

Speech Genre of Consolation in the Context of Foreign Language Learning at a Medical University

Olha Hrytsenko

Department of Language Training, Zaporizhzhia State Medical University, Zaporizhzhia, Ukraine

Olena Solianenko

Department of Foreign Languages, Zaporizhzhia State Medical University, Zaporizhzhia, Ukraine

Abstract—Empathy, which involves supporting the client, is a mandatory component of doctor-client communication. Sticking to the tactics of consolation in communication allows achieving greater effectiveness of the clinical activity of a medical worker. Since medical discourse as a sample of institutional discourse is characterized by a certain constant pattern, it has been proven that in the context of learning a foreign language it is appropriate to use a genre approach. The involvement of the genre approach in linguistic didactics is also explained by the dependence of the number of speech genres mastered by a foreigner and his level of formation of the secondary language personality. It is proved that consolation is a speech genre. The choice of film discourse for the study is justified by the specificity of the genre and the fact that it is a sample of authentic texts, the effectiveness of the auditory and visual channels of information perception. The "signals" of the use of the consolation genre, vocabulary and grammatical features are described. The verbal means of the main tactics within the secondary genre of consolation are listed. Methods of organizing the teaching of the Ukrainian language according to the genre approach are proposed.

Index Terms—speech genre, consolation, genre approach to learning

I. INTRODUCTION

The training of future doctors is a complex and long process. Successfully obtaining a medical education at a foreign university primarily depends on the level of formation of the secondary linguistic personality: possession of communicative competences, knowledge of general literary and professional languages.

Among the shortcomings of modern medical education, scientists name the secondary nature of the professional and communicative aspect, insufficient readiness of doctors for professional communication. Communicative competence is basic for the professional training of a specialist, and especially doctors as a linguistically active profession. Shevel (2018) rightly observes: "If the patient does not get better after talking with the doctor, then he is not a doctor" (p. 111). Choudhary and Gupta (2015) refer to surgical skills and clinical acumen as the craft of medical practice and communication skills as a fine art. Balashov et al. (2022) propose to take measures for better training of medical students: to improve language teaching programs, paying due attention to the study of terminology, the development of coherent speech, the basics of rhetoric and communication, cultural features of communication, interpersonal communication. At the same time, it is important to focus to promote the formation of speech competences through the organization of the educational process, as well as during the teaching of specialized disciplines to involve such methods, techniques, approaches, forms of education, tasks that would require students to work on communication skills (p. 59).

Empathy as the ability to understand the mental state of anyone is quite important for successful clinical activity. It allows you to ensure an atmosphere of openness and trust in communication, the development of good relations between communicators, which contributes to the interaction process (Gonchar & Rogatyuk, 2013, p. 24). Scientists define the communicative parameter of empathy as the ability to use verbal and non-verbal means of communication to convey to the interlocutor an understanding of his experiences, a willingness to help, a desire to participate (Nefedchenko, 2016). Therefore, the future specialist must possess a sufficient range of verbal and non-verbal means, be aware of the peculiarities of conversation, speech strategies and tactics of medical discourse to listen and "hear" the client, successfully respond to speech units (even non-standard ones); to establish contact with the client, to influence the opinion of the interlocutor, to observe ethical and deontological norms of communication with the client.

Because the medical discourse is characterized by uniformity, this allows us to successfully study the professional language of doctors using a genre approach. The genre-oriented approach, a branch of communicative activity, is aimed at mastering speech activity in the genre aspect, through purposeful assimilation of the genre form of everyday, public, professional speech based on the model of speech genres relevant for the contingent of education seekers. The goal of the genre approach is to acquire genre literacy as a tool of genre competence, i. e. the ability of a linguistic personality

to consciously predict the genre organization of speech, to understand and produce texts / expressions of different genre nature depending on the communication situation, to manage the communication process (Sotova, 2017, p. 427).

The genre method of teaching a foreign language in a non-linguistic university is aimed at the formation of professional foreign language communicative competence for effective communication in the professional sphere (Petrova, 2019). According to the genre approach, students receive a model / sample that shows what specific linguistic work they have to do. The advantages of the genre approach are the possibility of involving authentic texts, directing educational activities to the understanding of communicative events in the professional field, focusing on speech material, as well as the fact that it connects the form and function of language, builds a conscious attitude to the text, understanding the process of continuing the text (Korneyko et al., 2014, p. 95). Genres in medical discourse were studied by Lytvynenko (2002), Shanina (2009), Gorpnich (2012), Orobchuk (2014), Tretyakova (2014), Kolesova (2016), Syvak (2020). Skab (2006), Balitska (2008), Daskalyuk (2009), Antoniv and Smereka (2013), Shvets (2016) consider the possibilities of speech genres in the linguistic didactic aspect. Tsurkan (2019) examines speech genres in medical discourse in the context of teaching Ukrainian as a foreign language in medical universities.

