A COMPARATIVE ANALYSIS OF PRAGMATIC POLITENESS DEVICES IN ENGLISH AND UZBEK MEDICAL DISCOURSE

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ABSTRACT

This article presents a comparative-typological analysis of pragmatic politeness devices used in English and Uzbek medical discourse. The study draws on Brown and Levinson's face theory and examines address forms, indirect speech acts, hedging devices, and expressions of empathy found in doctor-patient interaction. Examples drawn from doctor-patient communication reveal the cultural-pragmatic similarities and differences between the two languages. The findings show that English medical discourse foregrounds indirect strategies and respect for patient autonomy, whereas Uzbek medical discourse is shaped predominantly by social-hierarchical deference and collectivist cultural values.

1.Introduction

Over the past decades, pragmatics has become one of the most rapidly developing fields of linguistics. The question of how linguistic units acquire meaning in context, within a specific social situation, and within the relationship between speaker and hearer, is of great importance not only for theoretical linguistics but also for applied fields — including the field of medicine. Medical communication is a distinctive, highly responsible type of discourse that is often accompanied by emotional strain, in which the appropriate choice of linguistic means can directly affect a patient's attitude toward the treatment process, trust in the physician, and even treatment outcomes.

Politeness is an inseparable part of medical discourse, since the physician acts not merely as a transmitter of information but as a participant in communication who must take into account the patient's emotional state, dignity, and autonomy. English and Uzbek belong to different cultural-typological families, and the strategies for expressing politeness differ considerably between them. Identifying and systematizing these differences on a scientific basis is of both theoretical and practical value — for translators, and for developing cross-cultural communication training programs for medical personnel.

The purpose of this article is to identify the principal pragmatic politeness devices used in English and Uzbek medical discourse, to conduct a comparative analysis of them, and to systematically highlight the similarities and differences between the two languages.

2. Theoretical foundations of the study

The primary source of modern politeness theory in linguistics is the model developed by P. Brown and S. Levinson, based on the concept of "face." According to this theory, every

participant in communication has two types of social needs: positive face — the need to be valued and recognized by others, and negative face — the need to preserve one's freedom and autonomy. In the course of communication, a speaker employs various pragmatic strategies to mitigate speech acts that threaten the hearer's "face" (for example, commands, criticism, or bad news).

This theory is especially relevant in the context of medical discourse, since a physician's speech inherently contains numerous face-threatening acts: making a diagnosis, prescribing a treatment regimen, delivering unpleasant news, and so on. The four principal strategies proposed by Brown and Levinson — bald on-record, positive politeness, negative politeness, and off-record strategies — manifest differently at various stages of medical communication.

In Uzbek linguistics, the issue of politeness has mainly been studied within the category of respect (hurmat-izzat), forms of address, and speech etiquette. Unlike the Western pragmatic model, which is grounded in individuality, this approach relies more heavily on social hierarchy and collective values. This distinction takes on particular significance in the analysis that follows.

3. Research methodology

The material for this study consisted of dialogue samples reflecting doctor-patient communication in English and Uzbek, transcripts of video recordings of medical consultations, as well as examples drawn from scholarly literature and guides on medical communication published in both languages. The analysis was based on comparative-typological and pragmalinguistic methods of analysis, as well as on the principles of speech act theory (Austin, Searle).

The analysis was conducted along four main lines: (1) forms of address and social deixis; (2) indirect speech acts; (3) hedging devices; (4) expressions of empathy and sympathy. For each line, real or realistic examples drawn from both languages are presented, and their pragmatic function is explained.

4. Politeness devices in medical discourse: a comparative analysis

4.1. Forms of address and social deixis

Forms of address are the first pragmatic marker of the social distance and degree of respect between participants in communication. In English medical discourse, physicians usually address the patient as "Mr./Mrs./Ms. + surname," or, increasingly in modern practice, by first name (if the patient has given permission). This choice is often made by asking the patient directly: "How would you like me to address you?" — a clear illustration of the English-language principle of respecting individual autonomy.

In Uzbek medical discourse, the system of address varies considerably depending on age, gender, and social status. Physicians frequently address patients using kinship terms such as "opa" (elder sister), "aka" (elder brother), "buvi" (grandmother), "bobo" (grandfather), "qizim" (my daughter), or "o'g'lim" (my son) — a widespread strategy in Uzbek speech convention for expressing closeness and warmth. Unlike the English formal title-plus-surname model, such forms of address emphasize not social distance but emotional closeness and care, a feature characteristic of a collectivist culture.

4.2. Indirect speech acts

The use of indirect speech acts in giving medical instructions, orders, and recommendations is widespread in both languages, although their form and frequency differ. In English, commands are mitigated through modal verbs (could, would, might) and question-form constructions:

English (indirect)	Literal meaning	Uzbek equivalent
"Could you take a deep breath for me?"	Could you take a deep breath?	"Chuqur nafas oling-chi." / "Chuqur nafas olib qo'ying."
"I'd like you to try cutting down on salt."	I would like you to reduce your salt intake.	"Tuzni kamroq iste'mol qilsangiz yaxshi bo'lardi."
"You might want to consider this option."	You might want to consider this option.	"Shu variantni ham ko'rib chiqsangiz bo'ladi."

