AMERICAN Journal of Language, Literacy and Learning in STEM Education
Volume 02, Issue 05, 2024 ISSN (E): 2993-2769

Specialized Speech Potential in the Field of Medicine

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Abstract. In this article is discussed the central object of discussion of the linguo-cognitive talent who has such a set of knowledge and experiences in assessing the socio-cultural and professional competences of the doctor from the situation of consultative communication with the patient. In turn, these competencies indicate that in assessing the communicative activity of the doctor from a linguistic-cognitive point of view, it is necessary to pay attention to his socially specialized speech potential in the field of medicine and the realization of this potential within the framework of communication situations and criteria with patients.
Key words: *linguistic-cognitive, socio-cultural, doctor-patient, communicative competences.*

Introduction

Already, in order to form a stock of information about the set of knowledge specific to medical discourse based on doctor-patient communication and to involve them in the training of qualified specialists in the field of medicine and languages, taking into account the cognitive, linguistic, cultural and pragmatic characteristics of these discursive products and analyzing them in interdisciplinary cooperation required to do [Sh. Safarov. 2006: 8].

In order to open and analyze the body of knowledge based on such interdisciplinary cooperation, first of all, it is necessary to have a certain idea about the socio-cultural and discursive features of medical speech. Therefore, in the previous parts of this chapter: the scope of medical speech participants, the responsibilities of doctors in the communication process, their socio-cultural, professional, deantological, communicative competences, the role of these indicators in doctor-patient communication, the discursive nature of medical speech attention was paid to the discussion of the basics.

As noted by V. I. Karasik, every language possessor has the necessary thinking and linguistic abilities to have the status of a "linguistic person". These tools create and provide the basis for his need and desire to speak, communicate. [V. I. Karasik. 2009.147]. In this process, i.e. adaptation of human linguistic creativity to social conditions, a lexicon consisting of social norms of the language, lexical and grammatical reserves is formed and becomes active [Yu. N. Karaulov. 2002: 38].

P. Thagard stated that "just as lexical units are collected in dictionaries, words or concepts form a specific mental complex based on representation in the human mind, and it can be called a "mental lexicon" [Thagard 1996: 68- 69]. In another source, it is defined as "a lexicon is a

grammar" and it means mental agreements of a lexical-semantic nature that create a syntactic relationship with other words in the word structure [Starosta 1998: 56].

In linguocognitive research, a chain of conceptual units called "internal lexicon", "thesaurus" and "mental lexicon" provides an opportunity to connect with the database of an emotional, linguocognitive nature about human existence [T. Yu. Sazonova 2000: 6]. The mental lexicon, which is a unit of memory, is propositional in nature and, due to the fact that it refers to complex relations based on mutual intersection, creates an opportunity to perceive an infinite number of things and events in existence in terms of categories. It embodies things in the consistency of emotional image and words, and vice versa, through words, it embodies the thing and its emotional image in the imagination, creates opportunities to transfer thought to speech and understand the thought expressed through speech. [E.S. Kubryakova. 2004: 379-394].

N. D. Arutyunova, who took into account this set of linguistic-cognitive chains characteristic of the mental lexicon, which is a unit of human memory, considers discourse not only as speech connected with life, but also as the goal, desire and desire of the speaker related to the cognitive-communicative situation. , says that it should be interpreted as a set of experiences and skills [N. D. Arutyunova. 1990: 136-137].

E.S. Kubryakova, noting that the initial skills specific to discursive activity are based on "cognitive-discursive" experiences acquired in the process of naming, defines communicative discourse as involving the quantum of linguistic knowledge accumulated in the process of nominative activity to convey a message. This cognitive-discursive activity is proved by the example of communicative and nominative parallels like: *the city was destroyed — the destruction of the city / город был разрушен – разрушение города* [E.S. Kubryakova. 2004: 240-255].

According to this point of view, discourse refers to internal and external observations and their nominative and communicative alternatives, based on the characteristic of referring to a chain of complex relations specific to the mental lexicon. Indeed, the word is not a simple label that names a specific object or reality, but a means of knowing them. [Sh. Safarov. 2006:21].

In fact, a person relies on words to shape the linguistic landscape of the world, to perceive it in the associative harmony of cognitive units such as emotional image, imagination, concept, understanding. Therefore, the word serves not only as a means of indicating the chain of complex relationships of things in existence, but also as a means of indicating the semantic-syntactic connection of words in the structure of sentences..

In particular, since the concept of "medicine" is essentially related to the activity of "health care", the concept of "disease" is at its center, surrounded by: "doctor, the patient". The "patient" concept, and the associative harmony of concepts such as "herbal remedies / drugs, auxiliary means / medical devices" is reflected.

Words, notions and concepts, in addition to systematizing the knowledge of existence in the memory and reviving it in associative harmony, they are also used for such features as perception of reality and planning of actions based on cognitive structures such as gestalt, frame, script, conceptosphere. In particular, if the gestalt integrity of the concept of "disease" is based on emotional signs: "pain, suffering, death" is reflected through experiences (images) and concepts, the script of "ambulatory reception" of doctor-patient communication: semantic episodes such as hospital, time, doctor, nurse, meet, observe, greet, get acquainted, formalize, question, answer, examination, analysis, diagnosis, advice, offer, recommendation, prescription, treatment, medicine, injection is displayed in the tool.

From the moment of birth, a person enters into a direct relationship with the environment and existence that surrounds him. At the same time, he assimilates the linguistic, social and cultural

criteria formed in the environment in which he lives, perceives objects and events in nature and society, compares them with each other and summarizes the conclusions about it, processing the information he has collected.

These processes take place in cooperation with human cognition and speech abilities. Already, thanks to these abilities of a person, he tries to make sure by sharing his internal observations and conclusions formed on the basis of his observations with someone. The above-mentioned "cognitive-discursive" activity is related to the internal speech of a person, which is created by means of internal observation.

The important aspect of dividing the discursive activity into such classification types is that it makes it possible to make a comparative analysis of the linguistic and cultural peculiarities that are the basis for the listener's perception of the cognitive-discursive structures hidden in the message transmitted by the speaker in the process of communication in a certain language.

The cited analyzes are based on the linguistic-cognitive description of the medical discourse based on the doctor-patient relationship, along with the discourse based on its "subject-subject" scheme, and the cognitive-discursive mechanisms that serve as an important tool for the listener to receive and understand the information presented by the speaker, where it indicates the need to pay attention to the patient. Also, this approach provides a convenient opportunity to compare the lexical and phraseological units of the medical speech in the compared languages related to the national worldview, the speech strategies and tactics of the doctor-patient conversation, the comparison of verbal and non-verbal tools from the linguocognitive and linguocultural point of view.

The aim of the linguo-cognitive analysis of medical discourse is not limited to determining the content of concepts specific to the semantic structure of lexical and phraseological units that demonstrate the cognitive and linguistic abilities of the participants of the dialogue, and evaluating its structural structure. E. Yu. Balashova, while thinking about the directions of cognitive linguistics, notes that there are two main approaches, such as linguocognitive and linguocultural [E. Yu. Balashova. 2004: 6].

According to A. V. Kostin, the linguistic and cultural approach relies on the cumulative (storage) function of language. After all, language preserves and reflects people's worldview and experience of perception of reality. In this regard, language is the primary and general means of conceptualizing the world and the manifestation of human experience, expressing and preserving concepts about the world, historical memory of socially significant events in human life [A. V. Kostin. 2002:6]

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