Speech genres are characterized by cultural marking: communicators of different nationalities understand them differently, considering the functioning of such components in their native language. Ignorance or ignoring the peculiarities of the use of certain speech genres in a certain audience leads to communicative and social failures (Korneyko et al., 2014), and especially in the communication of a medical worker (Lytvynenko, 2002; Scouten, 2006). Scientists emphasize the need to pay due attention to the formation of speech-genre competence during foreign language learning, since learning to construct an utterance means mastering speech genres, emphasize the importance of mastering typical speech genres as tools for acquiring practical professional skills: "It is obvious that for a foreign communicator, whose thinking and speech are regulated by another culture and, accordingly, other models of speech behavior, knowledge of Ukrainian speech genres are extremely important" (Shvets, 2016, p. 146).

Consolation has become the object of many studies: in Polish linguistic culture, Marcianesk, Shelz-Mays, Avdes; in German – Kohnovych (2014), in Spanish – Gyulamirova (2020), in French – Rabenko (2012), in English – Baranova and Protsenko (2010), Guzerchuk (2013), Ivanov (2019). The functioning of consolation in communication between parents and children is investigated by Baranova and Protsenko (2010). Kazachkova (2006) described language expression, the task of consolation and sympathy. Gedz (2016) made a formal-linguistic and pragmatic analysis of the realization of the intention of consolation using the speech act of advice on the material of Russian, Polish, and Czech languages. Kuzmina (2010), Kazantseva (2017), Lysanets (2018) dealt with the issue of the functioning of consolation in medical discourse. However, today the lexical-grammatical profile of the speech genre of consolation remains undefined; there is no comprehensive educational and teaching-methodical literature for the study of this genre in the language education system of foreigners.

During introducing the speech genre of comfort to foreigners, we find it is a fruitful work using video material - film discourse as a sample of authentic text, as a spontaneous live speech. The combination of audio-lingual and genre methods has a positive effect on the success of the communicative competence formation. Considering practicality as a criterion for the selection of educational material, the basis of the study was determined to be the Ukrainian television series, filmed by the Film.UA studio on the order of the Ukraine TV channel, "The Doctor on Duty" (first season). The object of the study is the speech genre of consolation as a manifestation of empathy in oral medical film discourse. The subject of the study is the linguistic and non-linguistic means of the speech genre of consolation in the context of teaching the professional language of a doctor. The source base consists of 200 units-excerpts of medical film discourse, in which the implementation of consolation tactics is recorded. The purpose of the article is to analyze and characterize the peculiarities of the teaching of the speech genre of consolation in classes on the Ukrainian language as a foreign language in medical universities.

II. MATERIALS AND METHODS

During the research, analysis was used for processing the scientific and scientific methodical literature, observations were used for studying the source base of the research, structural and classification methods were used to characterize the means of expression of the speech genre of consolation. The group for the implementation of the experiment was formed among students of authors' organization, who speak Ukrainian at a level no less than A2. The analysis of the success of foreign speakers mastering genre competence (on the example of the genre of consolation) is studied using the methods of observation, analysis, and comparison.

III. RESULTS

The genre of consolation is implemented in medical colloquial language, in particular in the language of medical practice (discrete communication, during the communicative interaction between doctor and patient) and in the actual colloquial language of employees (non-discrete – doctor-doctor). Up to now there is no unified view on the qualification of consolation. Ivanov (2019) raises the question of indeterminacy between tactics, strategy, genre and the act of consolation. Scientists call such a language tool a cooperative expression, behabitives (Bacevich, 2002; Kutsenko, 2015), a statement of encouragement (Guzerchuk, 2013), a verbal form of empathic speech (Gonchar & Rogatyuk,

