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A COMPARATIVE TYPOLOGICAL ANALYSIS OF TROPE TYPES IN MEDICAL DISCOURSE

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Abstract: This article offers a comparative-typological analysis of the principal types of tropes—metaphor, metonymy, simile, hyperbole, euphemism, and synecdoche—as they function within English and Uzbek medical discourse. Medical discourse is understood broadly, encompassing both institutionalized terminology and the communicative register of doctor-patient interaction. The study identifies the discourse-pragmatic functions that each trope type performs (diagnostic precision, emotional mitigation, professional solidarity, patient accessibility) and establishes a typological correlation between trope type and communicative function across the two languages, revealing both universal cognitive tendencies and language-specific preferences.

Keywords: trope, medical discourse, metaphor, metonymy, euphemism, hyperbole, synecdoche, comparative typology, doctor-patient communication.

Introduction.

Medical discourse occupies a unique position among institutional discourse types: it must simultaneously satisfy the requirements of scientific precision and the communicative-

emotional needs of patients who are, by definition, in a vulnerable state. This dual demand creates fertile ground for figurative language, since tropes allow speakers to compress complex biomedical information into accessible, memorable, and often affectively modulated forms. While the role of metaphor in scientific and medical terminology has received considerable scholarly attention (cf. Lakoff & Johnson, 1980; Kövecses, 2010), a comparative-typological account that systematically maps the full inventory of trope types onto their discourse functions in medical communication—and does so across a genetically and typologically distant language pair such as English and Uzbek—remains comparatively underdeveloped. This article seeks to address that gap.

The analysis proceeds from the assumption that trope selection in medical discourse is not stylistically arbitrary but is systematically conditioned by communicative purpose: the register of clinical documentation, the register of professional oral exchange among practitioners, and the register of doctor-patient dialogue each favor distinct clusters of tropes. By examining English and Uzbek material in parallel, the study aims to distinguish which of these correlations are universal, reflecting shared features of human cognition and institutional medicine, and which are shaped by the particular linguistic and cultural resources of each language.

1. Metaphor in medical discourse: diagnostic and explanatory functions

Metaphor remains the most extensively documented trope in medical language, operating at both the terminological level (discussed in prior work on somatic metaphor) and the discursive level of explanation and diagnosis. In English clinical communication, metaphor frequently serves an explanatory-pedagogical function, allowing physicians to render invisible physiological processes accessible to patients: expressions such as “your arteries are getting clogged” or “the immune system is fighting the infection” recast biochemical processes in terms of everyday physical or agentive schemas (blockage, combat).

Uzbek medical discourse displays a parallel reliance on explanatory metaphor, often drawing on agricultural and domestic source domains rather than the militaristic domain favored in English ("immune system fighting infection" has no exact idiomatic counterpart in everyday Uzbek clinical speech; instead, expressions such as "tana kasallikka qarshi kurashyapti," literally "the body is struggling against the illness," employ a comparable but not identical agentive frame). This suggests that while the underlying cognitive strategy—personifying bodily processes as agentive struggle—is broadly shared, the precise lexical and cultural coloring of the source domain diverges.

2. Metonymy: institutional efficiency and professional shorthand

Metonymy in medical discourse predominantly serves an efficiency function within professional and institutional communication. As established in the analysis of clinical terminology, expressions such as "the heart" (for the cardiovascular system) or "Room 5" (for the patient in that room) allow practitioners to communicate rapidly within a shared professional frame. Both English and Uzbek clinical registers exploit the same underlying metonymic models—organ for system, location for patient—confirming that metonymy's efficiency function is not language-specific but arises from the shared institutional structure of hospital and clinical practice itself.

A further metonymic pattern common to both languages is disease-for-symptom metonymy, whereby a salient symptom stands for the disease as a whole in lay discourse (English "the flu" colloquially covering a range of symptoms; Uzbek "shamollash," literally "being wind-affected," covering common cold symptoms). This shared pattern reflects a general tendency in lay medical vocabulary, across languages, to name illnesses via their most perceptually salient manifestation rather than their underlying etiology.

3. Euphemism: mitigating distressing content

Euphemism performs a distinctive and communicatively vital function in medical discourse: softening references to death, terminal illness, and bodily dysfunction in order to protect the patient's emotional wellbeing. English medical euphemism is highly developed, with conventionalized expressions such as “passed away,” “palliative care,” “comfort measures only,” and “negative outcome” functioning as institutionally recognized softening devices.

