативные навыки медицинского дискурса, в обеспечении своеобразия общения, их определение, функции грамматической, лексической и семантической, а также лингвистические возможности медицинского текста в обеспечении языковой культуры в действии. общения, гендерные характеристики, организованный дискурс, специальные и целенаправленные формы выражения различий спонтанного дискурса, эксплицитные и имплицитные аспекты научных выводов по теме «ОТ-Ф1-18 Разработка методов и методики формирования общественной языковой культуры» выполненных в Андиганском государственном университете» было использовано при реализации проекта (справка Андиганского государственного университета № 39-01-1306 от 31 мая 2023 года). В результате методика обеспечения лингвокультуры обогащается новыми теоретическими взглядами;

Определение роли локативных, иллокутивных и перлокутивных действий речевого акта между врачом и пациентом на основе прагматического подхода, научно обосновывающего тот факт, что эффективный ход языкового общения между врачом, пациентом и родственниками больного зависит от принципа количества, качества, соответствия теме и стиля общения, неявное (скрытое) и

явное (явное) выражение речи врача и пациента подготовлено редакцией журнала «Духовно-просветительское и Художественные передачи» Национальной телерадиокомпании Узбекистана «Узбекистан» по результатам анализа на основе записанных дискурсивных материалов. «Образование и развитие», «Литературный процесс» были использованы в сценарии передач «Молодежь Узбекистана» (апрель и май 2023 г.). (Обращение № 04-36-803 от 23 апреля 2023 года государственного унитарного предприятия Национальной телерадиокомпании «Узбекистон» телерадиоканала «Узбекистон»). В результате повысился научный уровень передач, а использованный в работе подход основан на природе узбекского языка и обеспечена возможность его использования при изучении лингвистических основ понятия « медицинский дискурс», целезадачный анализ.

Концептология языковых единиц, выражающих содержание, связана с лингвистикой дискурса и текста и интерпретацией лингвистических терминов, связанной с их отражением в языковом ландшафте мира. «Разработка электронного лингвистического энциклопедического словаря на узбекском языке» использована в проекте в рамках государственных инновационно-исследовательских программ (справка Андижанского государственного университета от 31 мая 2023 года № 39-01-1307). В результате выявлены особенности некоторых единиц, используемых при описании мирового дискурса.

Объем и структура диссертации. Диссертация состоит из введения, трех глав, заключения, списка использованной литературы и приложения. Его объем составляет 144 страниц.

E'LON QILINGAN ISHLAR RO'YXATI
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