2013), a speech genre (Bacevich, 2002; Kazachkova, 2006; Kuzmina, 2010; Rabenko, 2012; Tretyakova, 2014; Smolina, 2018; Ivanov, 2019; Ponomarenko, 2019; Gyulamirova, 2020), by act (Baranova & Protsenko, 2010; Kondziola-Pich, 2012; Kohnovich, 2014; Gedz, 2016). Based on the questionnaire of Syvak (2020) we claim that consolation is a speech genre because it corresponds to 10 indicators:

TABLE 1

field of use	medical
genre goal	influencing the psychological state of the interlocutor in order to change it from negative to positive and promote further successful cooperation
factor of the past	existence of complaint
factor of the future	obtaining consent, gratitude, confirmation, request for information
image of an addressee	linguistic personality of a doctor, a medical worker who is endowed with communicative leadership in relation to the addressee
image of an addresser	the patient, relatives/acquaintances of the patient, colleagues
communication channel	natural (verbal and non-verbal), artificial
formal structure of genre texts	consolation itself, argumentation, confirmation of explanation
linguistic embodiment	imperatives, appeals, reduced-caressing forms, modal syntactic constructions, compound sentences with subordinating sentences of cause, purpose, consequences, exclamatory sentences, reduction of the official tone of speech
interaction with other genres	is a reaction to the genre of complaint, has promising connections with the genre of gratitude, consent, denial

The terms consolation, appeasement, encouragement, sympathy, empathy are units denoted to express understanding of the opponent's problem and to exert a psychological influence on the recipient to change his emotional state to a positive one, to express support in a difficult situation. According to the dictionary of the Ukrainian language (SUM), the studied units have a lot in common. In the research, we will use the terms speech genre / formulas of consolation, appeasement, encouragement as synonymous concepts to denote the action of helping someone getting rid of sadness, restlessness, excitement, anxiety. Appeasement is understood even more narrowly as a verbal tool designed to tame, stop some action of the addressee. Consolation in medical discourse is understood as satisfactory (reflective / reactive, because it is a reaction to a stimulus, for example, a complaint), complementary (does not directly relate to institutional discourse, but complements it), oral, monologic, ritual (mandatory for medical communication), non-executive for the communicative purpose (does not involve actions from the speaker himself), primary, complex in its structure, speech genre as part of the secondary doctor-client dialogue, which implements consolation tactics within the limits of the treatment strategy and the strategy of medical support, and it is used for the purpose of speech influence on the psycho-emotional state of the interlocutor. Bacevych (2002) suggests distinguishing two types of consolation: spiritual-normative (formal) – "consolation without consolation, it lacks humanity" and spiritual sympathetic, which "presupposes delving into mental experiences" (p. 102). The specificity of medical activity determines the superiority of the spiritually sympathetic type. Note that there is also another type of consolation, pretending to be sympathetic: it is used in those situations where the medical worker, not finding rationality and truthfulness in the patient's statements, tries to find out the truth.

Having analyzed the consolation formulas in the medical film discourse, we can draw a conclusion about the main characteristics of this speech genre what affects the ways of working with the genre of comfort in a foreign audience: the presence of an explanation in the consoling composition; the presence of a negative situation-stimulus.

The analysis of film fragments confirms the presence of formulas of reassurance, empathy and consolation. Reassurance in a narrow sense is very close to an order, it is an encouragement a participant in a communicative act to stop doing something: to stop shouting at a medical worker; stop fighting, etc. Unlike consolation, reassurance can be expressed with the performative calm down or another verb of similar semantics in the imperative form. Calming down can be a reaction to crying, shouting, quarreling, as a rule, relatives, acquaintances, and not the patients themselves. For example: a doctor says to an excited mother: *Well, mother! No panic here! Well, let's go, I'll take you to the reception room, you'll wait there, let's go, let's go!*

Another factor in the use of sedation is a claim / reproach from the client to the medical worker. In this case, reassurance is accompanied by shame, reproach: *What is this? What do you allow yourself? He's a doctor!*

The use of the official address *dear* is characteristic for appeasement; the adverb *enough*; imperative form of the verb to calm down; using only the official honorific plural *you*.

Empathy is actually an etiquette genre and expresses sympathy for the grief of the interlocutor. As a rule, it is expressed using the personal form of the verb to sympathize and quite often can be accompanied by consolation. In the analyzed discourse, cases of using the sympathy genre are isolated. For example, a doctor expresses sympathy for the concerns of a patient's father: *I sympathize, but don't worry, we will definitely check everything.*

Consolation aims to stop the patient's anxiety, to influence his psycho-emotional state to improve it. During the observation, it was found that 60% of consolation formulas in the medical spoken film discourse are addressed to accompanying persons, not patients, 7% of the formulas are addressed to colleagues.

