COMPARATIVE ANALYSIS OF RHETORIC IN THE ENGLISH AND UZBEK DOCTORS’ SPEECH

Khushnuda Botirovna Samigova
Professor assistant of Uzbekistan State World Languages University, kabsam@yandex.ru

Bekhzod Rakhmankulovich Sultanov
Head of English language and literature department

Follow this and additional works at: https://uzjournals.edu.uz/gulduvestnik

Part of the Higher Education Administration Commons

Recommended Citation
Available at: https://uzjournals.edu.uz/gulduvestnik/vol2020/iss2/10

This Article is brought to you for free and open access by 2030 Uzbekistan Research Online. It has been accepted for inclusion in Bulletin of Gulistan State University by an authorized editor of 2030 Uzbekistan Research Online. For more information, please contact sh.erknov@edu.uz.
COMPARATIVE ANALYSIS OF RHETORIC IN THE ENGLISH AND UZBEK DOCTORS’ SPEECH

Samigova Khushnuda Botirovna¹, Sultanov Bekhzod Rakhmankulovich²

¹Professor assistant of Uzbekistan State World Languages University, (DSc). Proyezd Qaunchi 1, Uygur str., Shaykhontokhur district, Tashkent, Uzbekistan
²Head of English language and literature department, Gulistan State University

E-mail: kabsam@yandex.ru, beki86@bk.ru

Аннотация. В статье авторы рассматривают проблему, посвященную к риторическому аспекту культуры речи. Очень многие работы были посвящены для изучения риторического аспекта культуры речи учеными в разных языках, но лингвокультурологические особенности медицинской риторики в английском и узбекском языках до сих пор не изучены ими и это доказывает актуальность разработки этой проблемы авторами. Авторы приводят семантическое значение термина риторики, указывают на важность риторики в повседневном речевом акте. Они посвящают эту работу для исследования медицинской речи в изучаемых языках, дают примеры из диалогов. В конце приводят свои выводы на основе сопоставительного анализа медицинской речи. Это статья имеет важную роль для читателей, особенно для студентов медицинских ВУЗов изучающих иностранные языки для развития их речевого общения с пациентами.

Ключевые слова: риторика, культура речи, выразительная и эффективная речь, английский и узбекский языки, речь медиков, лингвокультурологические особенности, сходства и различия, пациент, обращение, культура, национальные особенности, этикет речи.

Rhetoric is a lingvoculturological phenomenon, because it contains not only lingvoculturological lingual factors, but also through which national-cultural features can be expressed. This requires us to look at dialogic rhetoric from a linguocultural perspective. English and Uzbek languages have their own common and national features of rhetoric, which reflect the cultural life of the speakers of this language.

Although research has been conducted on rhetoric in different languages, the relevance of this article is determined by the fact that its features in the speech of doctors have not been studied comparatively in English and Uzbek. The following is a study of the problem of national and cultural features in the speech of doctors in English and Uzbek, and its similarities and differences.

The languages under study have their own national and cultural characteristics. At the same time, the English people have always considered themselves to be intelligent, pure-blooded, aristocratic, noble people [1]. According to some sources, the British are a people adept at expressing ideas politely, avoiding direct
speech or denial. They are adept at avoiding conflicts, and are cautious, calm, and heavy-handed. They are adept at behaving during an argument [2]. The peculiarities of the English go back to the historical figures who were famous in their time. D. According to Ross’s book, the English character is inherited from Mr. French Drake, gentleness from Mr. Walter Relay, enthusiasm from Mr. Richard Grenville, and courage and bravery from Mr. Philip Sydney. All of the above aspects are required to be embodied in every person of English descent, whether an athlete or a scientist. For this reason, the British always try to adhere to this belief [3].

The Uzbek people consider themselves to have such qualities as simplicity, hospitality, diligence, prayer, kindness, meekness, courage, sweetness [4]. They value concepts such as neighborliness, kinship, and decency. For the Uzbek people, values such as respect for the place of birth and the motherland, devotion to the memory of generations, respect for the elderly, courtesy in dealing, modesty and modesty are a priority [5]. Such features of the national character of the people are also reflected in the languages of these peoples, in the dialogic rhetoric.

