



FAN, TA'LIM VA AMALIYOT INTEGRATSIYASI

ISSN: 2181-1776

Ganiev Marufjon Mukhammadzhonovich

Teacher of the department "Uzbek language, foreign languages and pedagogy" of the Fergana Medical Institute of Public Health

METAPHOR IN MEDICAL DISCOURSE

Abstract

The article is devoted to the analysis of the functioning of metaphor in medical discourse. The concepts of medical discourse, metaphorical model in medical discourse and medical metaphor-term are considered. The reasons for the emergence of terms in the language of medicine are analyzed and their connection with the process of metaphorization is traced.

Key words: esotericism, metaphorization, structuredness, discourse, diagnostics, invariant, symptom.

Medical term metaphorization disease

That part of the language that a person constantly uses in his daily activities is largely a product of the activity of the person himself. It (the product) is produced in the process of sign, linguistic and symbolic description of a certain fragment of the image of the world.

The linguistic characteristics of any description always have their own ontological basis, and their use depends on knowledge of the specific context of use. The characteristic features of the language of medicine are semantic certainty (doctors often avoid expressing their opinions in the most generalized form) and esotericism (the true meaning of many medical statements is clear only to physicians). Medical communication is predominantly concrete: communication takes place between specific individuals (doctor and patient, doctor and patient's relatives, physician and physician).

The main purpose of the medical language is to reflect the clinical picture in the patient's condition. The phenomena that the physician deals with have a dual justification - from the side of society and culture and from the side of a specific field of knowledge. Therefore, medical discourse appears as a separate means of communication, as a result of objective medical knowledge, expert opinion, personal judgment and direct experience of the relevant experience.

We understand medical discourse as a special language intended for medical communication: for diagnosing a disease, clarifying a diagnosis, having a positive emotive impact on a patient, accepting and justifying the chosen treatment method in the face of multiple points of view in the medical community and developing a collegial consensus. The language used by doctors is called scientific; therefore, it is metaphorical in nature.

Metaphors are an integral part of medical discourse and represent a certain direction of movement of the unconscious creative activity of a physician, participating in the creation of an "invariant professional image of the world" (A.A. Leontiev's term). Metaphors of medical texts exploit the meanings developed by the human mind, based on an individual picture of the world. Revealing the hidden distinctive characteristics of an object or phenomenon that is well known to human consciousness makes it possible to transfer them to the field of medicine and contributes to a clearer definition of complex professional concepts.

We believe that interesting material for understanding the features of the functioning of metaphor in medical discourse can be obtained on the basis of the analysis of metaphorical models present in the language of medicine. A metaphorical model in medical discourse is a unit of a professional image of the world based on medical knowledge and embodying a general cultural model of the world in a linguistic form. Medical metaphorical models reveal similarities and unusual characteristics of habitual ideas about the world, organize fragments of knowledge of various origins, and help in creating a coherent system of linguistic picture of the world in medical discourse [Zubkova 2006: 78].

Consider such a metaphorical model as: Man is a part of a mechanistic device. For example: "Is it not for a similar reason that blockage of some blood vessels is not enough to destroy or reduce the motive force contained in the heart as the main spring of the machine" [McCormack 1990: 369]. In medical discourse, the identification of parts or other components of the human body with mechanisms and their components contributes to a better understanding of the principles of their functioning and a more detailed specification of the symptomatic picture of the disease.

Another option is as follows: a person is a mechanism. For example: "The brain works in the same way that a machine calculates. The brain is like a machine" [Miller 1990: 258]. The presented material testifies to the high structure of the initial conceptual spheres ("Mechanistic device", "Parts of mechanisms", "Relief", "Landscape"). The detailed structuring of the original conceptual sphere, its "proximity" and "understand ability" to a person create the necessary conditions for the high productivity of the presented models.

Obviously, the models presented by us are part of the metaphorical space of the language. However, as the main result of our consideration of metaphorical models, we can fix the following trend: in the language there has been a transition from inherently linguistic models to models that often contradict common sense. At the same time, newly created

models based on non-linguistic analogies are perceived as natural components of the language system that do not contradict scientific ideas.

Thus, it is still natural to speak of blue blood or brown plague, and such linguistic expressions do not contradict medical ideas about the above disease or color. Thus, metaphor is one of the most important sources of terminology formation, since it is in medical metaphor that the metaphorical paradox of the abstract in the concrete is manifested.

Medical metaphors are possible ways of explaining medical phenomena of the surrounding reality by transferring specific fragments of the image of the world to the field of medicine on the basis of their identity or similarity. Rethinking fragments of the image of the world provides additional information about medical phenomena.