According to whom the support is aimed at a distinction should be made between comforting patients, comforting accompanying persons (relatives, friends, witnesses) and comforting colleagues. Consolation as we have already defined is a reactive genre. For its successful use it is important to understand the factors that require such a reaction.

The foreigner's ability to identify the cue to use the speech genre of consolation will contribute to confidence in its use. Tactics of consolation in the studied discourse were implemented in cases of expression.

TABLE 2
CASES OF REALIZATION OF CONSOLATION

patients	accompanying persons	colleagues
<ul style="list-style-type: none"> - feeling pain; - fear of expected medical manipulations; - recovering consciousness after its loss; - actual health complaints; - a feeling of regret for wrong actions; - lack of understanding of one's condition / state of health; - request 	<ul style="list-style-type: none"> - questions about the state of health of a relative; - explanation of what happened, questions about the performed operation / tests results / findings; - request for help; - the excitement of what will happen next 	<ul style="list-style-type: none"> - hesitation / excitement; - despair from unsuccessful work
Despair from what happened concerns about something are common factors for the three selected groups.		

The patient's consolation signals can be the expression of the feeling of pain, verbal (exclamations, the adverb hurts) and non-verbal (facial expressions). Non-verbal expression of unpleasant feeling takes place during a physical examination of the patient, a certain manipulation, for example, palpation, treatment of the wound. We should immediately note that in this case, medical workers use "elementary" consolation, expressed by exclamation, repetition of adverbs and imperatives: boyish expression of pain *s-s-s*, the doctor reassures: *Quietly, quietly, quietly, well, be patient, be patient, dear!* The doctor soothes the patient's painful reaction to touch, using only the sound *shh-sh-sh*. An example of non-verbal expression of pain, with the help of facial expressions, can be a passage in which a nurse treats a man's wound: *Be patient, be patient. Now I will wipe everything. It's good that the wound is shallow. It is not necessary to fill it.*

The ability to listen is necessary for medical communication, since the doctor is "forced to enter the personal space" of the client, and the latter is "forced" to reveal already unpleasant details of his private life. The doctor's ability to be a good listener is very important during consolation tactics. Patients, feeling support and favorable attitude, resort to stories of experiences, life situations and secrets. Frank conversations with patients not only have a psychotherapeutic effect, they give results during diagnosis: certain circumstances that somehow caused the development of the disease or provoked it are revealed. This confirms the need to know the national language: when learning a language for the needs of medical workers, it is appropriate to improve communication skills in general, expand the vocabulary, and practice the skills of using syntactic constructions. Talking about the personal is a signal for the use of the speech genre of consolation.

The speech genre of consolation is systematically used by medical workers when the patient regains consciousness, in the ambulance, after surgery, etc. The client's excitement is confirmed by his look, sometimes the question *Where am I? What happened?* and so on.

Consolation of accompanying persons is used as a response to a request for health information. It can be expressed by one question, a rhetorical question, a repetition of questions: *What does this mean? What, everything is bad? Have you learned something? Is it bad? What with (who)...? How (who)?*

Expressions of despair, complaints about the hopelessness of the situation, requests to influence improvement, crying and even sitting with the head down are indicators that require supportive tactics from the doctor.

In addition to the tasks of mastering the terms and learning to identify the signals of the speech genre of consolation, a genre-oriented approach should enrich or update students' linguistic knowledge: necessary vocabulary and knowledge of grammar. The considerable variability of consolation formulas has its own set of standard verbal and non-verbal means. Mastering such units, understanding the frame and structure of the genre of consolation, acquiring skills and abilities to use verbal and non-verbal means within its limits will contribute to the formation of genre competence of a foreign student of medical education. The linguistic expression of consolation was reflected in the scientific investigations of Kazachkova (2006), Baranova and Protsenko (2010), Kuzmina (2010), Ponomarenko (2010), Rabenko (2012), Guzerchuk (2013), Kohnovych (2014), Gedz (2016), Barsukova and Rumpel (2018).

Considering the peculiarities of the verbal expression of consolation, in special language classes, attention should be paid to phatic language means; imperative forms with the meaning of a person's emotional state in affirmative or negative forms; statement of explanation / definition / commenting on actions; impersonal constructions; means of expressiveness; compound sentences; proverbs (proverbs containing behavioral instructions).

