

Non-Verbal Aggression And Its Usage In Medicine

Rakhmatullayeva Umida Khomidovna

Abstract : Human beings communicate through a variety of channels. Language is not the sole means by which human exchange information. In conversation, we express our ideas and feelings not only with words but also through facial expressions, voice tones, and gestures. These non-verbal languages are called "Body language". It is just like our verbal language, is also a part of every sphere. Verbal communication in medical consultations is well recognized as being important to the delivery of medical care and is usually easy to interpret and analyze. It is control and communicates our cognitive thoughts more than our emotions. In contrast, non-verbal communication is less easy to interpret: it is continuous even in silence, can occur in several modes at once. A comparative study of gestures in Uzbek culture and in medical field will make it possible to identify differences in the national specificity of behavior patterns, to trace the formation of this behavioral tradition, to determine the meaning of gestures as signs of non-verbal communication. In this, we see the relevance and differences of this scientific research.

Index Terms: Gestures, body movement, kinesthetic, paralinguistics, nonverbal communication, non-verbal aggression, non-verbal behavior interpretation.

1. INTRODUCTION

Medical gestures arise from the situation of the content of the speech, its emotional intensity, are inextricable with the movement of thoughts and feelings. Rhythmically, coordinated with intonation, stresses and pauses, gestures and facial expressions help focus the interlocutor on one and another of the most important parts of communication, express emotional attitude of the doctors to the thoughts expressed. Nonverbal communication is at its most significant in the medical interview if it contradicts the message from verbal communication. When the two are inconsistent or contradictory, nonverbal messages tend to override verbal messages. This explains why do not necessarily believe a reassuring verbal comment if an accompanied by contradictory facial expressions and vocal hesitancy. Medical gestures arise from the situation of the content of the speech, its emotional intensity, are inextricable with the movement of thoughts and feelings. Rhythmically, coordinated with intonation, stresses and pauses, gestures and facial expressions help focus the interlocutor on one and another of the most important parts of communication, express emotional attitude of the doctors to the thoughts expressed. The value of parakinesthetic agents are determined by a certain environment, respectively, representatives of different nations differ from each other in mimic behavior in the nature of gestures. In functional terms, between verbal speech and non-verbal means, analogies can be found; nevertheless, one cannot talk about the exact correspondence of a non-lingual gesture and a word as linguistic unit.

When denying Uzbek use a waving gesture his head from side to side, accompanied by phonation "um-hum". The same gesture is used in medical communication, accompanied by phonations "yo'q", "yo'...". In addition the hand and finger are used for negation. Swinging the index finger side to side at chest level and opening the palm with outstretched fingers

means denial, which may accompanied by a statement such as "yo'q", "qo'y", "bass!" etc. In addition, in Uzbek medicine there is such a gesture when the palms of right and left hands open on the sides, which means denial like "I do not know anything". This gesture is polysemantic and expresses other meanings.

MATERIAL AND METHODS

Scientific research in the field of theories of cultural communication, linguistics and medicine, linguistic and didactic literature on the topic of good taste, explanatory, linguistic and medical, etymological dictionaries. The nonverbal behavior of doctors themselves is easily overlooked in communication. Many instruments for measuring qualities such as patient centeredness are designed to be implied to audio rather than video tapes and questionnaires for patients may not be sufficiently detailed to seek their views on this area. However, an increasing body of work over the last 20 years has demonstrated the relationship between doctors' non-verbal communication (in the form of eye contact, head nods and gestures, position and tone of voice) with the following outcomes: patient satisfaction, patient understanding and physician detection of emotional distress and physician malpractice claim history. Although more work needs to be done, there is now significant evidence that doctors need to pay considerable attention to their own non-verbal behavior. Two types of gestures are mainly used. The first type of behavior is not directly related to aggression and the second behavior is considered dominant, aggressive, threatening, hostile and even militant. It always controls the patient's mood, nature and state, even causes their stress. Subordinate behavior qualifies in such cases as submissive, obedient, helpless, anxious, fearful, conciliatory or reassuring. The fact that the somatic behavior of humans and animals is directly related to the struggle for instance and survival, therefore according to its nature it is initially aggressive. He studied aggressive human behavior and its causes. He repeatedly described patients with painful reactions of denial and resistance, which were expressed in guarded and angry looks, special facial expressions, furious and aggressive movements and gestures. Non-verbal aggression associated with the (often unjustifiable) representation of communication participant about having power over and interlocutor in the

- *Rakhmatullaeva Umida Khomidovna, the teacher of Uzbekistan state world language university, E-mail: umida.rakhmatullaeva@yahoo.com*

