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The linguistic and psychologic peculiarities of the paediatrician practice

В статье рассматриваются психологические и лингвистические аспекты общения в практике педиатра. Представлен обзор литературы по детской психологии и психологическим аспектам общения триады врач-пациент-родитель. Отмечается, что использование эвфемизмов и замена профессиональных терминов непрофессиональными (layman's terms) являются отличительной чертой медицинского дискурса в педиатрической практике.

Ключевые слова: детская психология, медицинский дискурс, эвфемизмы, lay terms, layman's terms

This article is devoted to some psychologic and linguistic aspects of communication in paedicatric practice. The literature review on the children psychology and psychological aspects of the physician-patient-parent triad is given. It is noted, that the use of euphemisms and the substitution of professional terminology for layman's terms are the distinctive features of the medical discourse in the paediatric practice.

Keywords: children psychology, medical discourse, euphemisms, lay terms, layman's terms

Paediatricians' work implies communication with different people of different age groups, namely with newborns, toddlers, preschoolers, school-age children, adolescents, and their parents. Paediatricians' profession requires a combination of the knowledge of the age features and special communication skills with children, as well as the professional ability to communicate with patients' parents and relatives. Questions, which are being discussed with paediatricians, concern not only medicinal aspects, but also the other ones on which a child's health depends. This includes food habits, lifestyle, family relationships, etc. Besides theoretical knowledge, a paediatrician must know how to build an especial connection with children and be able to get along with them. The compulsory ethical requirement in paediatricians' job is to know how to cheer up, unhesitatingly and objectively inform parents about diagnostic methods, stages of treatment, possible complications, set them up for cooperation, including obtaining an informed consent to treat a child [12]. Trust in a doctor forms via his/her attitude, personal example, human and professional qualities. Clear and confident presentation of information about the child's condition in a soft manner, keeping distance in relationships with parents can help in, for example, obtaining permission to perform the necessary procedures or surgeries. Easy and friendly communication creates the necessary circumstances to form a partnership with parents. In

our article, we aim to identify the linguistic and psychologic peculiarities of communication in the paediatrician-patient-parent triad.

The specifics of communication depends on the age category of the child. A medical worker, performing his professional duty, is obliged to ensure that he receives the necessary medical care, using all the achievements of modern medicine and by all means to avoid causing any harm to a child's physical and mental health. It is important to note that the doctor establishes contact primarily with the child. As soon as parents note that the child is positive about the doctor, they trust him [2, p. 111-116].

In terms of medical issues, infants and toddlers are characterized by such psychological characteristics as a lack of awareness of the disease as a whole, inability to formulate complaints, strong emotional reactions to individual symptoms of the disease, perception of medical and diagnostic procedures as frightening, a sense of fear, longing, loneliness in the walls of a medical institution, away from parents. [2] Tactics in working with them will be an emotional warm attitude, a distraction from the disease, organization of quiet games, reading, trying to persuade conducting procedures. Professional communication with the child's relatives is also important. It is necessary to explain them a clear picture of a child's disease and treatment tactics [6].

When contacting children at the age of 6-8 years, the doctor must consider the that this age is very important personality formation and development: children learn to control their emotions and □sycholo, express their feelings, differentiate between good and evil, evaluate their actions and the ones of others, learn the rules and norms of communication [2, p. 29, 91]. Age can affect the attitude to the disease: the older the child, the more tragically he perceives his condition and it is more serious psychological trauma for him [3]. Moreover, it is important that doctor takes into account not only the age characteristics, but also the level of cognitive and psychosocial development, their experience, especially in situations involving a threat to their life. Therefore, it is important to be caring, accurately assess the situation, as well as the child's ability to understand information, since its overabundance, unpreparedness for its perception, as well as excessive silence, avoiding conversation can be the basis for the development of psychosis or even depression [3].