When working with the speech genre of consolation, you should properly study the appropriate vocabulary, in particular, the verbs that realize this genre, remember the imperative form of the verb, the ways of creation, since approximately 50% of the recorded units contain the imperative form of the verb. The most common are imperative forms of verbs *to calm down* and imperatives of verbs *to worry, to fidget, to be nervous* with the negative participle "no". It is appropriate to learn imperative forms of the second person plural as etiquette forms. These verbal means can be used both in relation to patients and accompanying persons. The imperative form *to suffer* and *to fear* with the participle "no" is a comforting reaction to the patient's physical pain during an examination or a certain medical manipulation. During the first examination, the doctor palpates the abdomen: *Don't be afraid, I just have to carefully examine everything.* The imperative form *to cry* with the negative participle is not only used as a way of soothing and encouraging the crying to stop. Students should understand the calming power of exclamations *h-sh* or *tss-s* and

repetitions, in particular the adverb *quietly-quietly*.

The use of proverbs as an effective tool during communication with the patient, including in the case of support, is explained by the trust in paremias as the embodiment of folk psychology and philosophy (Gedz, 2016). The doctor turns to the boy, who is crying all the time: "*Don't cry, Cossack, you will become chieftain!*" – then the doctor begins the initial examination, having pre-programmed the conversation for frankness and openness.

A foreigner who is ready for an internship should be aware that the addressing is a mandatory element of communication with the client, as it emphasizes the importance of the interlocutor, attention to him. During the expression of support, the appeal increases the power of influence on the normalization of the mental and emotional state. It is appropriate to recall the ways of expressing address and their grammatical features. The analyzed material confirms cases of using the name, especially the unofficial version of the name. The official address *dear* is mostly aimed at reassuring, encouraging not / to do something, as a rule, accompanying persons, has a neutral-detached colour.

Addresses expressed by the names of family relationships used in a figurative sense are recorded: *uncle* (in the context of a joke); *baby* (as a gentle name for patients by junior medical personnel). The names of family relationships, *mom, dad / father, grandmother, grandfather* which are used in medical discourse as addressing in the direct sense to attract the attention of a patient's relative, should be in the foreigner's active dictionary.

Future doctors should be aware of the power of words when communicating with children. To reduce the stress of a visit to the hospital, you should resort to various verbal means, including gentle name-calling. For example: the use of affectionate suffixes; metaphorical names *Cossack, honey, pirate*; of substantive adjectives and names according to social relations. Observing the positive impact of such units on the course of the conversation, students may be interested in enriching their vocabulary with several expressive units: so, it is worth offering for familiarization the most typical affectionate suffixes, metaphorical names, and substantive adjectives.

In the analyzed film material, we systematically record the use of the pronoun *you* as an official etiquette addressing to a stranger - a client, and the corresponding form of the verb in the second person plural during the consolation tactic. Foreign students should pay attention to this and develop the skills of using the honorific plural during a conversation with a stranger in institutional discourse, since in other cultures such a phenomenon of officiality is absent. Addressing to *You* and corresponding forms of the verb of the second person singular are present in the conversation of colleagues, foreigners should pay attention to the appropriateness of the usage. Transitioning from a formal style of communication to a more private one is also one of the tools used when supporting a client by a medical professional the use of the pronoun *you* instead of *You* and, accordingly, verbs of the second person singular. The use of the pronoun *You* will not be appropriate, since given the traditions, it will increase the formality of the conversation, and therefore will cause the excitement of the small patient. Calling you and using the corresponding forms of the second person singular of verbs in medical communication occurs in the case of a frank conversation of adult clients who share with the medical worker some secrets, personal experiences on more intimate issues. Addressing to *you* also functions between colleagues.

Another language device used during the implementation of consolation tactics is the use of the pronoun *we*. The doctor turns to the elderly patient: *What do we have?* Further cooperation with this doctor will be significantly more effective than with someone who tries to perceive everything indirectly.

Means of emotional expression during consolation tactics can be jokes. Their task is to reduce the distance between the participants of communication, encourage openness, and receive positive emotions. Among the cases of using jokes recorded in the medical film discourse, jokes when communicating with children prevail.