Uzbek medical and everyday discourse displays a comparably rich euphemistic repertoire, though often grounded in different cultural-religious sources. Expressions such as “dunyodan o‘tdi” (“passed from this world”) or “Allohning rahmatiga ketdi” (“went to God's mercy”) draw on religious conceptualizations of death that have no direct structural counterpart in the more secular English euphemistic system, even though both languages converge on the same underlying communicative motivation—avoiding direct, distressing terminology. This divergence illustrates how a universal pragmatic need (mitigation) can be satisfied through culturally distinct figurative resources.

4. Hyperbole and simile in patient self-report

Hyperbole and simile occur predominantly in patient, rather than practitioner, speech, functioning to convey subjective symptom intensity that resists precise quantification. English patients commonly describe pain using hyperbolic and simile-based expressions such as “it feels like my head is going to explode” or “the pain is killing me.” Comparable constructions are attested in Uzbek patient discourse, such as “boshim yorilib ketayapti” (“my head is splitting apart”) or “iymday achishyapti” (“it stings like a nettle”), the latter drawing on a natural, agrarian source domain characteristic of Uzbek figurative speech more broadly.

The comparative distribution of hyperbole and simile suggests a shared communicative rationale: in the absence of a shared technical vocabulary, lay speakers in

both language communities resort to exaggerated or comparative imagery to convey the subjective severity of pain—a phenomenon well documented in the pain-communication literature (cf. standardized pain scales developed precisely to counterbalance this figurative variability).

5. Synecdoche: the part-for-whole model in clinical reference

Synecdoche, understood here as a sub-type of metonymy involving strictly part-whole relations, is attested in both languages in expressions where a body part stands for the person as a patient-category ("the hip in bed 4" referring to a hip-replacement patient) or where an organ stands for a broader diagnostic category ("a weak heart" for cardiovascular insufficiency generally). Uzbek clinical shorthand exhibits a structurally parallel pattern, e.g. referring to a patient informally by their affected organ or condition. This convergence again points to synecdoche's function as a universal cognitive economy device within professional medical communication, rather than a culturally specific stylistic choice.

6. Typological correlation between trope type and discourse function

Bringing together the patterns identified above, a clear typological correlation emerges between trope type, discourse register, and communicative function, and this correlation holds, with only source-domain-level variation, across both English and Uzbek. Metaphor clusters around the explanatory register (physician-to-patient education); metonymy and synecdoche cluster around the institutional-professional register (practitioner-to-practitioner efficiency); euphemism clusters around the affective-protective register (delivering distressing news); and hyperbole/simile cluster around the patient self-report register (subjective symptom description).

This four-way correlation suggests that trope selection in medical discourse is governed less by the specific lexical resources of a given language than by the communicative situation itself—a conclusion consistent with functionalist approaches to

figurative language, which hold that discourse register, rather than language system alone, is the primary conditioning factor for trope distribution.

Conclusion

The comparative-typological analysis presented here demonstrates that English and Uzbek medical discourse draw on a largely shared inventory of trope types—metaphor, metonymy, euphemism, hyperbole, simile, and synecdoche—which are distributed across discourse registers according to a broadly universal functional logic. At the same time, the specific lexical and cultural material through which these tropes are realized diverges systematically, reflecting each language community's distinct religious, agrarian, and everyday conceptual resources. These findings support a layered model of figurative language in institutional discourse, in which the functional-typological architecture is largely universal while its lexical-cultural instantiation is language-specific.

Future research might productively extend this typology through corpus-based quantitative analysis of trope frequency across medical sub-genres (clinical notes, patient forums, doctor-patient dialogue transcripts), as well as through experimental work examining how trope type affects patient comprehension and emotional response across the two language communities.

References:

1. Lakoff G., Johnson M. Metaphors We Live By. — Chicago: University of Chicago Press, 1980.

2. Kövecses Z. Metaphor: A Practical Introduction. — Oxford: Oxford University Press, 2010.

3. Semino E. Metaphor in Discourse. — Cambridge: Cambridge University Press, 2008.

4. Demjén Z., Semino E. Henry's Voice: Adopting Character Roles to Deal with Cancer. // Health Communication, 2020.

5. Hojiyev A. O‘zbek tili leksikologiyasi [Uzbek Lexicology]. — Tashkent: Fan, 2010.