Our research shows that religious topics are observed in the speech of English doctors. For example: “God bless both of you,” doctor kissed her and groaned. “And now be a good boy,” doctor said. “Get little Catherine dressed, can you do that? And wash and dress yourself, and by then Aunt Hannah will have breakfast ready” [6].

In the examples, the speakers pray for God Bless You as they encourage their interlocutors to engage in a particular activity. Another example:

“All right. Just you be polite, you hear me?.. Will you be polite with them, at least?” Doctor nodded at my questions. “Maybe they will see you had good intentions. Maybe they will take some time to think it over. Maybe there will be a miracle from heaven. You have to act real nice.” [7]

In the example given, we can observe a religious sentence in the doctor’s speech (maybe there will be a miracle from heaven – maybe a miracle from heaven (heaven) would happen).

The mention of the name of Jesus Christ in the speech of physicians is also observed in a rhetorical aspect:

“I am telling you, it is not what you think… I didn’t do anything.”
“Jesus Christ, just apologize.”
“I did not.”
“You did. Please apologize. It makes me feel better.” said doctor
“All right, I am sorry for what I did to your wife” [8].

There are examples in the speech of English doctors, such as you are gentlemen, you are lady. As noted above, the English people have long considered themselves to be a generation of pure, aristocratic, noble people of ancestral descent [9]. This is also reflected in the speech of doctors:

“Mr. Steward,” said doctor, “you are older than I. You ought to behave better. Gentlemen do not insult their friends because their ideas are different. You will please speak with respect of my king, and my good friends the Campbells” [10].

The English, according to their religious beliefs, give thanks to God before meals, eating fish on Fridays [11]. Cooked fish are eaten from head to toe for good luck, they are always advised to eat one apple every day, and if the milk is spilled, they spread it to evil [12]. National views (superstition) related to such dishes are also reflected in dialogic rhetoric. For example:

“You better eat it anyway – from head to tail to get rid of the illness, said the doctor” [13].

In the example given, the speaker is telling the interlocutor to eat the fish from head to toe in order to recover, thus encouraging him to eat.

In the following section, we consider it appropriate to analyze the speech of English physicians.

Doctor: Hello, what’s the matter?
George: I have a terrible pain in my left hand.
Doctor: For how long has your hand been bothering you?
George: It’s been more than a week. It was okay, but from the last two days, I’m unable to bear it.
Doctor: Well, has it been injured or hurt before?
George: No doctor, this is the first time.
Doctor: Have you taken any medicine?
George: Yes, I have been taking this painkiller.
Doctor: Any other information you would want me to know before I start checking your hand?
**GULISTON DAVLAT UNIVERSITETI AXBOROTNOMASI**

*Gumanitar - ijtimoiy fanlar seriyasi, 2020. № 2*

George: Yes, I carried a heavy box two weeks before with both hands. It was okay then, but after a week, my left hand started hurting.

Doctor: Oh, that's strange. Let's have a look at your hand. [14]

In this dialogic speech, the rhetoric used in the speech of the English physician has a rhetorical significance. “Oh, that’s strange. Let's have a look at your hand" is translated into Uzbek as "it's weird, let's take a look." The phrase "it's weird" can cause a patient who comes to the hospital to wonder if the disease is "serious." Here, using the art of public speaking to prevent such a situation from occurring, the phrase “such things happen” is used to give the patient inner peace. At the same time, the features of speech softening are noticeable.

The specific features of the patient’s conversation with the physician indicate a desire to listen carefully to the complaints and understand the patient’s experiences. The ability to hear helps the doctor get the most necessary information about the patient. In addition, during the conversation the patient calms down, loses internal tension, the conversation becomes a kind of cure. The physician should listen to the patient’s every word, without stopping it, and listen to it to the end, with only short phrases and facial expressions that show interest in the words.

Here is another example.

Patient: May I come in, Sir?
Doctor: Yes, you may.
Patient: I've been suffering from fever for the past two days.
Doctor: Did you take any medicine?
Patient: No, I didn't. I've got a cold too.
(Doctor examines the patient.)
Doctor: Your body temperature is 102° F. You must take medicines for at least three days.
Patient: Can I attend office?
Doctor: You shouldn't. You must take rest.
Patient: What about the diet?
Doctor: You should be on liquid diet.
Patient: Should I see you again?
Doctor: You needn’t. But if the fever persists for more than three days, come and see me.
Patient: Sure.
Doctor: Here is the prescription.
Patient: Thank you, Sir.
Doctor: You’re welcome [15].