The above analysis confirms our correct understanding of consolation as a complex, composite, secondary speech genre, since, as a rule, it consists of at least two primary ones: 99% of recorded examples. Such a quantitative advantage can be explained by the fact that "*the act of encouragement involves two illocutionary forces: calming the addressee, bringing him to a normal state, and encouraging him to make effective efforts on himself*" (Guzerchuk, 2013, p. 82). The number of possible options for the verbal expression of consolation tactics is so great that it is impossible to learn all of them while studying UFL at the university. Therefore, we offer to consider them, to highlight the most common and effective ones to attract them to the educational material. In this aspect, it is appropriate to create minimum dictionaries of speech genres. After analyzing the obtained results, we conclude that, in addition to the specified verbs in the imperative form, the following expressions have consoling properties:

TABLE 3
STRUCTURAL COMPONENTS-EXPRESSIONS OF THE CONSOLATION GENRE

reporting good news, improving the situation
notice of improvement in health status
explanation of the situation, condition, results; the disease / causes; the performed manipulations;
commenting on the manipulation
notification of determination / possibility of treatment
explanation of the following manipulations
assumptions about the causes of the disease
expression of understanding
advice
encouragement for further examination, actions / insistence
denial of the client's negative assumption
prohibition to do something + explanation / warning
promise
hope
joke
understatement

The development of students' ability to express the listed communicative units will contribute to the formation of the skills of expressing verbal empathy in future specialists.

We agree with the opinion of Kohnovych (2014) regarding the importance of non-verbal communication. It is of great importance, especially emotional and expressive, when expressing consolation strengthens and complements verbal units. The studied discourse gives reason to say that the content of verbal means of support will be lost if they are not supported by non-verbal units. We also want to note that silence and non-verbal means can implement consolation tactics independently. The following paralinguistic means are important for expressing support:

- voice strength, volume, timbre, special diction, pronunciation, intonation, pause;
- facial expressions, postures, smile, nod, look;
- patting on the shoulder, touching the hand;
- distance.

After the analysis, it becomes clear that all the listed non-verbal means are not used alone; they are mixed, creating a favorable atmosphere of communication, and thus an increase in the level of suggestibility. A calm measured pace of speech, appropriate intonation, gestures, gaze, posture – all this helps to place the interlocutor towards you. A smile is very important during the doctor's communication; it has a calming effect on the client. A feature of communication between a medical worker and a client is the use of all possible means to achieve normalization of the patient's psycho-emotional state. Using the method of observation, it has been proved that the combination of verbal and non-verbal means of expressing consolation is more successful for medical discourse.

Every person knows how to use non-verbal means at a certain level, because this is partly an innate and acquired skill during life. Therefore, improving these skills (controlling the voice, following gestures and facial expressions, identifying those ones which necessary for a communicative situation, choosing the appropriate ones) will help the future specialist not only to avoid misunderstandings and failures, but also to strengthen the influence on the client.

About working with video fragments during the formation of genre competence of a future specialist in classes at UFL, we distinguish three stages of work: preparatory (lexical and grammatical work, preparation for perceiving a passage), viewing (listening, perceiving), analyzing the viewed. Since we propose to build knowledge and skills in the use of the consolation genre with the help of excerpts, we consider it necessary to watch the entire series as a possible homework of the previous lesson.

In our opinion, conducting an introductory class of a general theoretical nature will prepare students for productive work. Awareness of the importance of consolation tactics in medical activity motivates students to study the speech genre of consolation. To increase the interest of students, it is appropriate to offer them to conclude that empathy in general and support of the doctor in particular is a direct factor in successful clinical activity. At the beginning, it is necessary to form an understanding of the concepts of empathy, support, to comfort, to sympathize, to support. You should also familiarize yourself with the terms-communicative units (message, comment, explanation, description, advice, order, promise, prohibition, etc. according to Table 3) and their definitions. Tasks can be as follows:

- match the term and its definition;
- read the term and complete its definition;
- find errors in definitions of the terms.

Outlines of future work with the speech genre of consolation can be implemented by projects ("Components of successful doctor communication"), knowledge maps. The material for observation can be one's own experience of discrete medical communication or episodes of a TV series. For example,

- the general map "Professional communication of a doctor" will require a clear outline of the place, participants, time, conditions of medical communication;
- more specific map "What a client of medical field wants to say and hear" will help to understand the needs of modern clients;

- the knowledge map "Support role for clinical activity" can be compiled basing on questionnaires by patient / client recruiters (if students have practice and can conduct such a survey) or students' experience after viewing excerpts from the series demonstrating the effectiveness of consolation and consequences ignoring it.

