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GENDER-SPECIFIC LINGUISTIC DEVICES AND DIAGNOSTIC APPROACHES IN MEDICAL DISCOURSE

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Abstract: This article analyzes gender-specific linguistic devices and diagnostic approaches in medical discourse. It also highlights how gender in medical discourse is not only linguistic, but also related to issues of social justice and equity in health care.

Keywords:medical discourse, diagnosis, gender, doctor, patient

Discourse is a process of communication carried out through language, through which knowledge, ideas, and ideologies are formed. The concept of discourse, derived from the Latin word 'discursus' (discussion, conversation), encompasses not only the process of speaking or writing, but also the social relationships, ideological norms, and cultural contexts shaped by it.

The classification of discourse types in linguistics is largely based on communication forms, social context, and the relationships between speech participants. Each type of discourse fulfills a specific social function and, therefore, has distinctive linguistic features.

1. Monologic discourse is a form of speech delivered by a single participant. It addresses an audience but lacks direct interaction. Lectures, scientific presentations, medical guidelines, or written instructions to patients are examples of this type. Such discourse is characterized by informational consistency, clear structure, and terminology precision.

2. Dialogic discourse involves communication between two or more participants, often occurring between doctor and patient, or among doctors. It is marked by contextual variability, interactivity, question-and-answer format, and quick exchanges, making it crucial in diagnostic processes.
3. Narrative discourse is based on a consistent and chronological description of events. In medicine, it is often used by patients to describe their condition or in writing medical histories. It conveys personal experience, perception of the situation, and the development of symptoms.

4. Argumentative discourse aims to prove a point based on evidence, to justify or refute a specific perspective. Medical articles, scientific reports, and analyses based on clinical decisions belong here.

5. Instructive discourse focuses on giving instructions, commands, advice, or recommendations. In medicine, it appears in treatment plans, medication guidelines, or post-operative instructions from doctors.

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Medical Discourse thus, discourse types differ based on their communicative purpose, and each fulfills a specific role in medical discourse. Medical discourse is a social and communicative form of expressing medical knowledge and experience through language, centered around human life, health, and related debates. It began to be studied in the 1960s–70s in the U.S. and Europe, alongside other anthropological sciences. Western linguistics recognizes two approaches: the first, from the U.S., focuses on analyzing clinical conversations from a sociolinguistic perspective (micro-analytic); the second, from Europe, is linked to philosophical sciences, especially the works of M. Foucault, where speech is viewed as a means of asserting and maintaining authority, and a tool of manipulation.

Gender in Medical Discourse in recent years, linguistics has shown increasing interest in studying medical discourse from a gender perspective, as both men and women use unique language and communication styles in healthcare. This has linguistic, diagnostic, and psychological implications. Gender linguistics emerged in Western linguistic studies in the late 20th century, later spreading eastward. The relationship between language and gender is complex and multifaceted. Studying gender-based language differences helps understand how men and women communicate differently in social and cultural contexts.

Gender-Specific Features

Modern medical discourse includes not only disease and treatment processes but also doctor-patient communication. Gender—the socially and culturally constructed role of men and women—plays a crucial role in this interaction. Several theoretical concepts support understanding gender approaches in modern medical discourse, such as women using more cautious and conciliatory language styles.

a) Differences in symptom expression: Women describe symptoms in emotionally rich, detailed language, while men are more concise and logical.

b) Doctor-patient communication: Female patients tend to speak more openly and ask more questions. Male patients trust doctors more and ask fewer questions. Communication is generally more empathetic and soft with female doctors, while male doctors often use a more formal tone. These differences directly affect the quality of medical service.

Doctors' attitudes toward male and female patients are often shaped by gender stereotypes. Women face diagnoses based more on psychological causes, while men are evaluated based on physical symptoms. Gender also affects the choice of linguistic strategies: women use more questions and hedges, while men prefer commands and direct approaches, reflecting hierarchical positioning in discourse.

Women are more likely to discuss health issues with acquaintances, while men prefer to consult directly with doctors. The doctor's gender also affects communication style: female doctors tend to be more empathetic and gentle, while male doctors are more formal and objective. This can make the interaction comfortable for some patients and psychologically uncomfortable for others—especially in reproductive health topics, where the gender of both the patient and doctor plays a significant role.

For example: If the doctor is male and the patient is female, the conversation is often paternalistic, using directive language like 'you must' or 'you should understand'.

- Female doctors tend to consider emotional states, using interactive questions like 'How do you feel?' and language focused on understanding.

In some cases, women's emotional expression of symptoms may be dismissed as 'unfounded', leading to misdiagnoses. For example, heart attack symptoms in women may differ—such as nausea,

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back pain, or fatigue—and are often underestimated. As a result, women are at higher risk of death from heart attacks than men.

Language used in medical records, epicrises, and other documents should also be examined through a gender lens. Descriptions of women often include subjective terms like 'nervous', 'emotional', or 'anxious', potentially leading to incorrect interpretations and decisions. Thus, gender-neutral, factual, and precise language in medical documentation is essential.

Conclusion

In conclusion, gender issues in medical discourse are multifaceted and complex. Linguistic differences, stereotypes, psychological approaches, doctor-patient communication, and written records all demonstrate the connection between gender and medicine. Ensuring gender equality in medical practice is not only a matter of justice, but also key to improving service quality, patient satisfaction, and social equity in healthcare.

Therefore, every medical professional should develop gender sensitivity and apply it in their practice. Gender in medical discourse influences diagnostic decisions, communication quality, and patient outcomes. A gender-aware approach rooted in fairness and equality is essential for effective and just healthcare. Studying gender in medical linguistics is a crucial step toward achieving justice in health systems.

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