There are more difficulties in working with teenagers. In this age period the search for self, the problems of self-awareness and self-determination, critical attitude towards themselves are distinctive features. The need for communication with not only their peers and adults is also must be noted [4]. The doctor must consider teenagers' sensitivity, emotionality and impulsiveness, and to understand that an aggression may be a typical reaction to fear, danger, shock or other emotional upheavals. This is why a doctor should be especially tactful, compassionate and understanding. On the other hand, in the most cases, teenagers facing the medical issue, mobilize their will to actively counter the disease, suppress their fear and negative emotions associated with the upcoming treatment [3]; [4], so that it can be possible to rely on their inde-

pendence and maturity. First of all, the medical worker needs to find out the patient's attitude to the disease and the medical staff, and the interaction with them. Overall, a paediatrician should tell the child the diagnosis and treatment options truthfully and in plain language, showing empathy and support.

A very important part of the paediatrician's work is communication with the patient's parents. It also has some distinctive features.

A child's disease is perceived by his parents as the greatest tragedy and the stress experienced by parents, primarily by the mother, is severe [2]. Most of all, parents need support while reporting a diagnosis, as they experience the whole spectrum of negative feelings: confusion, fear, irritation, anger, grief, etc. and they often 'stuck' at one stage of grief, for example, despair, guilt, or sadness [2]; [6, p.165-170]. The personal characteristics of parents determine their attitude to the child's illness: some parents are seriously concerned about the disease, others, expressing anxiety, do nothing to help their child [2]. Moreover, against the background of severe anxiety, parents might have aggressive reactions to others, the doctor, and medicine in general [2]. So that one of the primary factors in successful communication at a paediatric appointment is a reduction in parental anxiety. First and foremost, the most effective tactic will be words of support addressed to him/her, the reassurance in a good competence of him/her as an adult [2; 3]. It is necessary, even if there is not much time to listen to their story about the actions that they take for the health of the baby; the unavoidable criticism from the doctor should be constructive, indicating other effective methods of assistance and must be combined with words of support for competent decisions, applied methods of help.

Thus, a paediatrician is a completely special type of doctor who, along with the motivation to increase psychological competence, can create a unique system of therapeutic effect. Special training in professional communication, organized by the leadership of a medical institution, can help in its formation.

It is to be noted that the knowledge and the compliance with ethical requirements also prevent possible iatrogeny which is defined as "a pathological condition caused by careless statements or actions of a doctor (or other medical workers) that give a person an idea of whether he has a certain disease or about the particular severity of his disease" [1, c.24].

Having performed the literature review on the child psychology and \square sychologyical aspects of communication in the paediatric practice, we could turn to the speech patterns and peculiarities which the paediatrician uses to communicate with children and parents.

When communicating with young children, the doctor uses affectionate words, for example, the doctor will say 'belly' instead of 'stomach'. In English, suffixes are used to indicate diminutives – there are mainly –y (-ie), - let, -ette, -ule, -kin, -ock, частично –ling. The doctor can also use abbreviated and affectionate forms of the

child's name, for example, Richard – Richie or Andrew – Andy or Charles – Charlie. This technique will help the child to relax and make contact with the doctor.

An essential part of the doctor's work with patients and their relatives is the use of euphemisms – the words or phrases substituting the ones which are avoided and considered indecent, indelicate, rude, too direct or impolite. So that in medical appointment the words, which may cause fear, being associated with a serious illness or upcoming serious procedures can be substituted (*Table 1*). This may help the patient and his parents accept and stand the diagnosis more easily.

Words and word combinations can be substituted by:

- 1) a pronoun or a particle (for example, patient can say "it's bleeding when I'm doing *this*). This tends to be used by teenagers, who finds it awkward and embarrassing to talk about the bodily functions, anatomical features, etc.
- 2) synonyms which are neutral or less direct words (resuscitation revitalization, to die to pass away).

In doctor-patient-parent communication, the words denoting the aspects of some groups of problems are most likely to be replaced with euphemisms, namely: diseases, death, the extinction of the functions of the human body, parts of the body, and problems with being overweight also cause embarrassment in people.