The work with distinguishing the factors of successful medical communication and the causes of deviations seems to be fruitful.

When the audience concludes that support in general and consolation in particular is a necessary component of medical communication, it is advisable to narrow the field of analysis and consider the signals / incentives for the use of the genre of consolation. Based on the previously obtained results (Table 2), it is possible to develop different variants of tasks. For example: read statements that encourage consolation; from the suggested statements, choose such ones that can encourage the use of consolation tactics; list the stimuli that require the expression of consolation; read the statement descriptions and formulate possible customer responses.

Next, students should be introduced to possible language means of consolation (according to the results obtained during the research, Table 3): from elementary (imperative forms of verbs) to complex expressions of explanation, commenting, advice, etc. These can be ordinary lexical and grammatical or communicative exercises. During the lexical-grammatical work, the previously described linguistic units of the realization of the consolation genre should be considered. For memorization, you should provide language tools that are most often used during the implementation of consolation tactics. Considering the limitations of time and the capabilities of the human brain, we think it is appropriate not to burden the student's memory and focus on the most typical ones.

TABLE 4
VERBAL MEANS OF CONSOLATION

Verbs: worry, trouble, nervous, cry, hold on, calm down, try, wait, stop, listen, endure, rest, learn, pass, become, operate, get, wake up, recover, recuperate, regain (consciousness).
Nouns: Mr. / Ms.; mother, father, grandmother, grandfather; patient, colleague, etc., used as addresses.
Adjectives and adverbs: quiet, well, better, less, painfully, okay
Sounds: h-sh, c-s

For the study of consolation, as we have seen, the form of the imperative is important, which should be submitted for practice. As the research results show, explanation, description, narration, assumptions, commenting play a decisive role in stabilizing the client's psycho-emotional state, so the future specialist should master such skills at an appropriate level. Of course, students should be aware of their superiority in knowledge over the interlocutor and the need to adapt to the client's knowledge, use a popular science style. An appropriate task will be to paraphrase a scientific statement into a more accessible version. During the preparation of the lesson, the teacher should pay attention to whether the material submitted for analysis was considered during the study of special disciplines. Explanations of medical manipulations performed or currently performed and commenting on one's actions can calm the patient's nervousness. Therefore, the student must skillfully describe this or that medicinal effect, be able to predict and characterize possible, mostly uncomfortable sensations.

A necessary skill of future doctors is the expression of options for proposals. When explaining the possible methods of treatment, the medical worker should skillfully suggest possible treatment methods, and incline the client to the most correct choice. Impersonal sentences as one of the simple ways of expressing hope, stating improvement should also be worked out in the lesson. English equivalents of recorded examples are "*He is better now!*", "*Everything will be fine!*" etc. Exercises with the task of putting the verbs in brackets into the correct form will be appropriate; fill in the blanks in the sentences, choosing the necessary verb from the reference; put the words in the correct order, etc. As a basis for working with lexical-grammatical material, the previously described means of the speech genre of consolation should be taken.

At the second stage, the video review is complete or in parts. Before starting, it is advisable to ask leading questions that will help the foreigner understand the communicative situation: Who are the participants in the conversation? Where is the conversation taking place? Why / what is the participant in the conversation excited about? What led to the negative situation?

Next, it is appropriate to do exercises to determine the factor that prompted the medical worker to apply consolation tactics. Possible tasks: review the fragment and explain the reasons for the doctor's use of consolation; from those offered, choose the factor that prompted the medical worker to resort to mental support of the patient. It is also necessary to analyze the linguistic and non-linguistic units, with the help of which support is provided by the medical worker. Variants of the task can be a) review and list the means by which the doctor supports the client; b) among the suggested ones, choose only those used in the conversation; c) match means of consolation and a fragment; d) what does the doctor NOT use; e) choose an extra one; e) place the means in the order used in the video clip, etc.

The following speech exercises are recommended for the last stage of work on the formation of genre competence:

- listen to the client (a certain factor is selected that requires the use of the consolation genre) and choose an appropriate answer from the list / suggest a possible verbal reaction of the doctor;
- listen to the doctor's consolation, guess what line could have preceded it, what could have been a factor in the use of this genre;
- before viewing the passage, assume what possible scenarios of conversation between such participants, compare the

assumptions with the fragment.