Uzbek body language is normally transmitted by non-verbal characters of various physiological origin with the meaning of "penetration into the personal sphere of a communicative partner". In other words non-verbal aggression is carried out by certain gestures (in the broad sense of the word) that violate the personal space of the human being. As a rule, non-verbal units in a communicative act are accompanied by the other non-verbal signs that are similar to the function and pragmatism-para-lingual, facial expressions, postures, body-movements (for example a loud angry voice, a tense face with lowered eyebrows, threatening gaze, etc.) First, these are general communicative and deictic manual gesture; these are gestures of the leg and head, individual views that violate stereotypical norms of proxemics space for a given culture. There are many subclasses of the class of aggressive gestures that are important from communicative point of view (1) gestures of (open or hidden) disapproval, a form in which the tips of the arms extended towards each other horizontally, the index fingers of both hands alternatively move and move apart; with this gesture they often disagree with the partner in Uzbek and a number of Asian countries; 2 offensive gestures, such as twisting a finger at the temple; tap on the forehead with a finger or tap on the elbow with the palm of your hand. The last gesture is a male gesture of Uzbek culture with such a physical realization: the elbow is directed upwards its open palm is directed towards the addressee and the back of the palm of the left hands taps on the elbow of the right; at the same time, the right hand drops from a raised position in a quick, air-chopping motion. The gesture means "Get out of here." Therefore relaxed hand behavior and asymmetric body behavior correlate with the dominant position of the participant.

Table 1. Nonverbal behavior features in Uzbek culture.

Categories	Non-verbal behavior features
Mouth movement	Silence (Noticeable points when no one is saying anything) Verbal speech (Length and frequency of the person talking)
Head Movement	Head down (sagittal tilt forward)
Hand movement	Hand gestures (Hand gestures and movements accompanying speech or in different positions) Palm down Palm up Hand in air Move hand speaking Move hands not speaking Hands on table
Facial expression	Open smile (Mouth open, lips not touching) Closed smile Smiling Non smiling Frown
Posture	Forward lean Lean back (Posture leaning back in chair)
Eyes	Eye contact speaking Eye contact listening No eye contact speaking No eye contact listening

RESULTS AND DISCUSSION

Using aggressive gesture is directly related to the character, nature of the person. For example, you get angry so easily. You are at the local supermarket and as you get to the checkout line there is a big guy who is screaming obscenities at the top of his lungs at the poor check-out clerk. He also says something about snapping about someone's neck of. What can we say about this man? With a word "angry". Then

guy really ticked off at something. In this example, it is easy to identify that he is angry based on his loud voice and the words he is using. However, we all know the anger involves a lot more than verbal cues. Sometimes non-verbal signs of aggression are obvious and other times they are not because, as you probably know, some people fester and stew in their anger and it may not be all that obvious that they are angry.



Non-verbal signs of aggression include:

-Eye contact and movement

-Facial expressions

-Gestures

-Posture

-Philological responses (those which a person with largely unable to control when they are angry)

Some people categorize the changes in a voice and tone as non-verbal signs aggression as well.

Tone and eyes: If we back angry and crazy guy in the supermarket, his loud and fierce voice are clear verbal cues that point to the fact that he is angry. If we pay attention closer, what are his eyes doing? They are glaring.



All nonverbal cues were calculated as percentage data, the amount with which a nonverbal behavior was exhibited in every field. For example, during 90% of an interaction, a person exhibited forward lean. Thus, we did not need to

control for time in our analyses. We carried out two sets of analyses, first comparing nonverbal behaviors in the positive, negative condition, and second comparing nonverbal behaviors in the dominant, submissive conditions. In this multivariate general linear model analyses, the conditions were the independent variables, the nonverbal cues were the dependent measures.

Table 2. Specificity of aggressive gestures in Uzbek culture and their interpretation in medicine

Situations/gestures	The Uzbek	In medicine
Aggressive greeting	Lack of any physical touch, nodding your head	Mandatory physical contact: handshake, hug (unwillingly, only between of the same sex coworker)
Pointing to the interlocutor with a finger or an open palm	Defense or personal opinion	Sign of disrespect towards the patient
Demonstration of a rolled up fist	Joyful demonstration of the achievement of the goal	Sign of disrespect towards the patient (қўлни пахса қилмоқ)
Temple forefinger	Sign of understanding and acceptance of the interlocutor	Tells the patient that he is out of his mind
Open palm	The sign of saying goodbye	Means "no"
During the conversation	Interruption of the interlocutor is not allowed.	Interruption of the interlocutor takes place
Demonstration of interest and enthusiasm for conversation	Active blinking	Active nodding
Demonstration of emotions in communication	Restrained, without obvious emotions and gestures.	Active gestures and facial expressions

CONCLUSION

The study of body language should be complementary to the study of language in communication. The understanding of one should be helpful in the further understanding of the other. Some authorities feel that the two are dependent on each other. This is certainly true in most situations. However, it is also true that in certain situations body action contradicts what is being said. As a result of a comparative analysis of parakinetic gestures in Uzbek culture and medical field, similarities and differences in their functioning were established

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Conflict of interest

Authors declare no conflict of interest.