 $\begin{tabular}{l} \it Table \ 1 \\ \it Some \ examples \ of \ the \ euphemisms \ in \ medical \ discourse \\ \end{tabular}$

	Term	Euphemism
Diseases	To deteriorate	To go downhill
	Alopecia	Hair loss
	To get sick	Feel under the weather; to not feel well
	Cancer	Growth; tumor
	Disabled	Handicapped
Death	To die	To pass away
	He died	He had gone to a better place
	He died	We lost him
Bodily functions	Disabled	People with special needs
	Coprostasia	Lack of stool

Another verbal strategy involves using a passive voice, which allows the patient or a parent to distract from the details of the procedure and concentrate on the result. (F.E.: *Intravenous injection – a drug will be injected into the vein, which should improve the condition of the child*). When necessary it can be even enhanced by using a professional terminology: "we installed a tube for assisted pulmonary ventilation," – "tracheal intubation was performed". This makes the statement more scientific and helps to give it a more blurred look, to make a patient or a parent more confident in their doctor.

Non-verbal communication plays a tremendous role in expressing and comprehension of the feelings, attitudes or information. It is manifested in the non-verbal cues like physical movements, signs, symbols, signals charts, colours, etc. Common types of non-verbal communication are eye contact, facial expressions, gestures, body posture and position, touch, silence [13]. Children are often unable to express and explain to the doctor what and where it hurts or disturbs them. The doctor may ask the child to show where it hurts, and then the paediatrician will be able to make a diagnosis based on this information and the information received from the conversation with parents, as well as to assess the psychological state of the child.

Not all patients and their parents are fluent in medical terminology, so doctors can also use words and phrases that explain the essence of a procedure, scientific term or disease. It is called "layman's terms" or "lay terms". A layman's term is a way of explaining an idea or thing without using jargon specific to the field to which it belongs. It is an explanation through which an average person who has made no indepth study of the topic (layman) will understand the basic concept being described. [10], [14].

Table 2
Some examples of the Lay-Terms in medicine

	Term	Lay-Term
Disease	Chickenpox	A viral disease, which is transmitted through coughing and sneezing. The symptoms are red rash and increased temperature.
	Diphtheria	An infectious disease that affects the upper respiratory tract and produces a toxin, which affects the other organs.
	Whooping cough	An infectious disease, which is transmitted through coughing and sneezing characterized by frequent and dry cough.
Body condi- tion	Coma	A disorder of important body factious. The person is unconscious and does not respond to call or pain
	Puberty	The process of changes in the teenagers' body and as a result of which he becomes sexually mature and capable of procreation.
Instruments	Corn tongs	A surgical clamp, by which sterile instruments, cotton wool etc. are served.
	Artificial lung ventilation machine	A device that delivers air to the lungs and to make it easier for person to breathe
	Stethoscope	A device for listening sounds in the human body
	Pulse oximeter	A device that mesuares the oxygen level in the blood.
	Medical spatula	A device for oral examination
	Glucose monitor	A device for measuring sugar level in the blood

		Table 2 (cont'd)
	Audiometry	Hearing acuity measurement, doctor checks the patients'
		hearing
	General urine	Checking the composition and properties of urine
Analysis	analysis	
	General blood	Checking blood composition
	analysis	
	Percussion	Tapping some parts of the body
Others	Surgical area	The area of the skin where the surgery is performed
	Anamnesis	Collecting patients' life information
	catheterization of	insertion of a tube into the bladder to drain urine
	the bladder	

Thus, the use of euphemisms and the replacement of professional terms with ones that everyone would understand (lay-terms) are a hallmark of medical discourse in paediatrics. These speech techniques are an important tool in doctor-patient-parents communication. This makes communication more comfortable and understandable for both sides and allows them to create favorable environment for a child's recovery.

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Проблема дефиниции эпитета

В представленной статье уделяется внимание проблеме определения эпитета, его днфиниции. Обращается внимание на многообразные подходы к решению базового вопроса эпитетологии. Делается вывод о неоднозначности трактовки эпитета, а потому и исследовательских подходов к его изучению, что влечет за собой размывание границ между эпитетом и смежными понятиями.

Ключевые слова: эпитет, эпитетоид, логическое определение, дефиниция эпитетология

В статье пойдет речь о проблеме дефиниции эпитета в современной эпитетологии, о его природе и отличиях от логического определения. Данный вопрос является одним из основных, поскольку эпитет является основным предметом