What caught our attention in this dialogic speech was the fact that the doctor directly communicated the results of the examination to the patient. In such cases, it is usually best to report the patient's body temperature below the prescribed value. Because this condition can exacerbate the patient’s internal panic.

The first of the general rules for the attending physician is to know about the effect of the word. Therefore, care must be taken when dealing with a word that contradicts the speaker and cannot be reconstructed. Patients often share their experiences with health care providers. An experienced and intelligent medical professional will always find a warm and encouraging word. Kindness and convenience to the patient is one of the most important psychotherapeutic tools. In such cases, there is often a misunderstanding between the patient and the health care provider. This lifts the mood, distracts the patient from thinking about the possible negative consequences of the disease. Medical professionals of any profile should treat not only the body but also the soul. The physician’s behavior and reaction should have a calming effect on the patient. The overall tone of the conversation should be serious, but calm and confident: the patient should make sure that the doctor has the size and correct diagnosis, the doctor should not run away from the patient's fears. The familiarity, the sharp tone in the conversation, greatly hinders the establishment of normal relations and the communication between physician and patient. The physician’s administratively cold tone creates the patient’s state of anxiety and desire to complain.

Here is another example:

The following is a conversation between an anxious patient and a doctor, before an operation:

Patient: Will there be any after-effects?
Doctor: Except for weakness and a little nausea, you’ll be fine.
Patient: Will it be painful afterwards?
Doctor: Yes. But don’t worry; you’ll be given pain-killers.
Patient: What will be the cost of the surgery?
Doctor: Rs.75,000/- including post-operative care [16].
The use of the But don’t worry combination used in the speech of the English physician in this dialogic speech gives the patient peace of mind about the disease. So, the doctor expresses his oratory art by using such units.

Here is another example:
Patient: As you see, your diagram shows that you have the initial symptoms of Peripheral disease.
Patient: What kind of disease is it?
Doctor: This is just like virus and it affects your nerves. Since your nerve system operates mental activities, you don’t want to read a piece of writing.
Patient: It’s all clear, and what would you suggest me to do?
Doctor: All in all, as your illness is in the first step, you should have some tablets for a month, and then we’ll see the result.

Patient: Thanks for your consultation.
Doctor: Everything will be ok, bye!

How to ask the patient about his condition? On the one hand, what needs to be done to get an idea of the patient’s inner life, and on the other, to prevent him from disliking or protesting with an inappropriate interest in him. This task is usually easier than it seems at first glance. It is enough to ask the patient simple and neutral questions that are not superfluous, vague, but at the same time arouse his suspicions. The first question is: “How do you sleep, good or bad?”, “What are you complaining about?”, “How do you feel?”. And the duty of the medical staff is to help the patient. Also, in this dialogic speech, the use of the combination Everything will be ok - all will be well leads to the formation by the doctor of a feeling of hope for good in the patient’s psyche.

Here is another example:
- Hi, Mr. Smith.
- What’s wrong?
- I have a toothache.
- Open your mouth and say "Ah"...
- Good. Don’t eat too many sweets and brush your teeth three times a day.
- Yes, Mr. Smith. Thank you!
- You are welcome.
- See you in two days.
- Okay [17].

The following example illustrates the aspects that patients should follow, such as advising patients, standardizing everything, which are used in the speech of English physicians as well as other nations. In this dialogic talk, Don’t eat too many sweets and brush your teeth three times a day.

Here is another example:
- I would like to get my teeth cleaned.
- Very good. Let me just have a quick look. Are you flossing regularly?
- Yes, I am.
- Alright everything looks fine. I can arrange a cleaning for you in about 15 minutes.
- About how long will the cleaning take?
- Not long. Under 20 minutes. Just wait in the reception area until your name is called.
- Okay. Great. Thanks very much [18]!

