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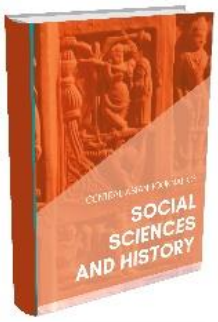

Cognitive Linguistic Analysis of Medical Discourse in Anthropocentric Contexts

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ABSTRACT
This article explores the lexical, cognitive and semantical significance of medical discourse—a high-stakes topic with clear applied relevance that is also rich ground for developing anthropological theory. Studying discourse and medicine together brings us to encounter culture as discursively constituted. As historically situated practices, forms of medical discourse play a role in cultural production and reproduction. Effective intervention in those processes requires insightful assessment of communicative practices in sociocultural contexts. This article reviews such practices and contexts.

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Introduction. Medical discourse which deals with language and communication concerning the subject of people's life and health deserves special attention in terms of *anthropocentric* and *functional linguistic approach* as various types of linguistic interactions should be included into the scope of the analysis which comprises both professional communication between specialists and the one of specialist and patient, the latter being both the basic subject of medical care and the addressee. In the course of specific mental structures linguistic expression much depends on the corresponding linguistic units functional characteristics, with special attention to their pragmatic and communicative aspect, which in some cases seeks conceptual metaphorical representation. Cognitive linguistic approach enables the researcher to clarify the content of professional languages notion as well as to outline new investigation perspectives in terms of medical discourse analysis.

Because sociocultural processes increasingly unfold at intersections of locality and globality, i.e., because of their "glocality" (Brenner 1998), that is where we increasingly find urgently relevant examples of medical discourse. How the ideologies and discursive practices I have just described circulate globally concerns us in this final subsection. We must find ways to track such discourse

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forms and ideologies circulating in and through local face-to-face encounters. For example, the globally hegemonic ideology of "communicability" (Briggs 2005) reinforces inequalities through its peculiar imaginings of health and communication. Briggs & Mantini-Briggs (2003) provide a shocking account of this deadly ideology traveling to, within, and beyond Venezuela during a cholera epidemic. The ideology of communicability involves nation-states and experts representing some (racialized) groups as agents in medical knowledge production, others as "translators and disseminators, others...receivers, and some simply out of the game" (Briggs 2005, p. 274).

Methodology. Any language is related to specific cultural and institutional contexts. When analysing academic speech, we are entering a didactic environment where instruction is an essential point of departure followed by observation and feedback, which involves socialisation into the academic community (Mattingly C. 1986). In this study, evaluation is seen as a powerful rhetorical tool for this academic community to convey interaction within more pedagogical genres such as the lecture in a specific discipline: Health Sciences. Some studies have approached the use of interactive features in academic genres such as the medical conference monologue; yet such genres seem to involve a far more expert-to-expert type of communication and are basically audience-oriented with little spontaneous conversation. The academic lecture, in contrast, usually involves expert-to-novice communication and questions may arise at any time during the lecture. Non-native speakers and listeners can find it harder to process lectures in real time since they may not have the same control over the language and rhetorical tools as natives have. Contrastive linguistic studies such as the one carried out here represent a potential for pedagogical application for L2 students (English or Russian) to cope with evaluative language patterns as well as providing insights for the field of EAP teaching and learning.

The exploding global circulation of people, goods, and ideas that defines late modernity necessitates armies of medical interpreters or translators. Too many in those armies are unpaid conscripts—patients' family members, including nonadult children; hospital staff untrained as interpreters; even strangers in waiting rooms Translated or not, why do some forms of discourse circulate widely while others do not? Discourse is variably coherent, memorable, quotable, and thus "textual." From any instance of speech-in-interaction two kinds of "textuality," or structures of coherence, can emerge: interactional textuality, i.e., the social acts, statuses, and shifts performed in talk (including outcomes like being insulted); and denotational textuality (Artyunova N, 1990), the quotable "said"-ness of discourse and forms of patternment involving denotative meanings. Elaborate denotational patternment typifies ritual communication, but even a conversation about one topic hangs together denotatively. The textualization (memorable patterning) of discourse enables its circulation. The denotational textuality of the DSM, psychiatry's bible [the American Psychiatric Association's Diagnostic and Statistical Manual (APA 2000)], facilitates its global circulation as authoritative discourse. For Aleksandrova, O. (2014 p. 14) its way of dividing illnesses into a very few macro categories reflects dualisms of mind and body, emotion and thought. This is the DSM's coherence. Psychiatric conferences reproduce DSM categories, as sessions on particular diagnoses legitimize illnesses and their textual matrices; the DSM typically defines what is arguable in such sessions. What happens when anthropologists' writings juxtaposing local versus DSM categories circulate globally? A version of Kleinman's (1986) ethnographic account of shenjing shuairuo (SJSR, "neurasthenia") as a diagnostic category in China has entered psychiatric discussions there, motivating the replacement of SJSR with yiyu zheng ("depression"). Kleinman's descriptions of the complex functions of SJSR are rich and politically sensitive but, in their circulation in China, are stripped of ethnographic contextualization. Drug companies now push yiyu zheng to Chinese doctors as a more scientific construct than SJSR. Discursive forms—"hard-sell lectures" and presentational "razzmatazz"—have

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been central to the successful campaign (Lee 1999, pp. 362, 365).

Conclusion. Medical Discourse studies have contributed to broader anthropological projects including the analysis of ideologies that empower some communicators and stigmatize others as pre-modern. Rooted in close analysis of dyadic clinical encounters and other discourse forms, recent studies trace interactions between globally circulating discourse forms and local traditions that have constituted medical relationships, broadly construed. Textuality, it is denotational or interactional, enables discourse to circulate, but competing patterns meet on a non-level playing field. Further studies focusing on encounters of textuality different forms, a sin Senegal, are called for, as are others investigating how generalizable is the paradoxical affinity of scientific and ritual discourse apparent in the elaborate textualization of some Bangladeshi psychiatrists' discourse. Finally, given that some studies consistently uncover patient practitioner collaboration and a degree of agency on the part of patients, whereas so there is finding somewhat similar settings a straight forward reproduction of power relations, both empirical and theoretical work to illuminate this contra dictionary needed. Such studies stand to contribute to critical medical anthropology and to help those seeking not only to describe but changing medical fields.

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