The background knowledge contained in the source area often serves as the basis for decoding the metaphor and for clarifying the axiological assessment of the characteristics of medical concepts transmitted with its help.

In our opinion, this is the general principle of the formation of metaphorical meaning in a medical text.

It can be assumed that the appearance of the term and the process of metaphorization are interrelated, since the term captures the cognitive activity of a physician and is “a word individually created in the course of a creative act” [Bekisheva 2004: 56]. The metaphor borrows lexemes from naive, literary and other types of discourse in a “ready” form into the medical terminology system with or without a shift in meaning.

The semantic rethinking of these words and the presence of a sufficient number of forerunners of a particular patient's condition that need to be represented leads to the formation of generalizing terms in the medical language. For example: “Symptom of the tip of the iceberg. The image of the fatty part of the ovarian dermoid cyst in the form of a cone or tubercle surrounded by fluid is typical for a benign dermoid cyst (teratoma) of the mixed ovary” [Mishlanova 1998].

Thus, the process of metaphorization of medical discourse reflects the interaction of a person with the outside world, the process of cognition and transformation of reality by him. The appearance of the internal organs of a person is identified with the products of human activity. The use of the names of artifacts to describe and specify the symptoms allows a more detailed presentation of the objective picture of the disease and serves to characterize the state of the patient's internal organs.

In other words, the metaphor in medical discourse reflects the process of understanding the place and role of a person in the world around: first, the identification of a person and the world he creates, then the awareness of a person as a part of this world, and, finally, the opposition of a person and the world around him, the possibility of a conscious change of the world by a person.

It should be noted the high activity of cultural vocabulary, which, in combination with medical knowledge, is a deep terminological layer in psychiatry and medical psychology, which is used to designate and describe painful conditions, pathologies, and symptoms. For example: “Alice in Wonderland syndrome” - “is characterized by phenomena of depersonalization (with a distortion of ideas about space and time), visual illusions, pseudo-hallucinations, metamorphopsias, a sense of split personality.

It is observed in diseases of various etiologies (epilepsy, cerebral tumors)” [Bleicher 1984: 10]. It should be noted that such metaphors, functioning within the framework of medical discourse, are unchanging established terms and we propose to call them “medical metaphor-term”. By a medical metaphor-term, we mean a phrase, born in professional discourse, individually created and fixed by a dictionary entry, consisting of a word from the classical language and a lexeme of literary discourse.

A medical metaphor-term captures the cognitive activity of a doctor and refers to professional slang. It should be emphasized that the medical metaphor-term is limited to professional communication.

Thus, a metaphor in medical discourse is a system, in the interaction of the abstract and concrete components of which a new meaning arises, which is a way of cognizing reality by an individual. Interacting with its implied referent, the metaphor creates a new semantic formation, which is the result of the metaphorical process of cognition.

Literature

1. Bekisheva E.V. Representation of the category of time in medical terminology // Questions of cognitive linguistics. No. 2-3. - Tambov, 2004.
2. Bleikher V.M. Eponymic terms in psychiatry, psychotherapy and medical psychology. - Kyiv, "Vishcha School", Head Publishing House, 1984.
3. Zubkova O.S. The specificity of the functioning of metaphor in an individual lexicon (on the example of a medical metaphor in different types of discourse). Diss. cand. Philological sciences - Kursk, 2006.
4. Lakoff D., Johnson M. Metaphors we live by // Theory of Metaphor: Collection. - M.: Progress, 1990.
5. McCormack E. Cognitive theory of metaphor // Theory of metaphor: Collection. - M.: Progress, 1990.
6. Miller D.A. Images and models, assimilations and metaphors // Theory of metaphor: Collection. - M.: Progress, 1990.
7. Mishlanova S.L. Metaphor in medical text. Diss. cand. philol. Sciences. - Perm, 1998.
8. Mishlanova S.L. Cognitive aspect of medical metaphor // Collection of scientific papers "Communication Theory & Applied Communication". Bulletin of the Russian Communication Association, issue 1 / Under the general editorship of I.N. Rosina. - Rostov n / a: IUBiP, 2002.
9. Reber A. Big explanatory psychological dictionary. The Penguin - M.: Veche-AST, 2001.
10. Sedov A.E. Metaphors in genetics // Bulletin of the Russian Academy of Sciences, vol. 70, no. 6. - M., 2000.
11. Handbook of psychiatry / Ed. A.V. Snezhnevsky: 2nd ed., revised. and additional - M.: Medicine, 1985.