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THE CONCEPT OF PAIN IN DOCTOR-PATIENT COMMUNICATION

Pain is a complex phenomenon since it is a universal and at the same time a fundamentally personal experience. This concept deserves particular attention from the standpoint of cognitive linguistics. Pain as a concept, that is, as an operational unit of memory and quantum of knowledge [1], is an important component of human linguistic world-image. The aim of present paper is to identify and compare the linguistic means of professional and non-professional description of pain in medical discourse. The anthology “Case Studies in Pain Management” (2014), and scientific articles from “PubMed” database have been chosen as the material of the research. Clinical cases under consideration contain patients’ direct speech as quotations as well as doctors’ third-person statements [2]. It has been found that along with the three basic lexical units: “pain”, “hurt” and “ache” which are used to refer to pain in literal sense, the leading role in verbal representation of PAIN belongs to mechanism of conceptual metaphor. The theory of cognitive metaphor focuses on the cognitive nature of metaphor as a tool for understanding one concept (the “target domain”) by means of another (the “source domain”) [3, p. 85].

In patients’ discourse the conceptual metaphors of pain are actualized through the wide use of adjectives. Hence, the leading role belongs to PAIN IS FIRE metaphor which is implemented by means of such adjectives as “burning”, “roasting”, “scorching”, “searing”, “white-hot”, “scalding pain”, etc. The second most important metaphor is PAIN IS A WEAPON: “pricking”, “sharp”, “stabbing”, “lancinating”, “boring”, “piercing”, “shooting pain” and others. Moreover, pain is conceptualized as a physical force that deforms the human body (PAIN IS A PHYSICAL FORCE metaphor): “tightening”, “twitching”, “squeezing”, “pressing”, “clenching”, “wrenching”, “suffocating pain”, etc. The analyzed discourse also reveals PAIN IS A SOUND (“tingling”, “dull ache”, “vibrating”, “throbbing pain”), and PAIN IS A BURDEN metaphors (“unbearable”, “heavy pain”). The abovementioned conceptual metaphors actually underlie patients’ efforts to convey

their feelings as precisely as possible and thus to obtain appropriate treatment from the physician. It should be noted that the adjectival nature of patient's discourse led to the development of McGill pain questionnaire which contains 78 adjectives commonly used to describe pain. Adjectives are grouped as per the associative nature of pain. The doctor suggests the patient to choose adjectives which describe his/her pain as accurately as possible.

The concept of pain in physician's discourse is metaphorized through the extensive use of verbs in active voice. Thus, doctor's discourse displays the PAIN IS MOTION metaphor using the verbs "to spread", "to radiate", "to migrate", "to extend", "to escalate", "to circulate", etc. Pain is conceptualized as an enemy that now and then is gaining strength and getting weaker (PAIN IS AN ENEMY metaphor): "to abate", "to wax and wane", "to dissipate", "to persist", "to exacerbate", "to yield" etc. Special attention needs to be paid to the INTENSITY IS QUANTITY metaphor, which is embodied in the digital pain intensity scale: "The patient rates his pain at a 3/10" [2].

Thus, given the subjective nature of pain, this concept is invariably accompanied by metaphoric processes. In the course of medical examination and collection of anamnestic data, the doctors decode patients' messages, and pass them through the prism of their professional outlook, thus manufacturing their own associative model of the concept of pain. Mastering the basic mechanisms of pain verbalization in the English language is an important element of training doctors who will work in a foreign language professional environment.

References

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