In the speech of English doctors, special attention is paid to calming the patient, eliminating the panic caused by the disease. In the above dialogic speech, the issue of reassuring the patient through the combination of Alright everything looks fine is emphasized. For a patient’s diagnosis and treatment, it is important to know which details of his or her story are most important, which parts are not relevant to him or her, and let the doctor eliminate unnecessary details. Superficial questioning, incorrect answers, learning to treat upsets the patient, lowers the doctor’s reputation. During the conversation, the patient is often alert and anxious, so the
doctor should monitor his words and make a good impression on the patient. "Not long" in the speech of English doctors urges not to panic.

We draw your attention to the analysis of another example:

- Hello. Jodie. How are you doing?
- Not good doc! I’ve got a bad toothache.
- Not that bad. We’ll fix them up with composite filling.
- Ok. Thank you.

Speech features of Uzbek doctors. In the following dialogue, we can see the state of achieving one’s goal by giving the patient peace of mind about the illness by applying the doctor’s oratory in his or her speech:

Doctor: Сизнинг томоғингиз ачишадим?
Patient: Йўқ.
Doctor: Кечаси йўталасизми?
Patient: Йўқ.
Doctor: Тушундим. Муаммо нима да эланланганлигини айтишман;
Patient: Кон акчаларимни эъки рентгенчатни ашланганлиги илтишоймиз?
Doctor: Йўқ, бунга ҳожат бўлмайди.
Patient: Яхши.
Doctor: Бу дарилардан иккитасини ҳар тўрт боғ водда қабул қиласиз.

In this dialogic speech, at the end of the consultation with the patient, the doctor was able to overcome the fear of the patient about the disease, using a unique art of speech. To achieve this, the doctor was able to skillfully use appropriate language tools.

In the course of our research, the following examples caught our attention:

- Уролог ёш йигит экан... Бу ҳам хирургнинг гапини қайтарди.
- Омадингиз бор экан! Ўқ аортага тегса, тамом эди... Уйланинг бўл
do.
- Инглизо чароқ уйланинг!.. Биласизми... Касаллик патологияга айланиб кетмаслиги учун органлар
факторини қуталштириш керак.
- Шундай деб, елкамга дўстона шапатилаб ... – ҳали кўп туўлар
кўрасинбиз...туўлияга таклиф қиларсиз?

In the following example, you will still see many weddings ... the doctor encourages the patient to hope for the best. It is known that Uzbeks are a dreamy people who live with the dream of seeing their children's weddings. This is reflected in the increased sensitivity in the speech of doctors.

In the speech of Uzbek doctors, there were examples of religious issues, such as "May God help you in calling for the purpose of speech, we all ask Allah, Allah."

This means that the two peoples express linguistic means on religious topics in the treatment of the patient in their speeches. For example:

- Унинг чамаси тўрт кунли кўрсат килган эди. Эртаси кунга дўйно:
- "Ҳеч қўрқма," – дедим, - бешакол унлоқ олишинг мумкин".
- Сароб бу уширивчилигида олишган саволини бериш:
- "Доктор! Аброил...менга қай...шаклда кўрсатишинг ёкинин беришни?"
- "Қизим, Аброил алайхиссалом бир фаршита. Ҳеч сикилма, у сенга сўзлар кўршинг қилади", - дей
tаскин бердим [21].

In this example, the doctor convinces the patient, "Azroil is an angel. Don’t worry, he will come to you in a beautiful way." Through these sentences, the doctor reassures the patient. The patient believed his words so much that at the end of his life he said, "Tell the doctor that the angel of death is more beautiful than he said."

It is clear from the examples in both languages above that speakers of both languages use language tools related to religious topics in their speeches to calm patients. Their different religions, on the other hand, cause different aspects of rhetoric to appear in their languages (Jesus Christ / Azroil).
The expression of sentences to take into account the views of others in order to increase the effectiveness of speech is mainly a linguistic phenomenon specific to the Uzbek language. It is known that in the culture of the Uzbek people there is a strong emphasis on such concepts as honor, shame, modesty, modesty. In this language: What do the neighbors say? What do those who see say? What do people say, shame on you? such sentences are widely used. On the same topic, the Internet says: "The Aztroil of my superior Uzbek is so developed that he has learned to live with the opinions of others, he lives with an emphasis on such ideas as" What do friends and enemies say? ", "What do people say? "[22]. This feature of the Uzbek nation is also reflected in the dialogic rhetoric. For example:

− Namuncha tug'ilmasgan bozaga aqinasan. Ùziniñ yîla, odamlarining olidida kanday bo'ni kütariy ursan, − dedi liqekolog aёl uni tekishiриб кўргач …
− Ўзингни ўйла, қоюнларнинг қолда қандай бош кўтариб юрасан, − деди лиценолог аёл ун иккишердиб кўргач [23].

