

USE OF EMPATHY STRATEGIES IN THE SPEECH OF DOCTORS

Kurbanova Nargiza Abdisoatovna
Teacher, Karshi State University, Uzbekistan

Abstract:

In modern medical communication, the use of empathy-based linguistic strategies has become one of the most influential elements of doctor–patient interaction. The rhetorical skills of medical professionals, the ability to choose appropriate lexical, syntactic, and paralinguistic units, and the culturally-specific norms of English and Uzbek communication styles significantly determine the psychological and emotional state of the patient. Recent linguistic studies in many countries focus on the features of medical discourse, the role of empathy in dialogic speech, as well as the phonetic, lexical, and rhetorical indicators that strengthen trust between the doctor and the patient. This article analyzes empathy strategies in English and Uzbek medical discourse, examines similarities and differences between rhetorical devices, and provides examples derived from real medical communication.

Keywords: Empathy, medical discourse, rhetorical strategies, reassurance, patient anxiety, euphemism, paralinguistic signals.

Introduction

Empathy is considered a core professional quality of medical staff. A doctor’s ability to understand the emotional state of a patient and to reflect this understanding through speech often determines the effectiveness of treatment. Many patients experience anxiety, fear, or uncertainty when they hear medical terminology. Therefore, doctors in both English and Uzbek medical communities frequently employ empathetic linguistic strategies — softening expressions, euphemisms, indirect speech acts, and supportive rhetorical devices — to calm patients and maintain their psychological stability.

Main Discussion

Empathy in Uzbek Medical Discourse

Uzbek doctors traditionally use polite, softened forms of address, culturally shaped metaphors, and indirect reassurance. The following real-life dialogue illustrates this:

A patient anxiously asks:

«Шифокор, юрагимга жиддий нарса бўлмаяптими?»

The doctor replies:

«Ҳавотир олманг, сизда кичик ўзгаришлар бор, лекин уларни тезда назоратга оламиз. Сиз ўз вақтида келганингиз яхши бўлди».

Here the doctor avoids using frightening terminology such as *аритмия* or *ишемия*. Instead, the emphasis is placed on timely arrival and manageability of the condition, which fulfills the rhetorical function of calming the patient. Another example is related to chronic diseases. Instead of saying: «Сизнинг буйракларингиз яхши ишламайди», an empathetic doctor may say: «Буйракларда бигоз чарчоқ бор, лекин даво бизга яхши ёрдам беради». This metaphorical expression (“organs got tired”) reflects national linguistic mentality and helps reduce the patient’s fear.

Empathy in English Medical Communication

English medical discourse also widely employs empathy strategies. Communication manuals recommend beginning with acknowledgment of the patient’s feelings, for example: “I understand this situation may feel overwhelming, but I will explain everything step by step.” Such expressions serve as rhetorical buffers that reduce anxiety and prepare the patient to accept difficult information. An example from clinical practice: A patient awaiting biopsy results asks nervously, “Doctor, should I expect something serious?”

The physician replies: “Let’s take this one step at a time. Some results need closer examination, but many conditions turn out to be manageable. Whatever it is, you are not going through it alone.” Here the phrases “*one step at a time*” and “*you are not going through it alone*” function as comforting rhetorical devices that maintain hope and trust.

Despite cultural differences, both languages share several common rhetorical techniques:

Rhetorical Device	Uzbek Medical Speech	English Medical Speech
Softening (euphemism)	“Ўзгаришлар”, “чарчоқ бор”	“a small concern”, “something we need to keep an eye on”
Avoiding harsh terminology	Avoiding <i>саркома, инфаркт, астма</i>	Avoiding <i>malignancy, heart failure</i>
Indirect reassurance	“Ҳавотир олманг, назоратдамиз”	“You are in good hands, we will manage this together”
Positive framing	“Вақтида келганингиз яхши бўлди”	“It’s good that you came early”

However, differences are also notable:

- Uzbek discourse tends to rely more on metaphorical expressions and collectivist cultural norms (“biz”),
- English discourse uses explicit emotional validation (“I understand how you feel”).

Both linguistic models aim to maintain patient dignity, reduce fear, and support trust — essential components of rhetorical medical professionalism.

Role of Paralinguistic and Kinetic Elements

Empathy is not limited to words. Tone, pauses, facial expressions, and gentle movements contribute significantly. For instance:

A calm, low-pitched voice is universally perceived as reassuring.

Soft nodding and open body posture indicate attentiveness.

Slow pacing of speech helps stressed patients follow information more easily.

These paralinguistic elements form part of what rhetorical theory calls parakinetic support, which enhances the verbal message.

Conclusion

The use of empathy strategies in the speech of medical professionals plays a vital role in improving doctor–patient relationships. Softened expressions, euphemisms, indirect reassurance, and culturally appropriate metaphors help reduce fear and inspire confidence. Both Uzbek and English medical discourses demonstrate that empathetic communication is not only a linguistic choice but also an ethical obligation. Rhetorical devices, especially paraphrase and positive framing, contribute to the emotional comfort of patients and aid them in coping with illness. The integration of empathy into medical rhetoric ultimately strengthens patient-centered care and supports the healing process.

References

1. Stewart M. Patient-Centered Medicine. *British Medical Journal*, 2001.
2. Matvaliev V. *Tibbiyot psixologiyasi, etika va deontologiya asoslari*. Tashkent, 1991.
3. Silverman J., Kurtz S., Draper J. *Skills for Communicating with Patients*. Oxford University Press, 2013.
4. Shodmonov H., Tursunov O. *Asab va ruhiy kasalliklar*. Tashkent, 2004.
5. Coulehan J. “Compassionate Communication in Clinical Practice.” *Medical Education*, 2012.