As the table shows, indirectness in English is mainly achieved through modal verbs and personal-desire constructions (I'd like, I would suggest), which give the patient the impression of being offered freedom of choice — a typical manifestation of the negative-politeness strategy. In Uzbek, indirectness is expressed more often through conditional-advisory verb forms (-sa, -moq kerak, -gani ma'qul) and diminutive-affectionate suffixes (-chi, -gina), which reduce the categorical force of the command while emphasizing social appropriateness rather than personal choice.

In addition, Uzbek medical speech widely uses plural verb forms (the -siz / -ing suffixes) to express respect — a purely morphological politeness device with no grammatical equivalent in English. This is an important point of typological difference between the two languages.

4.3. Hedging devices

Hedging is a pragmatic device used by a speaker to lower the degree of certainty attached to a statement, or to soften the "weight" of the message being conveyed. In medical discourse, hedging plays a particularly important role when a diagnosis is uncertain or when delivering serious news.

In English, this is illustrated by constructions such as "it seems," "it appears that," "there might be a possibility of," and "we're not entirely sure yet, but...". These devices allow the physician to preserve professional responsibility while protecting the patient from unnecessary panic or hopelessness.

In Uzbek, a similar function is performed by expressions such as "chamasi" (apparently), "ehtimol" (perhaps), "ko'rinib turibdiki" (it appears that), "hozircha aniq deyishga erta" (it is too early to say for certain), and "tekshiruvlar yakunidan so'ng aniqroq bo'ladi" (it will become clearer once the tests are complete). Notably, hedging in Uzbek medical speech is often directed not at the patient directly but at the patient's relatives — a serious diagnosis is first communicated to family members and, with their consent, then conveyed to the patient. This is a "family mediation" strategy characteristic of collectivist cultures, and one that is

almost absent in individualistic English-American medical practice, where speaking directly with the patient (patient autonomy) has risen to the level of a legal-ethical norm.

4.4. Expressions of empathy and sympathy

Expressing empathy — acknowledging the patient's emotional state and offering sympathy — occupies an important place in both medical discourses, although the manner of expression differs.

Function	English device	Uzbek device
Acknowledging anxiety	"I understand this must be difficult for you."	"Tushunaman, sizga qiyin bo'layotgandir."
Softening bad news	"I'm afraid the news isn't what we hoped for."	"Xafa bo'lmang, hammasi yaxshi bo'ladi, lekin..."
Offering hope	"We'll do everything we can to help you."	"Xudo xohlasa, hammasi yaxshi bo'ladi." / "Tashvishlanmang, birga yengib chiqamiz."

It can be seen that Uzbek medical speech makes wide use of religious-cultural expressions ("Xudo xohlasa" — God willing, "nasib bo'lsa" — if it is destined) and words expressing collectivity, such as "birga" (together), to convey sympathy — closely tied to the society's religious and cultural values. In English, by contrast, empathy is expressed more through professional, emotionally neutral language, preserving personal and clinical boundaries.

4.5. Strategies for delivering bad news

Delivering news of a negative or serious diagnosis is one of the most complex pragmatic tasks in medical discourse. In English, specialized communicative models have been developed for this purpose (for example, the SPIKES protocol), which recommend delivering news gradually, in stages, taking into account the patient's readiness. This is realized linguistically through introductory phrases such as "unfortunately," "I'm sorry to tell you," and "I wish I had better news."

In Uzbek practice, as noted above, the predominant strategy is to convey serious news not directly to the patient but gradually, often through the family. This difference manifests not only in linguistic devices but in the entire communication strategy and in the very concept of medical ethics — once again confirming that pragmatics is not merely a linguistic phenomenon but a deeply cultural one.

5. Results and discussion

The analysis conducted identified the following principal differences between the politeness strategies of English and Uzbek medical discourse:

Parameter	English	Uzbek
Primary orientation	Individual autonomy, personal boundaries	Social hierarchy, collectivism

Parameter	English	Uzbek
Form of address	Title + surname / first name (by agreement)	Kinship terms (opa, aka)
Means of indirectness	Modal verbs, question constructions	Conditional-advisory forms, respect suffixes
Delivering bad news	Directly to the patient, in stages	Often through the family, indirectly
Source of empathy	Professional-neutral language	Religious-cultural expressions

These results show that although politeness devices in both languages correspond to the principal strategies outlined in Brown and Levinson's theory, the form in which they are realized is determined by typological features of the language (for example, the respect suffixes of Uzbek) and by cultural values (individualism versus collectivism). Awareness of these differences is of particular importance for international medical staff and translators in preventing cultural mismatches in communication.

6. Conclusion

This study has presented a comparative analysis of the pragmatic politeness devices used in English and Uzbek medical discourse. The results show that although the politeness strategies of both languages rest on shared pragmatic principles — preserving face and mitigating speech acts — the form these strategies take is closely tied to the language system and to cultural context. English medical discourse relies on personal autonomy and directness, while Uzbek medical discourse relies on social respect, family mediation, and collective values.

Promising directions for future research include extending this study across different age groups, gender differences, and regional dialects in the analysis of medical politeness devices, as well as developing, from a practical standpoint, methodological guides on cross-cultural communication for translators and medical personnel..

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