In Uzbek, such dishes as soup, sumalak, halim, green somsa (қўксомса) are national dishes, and it is impossible to imagine the life of this people without tea. The name of such dishes is also expressed in the increase of verbal sensitivity. For example:

− Шошадиган ёрд борми, почча, ўтира туринг. Кейин кўксомсанинг ҳаракатига тушган. Кейин ўзим, кўлбола қилиб. Шуларни эсангиз тузалиб кетас, - деди Қосим табиб.

− Хай, сенинг гапинг ҳам туздик, қаёқка сошаман [23].

In conclusion, the attitude of the British and Uzbek peoples to their national cuisine is also reflected in the rhetoric. This is one of the main factors in the formation of the distinguishing features of languages.

The uniqueness of the speech of Uzbek doctors, first of all, includes such features as oriental culture, mentality of the Uzbek people, way of life. When a dialogic conversation is established with the patients who come to the doctor's office, the doctor conducts his or her communication for several purposes. As a result of the communication carried out, the patient experiences mental relief. The following features of the speech of Uzbek doctors reflect the peculiarities of speech: hope for the best, calm, not to frighten the patient with the information given, to show kindness to the patient with his sweet words, praise, support, use various jokes, respect the patient, cite cultural stereotypes through which you give hope to the patient, you still have many weddings, you see grandchildren, the sentences are recorded, i.e. reminding the patient of his dreams, calling for good through religious themes, reminding him of concepts such as s.
The peculiarities of the speech of English physicians were directly related to the culture, mentality, and worldview of the English people. The peculiarities of the speech of English physicians are reflected in the following: encouraging the patient to calm down, normalizing the patient's behavior, calming down, hoping for the future, showing the disease as openly as possible, convincing the patient of his will.

The uniqueness of the speech of Uzbek doctors, first of all, includes such features as oriental culture, mentality of the Uzbek people, way of life. When a dialogic conversation is established with the patients who come to the doctor’s office, the doctor conducts his or her communication for several purposes. As a result of the communication carried out, the patient experiences mental relief. The following features of the speech of Uzbek doctors reflect the peculiarities of speech: hope for the best, calm, not to frighten the patient with the information provided, to show kindness to the patient with his sweet words, praise, support, use various jokes, give hope to the patient by quoting cultural stereotypes.

In the speech of the speakers of both languages, the use of the categories of praise, respect, and lying in relation to the patient was observed.

Occurrence of differences in the speech of doctors of two nations as a result of different religions is characteristic of language speakers, differences in worldviews (you are a gentleman, lady / what people say / do you still do weddings), commonalities in the beliefs of both peoples (God / Allah, the expression of the words of God) was observed.

The attitude of the English and Uzbek peoples to their national cuisine is also reflected in the rhetoric. This is one of the main factors in the formation of language differences (we eat the fish till the end / soup, the breasts are ready).

The linguistic phenomenon of euphemism is positively assessed in dialogic rhetoric in both languages. The English people view this event as an expression of respect for the speaker. In the Uzbek language, the phenomenon of euphemism is expressed in close connection with the concepts of "respect" and "andisha" (will, conscious).

References:

14) Baker R. Characteristics of practices, general practitioners and patients related to levels of patients’ satisfaction with consultations. – British Journal of General Practice, 1996.
17) Edwards M, Davies M, Edwards A. What are the external influences on information exchange and shared decision-making in healthcare consultations: a meta-synthesis of the literature. – Patient Education and
Counselling, 2009.


22) http://www.sayyod.uz/news/salom_wlim_biznesi


Муаллифлар:
Самигова Хушнуда Ботировна, Ўзбекистон давлат жаҳон тиллари университети профессори, филология фанлари доктори.
Султанов Беҳзод Рахманкулович, Гулистон давлат университети Инглиз тили ва адабиёти кафедраси мудири, катта ўқитувчи.