The genre approach requires a comprehensive understanding of the genre. That is why situational tasks are effective: given the description of the situation (different or similar to the one analyzed from the video), you should simulate a conversation. For example: 1) during the initial examination, the doctor wants to auscultate a small patient, explain your actions to the child in order to reduce nervousness; 2) at the second appointment, the doctor received the results of the analysis, calm the patient who is excited because of the previous diagnosis; 3) the parents are waiting in the corridor near the operating room, they are worried about the situation, the doctor who operated leaves the operating room, reassure the patient's parents, etc. It is necessary to organize the work in several stages: read the description of the situation, explain which tactics within the framework of the support strategy should be chosen (explanation, advice, reduction, etc.), produce statements. Questionnaires created in previous tasks can become auxiliary material during this task.

Game forms of education will also quite organically complement the set of exercises for the formation of genre competence:

1) one student improvises a certain factor that requires the use of consolation tactics, another expresses it, then we continue;

2) "Who will comfort faster": the group was asked to react as quickly as possible to the situations shown on the screen in the video or image (the patient said "ouch"; a relative is crying near the office; the patient looks confused, etc.);

3) filling in lines in comics (although this will require considerable skill of the teacher to create handout didactic materials);

4) puzzles - combine the "factor" (a picture of a certain manifestation of excitement) and comforting phrases (a photo of a client crying in the corridor who is waiting - "don't cry", "calm down", etc.; an illustration of an injection - "it doesn't hurt" etc.).

Exercises of a generalizing descriptive nature will be useful. For example, how to calm a patient who felt pain during the procedure; how to calm a patient who has just recovered from a surgery; how to reassure a patient about a complex disease, etc.

The video materials testify not only to the exemplary behavior of the doctor, but also to mistakes. We consider effective work with "What's wrong?" errors.

The three-level work organization scheme and task options indicated in the survey were tested with the 3rd year students of authors' organization in classes on the discipline "Ukrainian as a Foreign Language" during the course "Professional Doctor-Client Speaking". Considering the unusual approach, foreigners willingly accepted the video material, made maps of knowledge, participated in the project "Peculiarities of doctor's communication", discussions, resorted to comparisons of native and Ukrainian cultures of conducting a professional conversation. They liked puzzle games, "Who will comfort faster", comics, although in some places the speech situations required a high level of knowledge of the language and speaking skills.

IV. DISCUSSION

Constant expressions as the lexical means of expressing consolation require additional study: not only the analysis of typical ones in modern colloquial medical discourse, but also those that would have the opportunity to implement consolation tactics. It is time to create a hybrid (to include not only medical terminology, but also general literary words) special dictionary-minimum of the speech genre of consolation as an auxiliary tool in the process of learning a foreign language in the field, professional native language improving the skills of verbal influence on clients of medical practitioners. Educational materials for the course "Ukrainian language for special purposes" would be enriched by the creation of a library of video / audio fragments presenting typical speech genres of medical workers, including consolation.

V. CONCLUSION

So, consolation is a speech genre, the task of which is to stabilize the psycho-emotional state of the client. In the medical discourse, consolation has its own characteristics: used at any stage of clinical activity, it is implemented using a complex of verbal and non-verbal means, and it contains the primary speech genres. This statement raises a different opinion about the need to improve the communicative competence of doctors paying due attention to the skills of expressing support to the client of the medical field.

Mastering the skills of formulating consolation will increase the speaking competence of a foreigner, will allow a student of a medical university to pass a practical exam better, and also confidently implement successful clinical activities. The interlocutor's reaction depends on many factors. It is, of course, impossible to predict a 100% result, but you can use all the necessary means to get closer to a positive result.

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Hrytsenko Olha was born in 1987 in Zaporizhzhia (Ukraine). She holds PhD in Philology (Ukrainian Language), 2016. She is an Associate Professor in the Language Training Department, Zaporizhzhia State Medical University. She is the author of the workshop "Sing while learning", in which language learning is offered with the help of modern Ukrainian songs. Her research interests are in the field of communicative linguistics and methods of teaching Ukrainian as a foreign language.



Solianenko Olena received her education in the field of philology as a teacher of English language and literature after successfully graduating from Zaporizhzhya State University in 1995. The author has many years of experience in teaching "Foreign language (English)", "English for professional purposes", "Latin" in technical and medical institutions of higher education. The author is engaged in scientific research, explores English written medical discourse in general.