OBLIGATION MODALITY INSTEAD OF THE IMPERATIVE: HOW UZBEK DOCTORS FORMULATE RECOMMENDATIONS FOR OLDER PATIENTS

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Abstract. This article examines the grammatical form of treatment recommendations that Uzbek doctors address to older patients. The data come from Andijan, Uzbekistan: 21 consultations observed without audio recording (9 with patients aged 60–65), yielding 98 handwritten quotations, and surveys of 99 doctors and 22 patients and relatives. With patients aged 60 and over, the main recommendation form was deontic obligation modality, a verbal noun with a possessive suffix plus *kerak* 'necessary' (*ichishingiz kerak* 'you need to take [it]'), in 7 of 9 consultations, against 3 of 12 with younger patients (Fisher's exact test, $p = 0.03$). The imperative was the main form in 1 and 6 consultations respectively, and many imperatives in the material were leave-taking wishes. The construction keeps the recommendation binding while leaving its source unexpressed. Russian obligation constructions have been described as intensifying authoritarian force; the Uzbek construction appears to work as negative politeness.

Keywords: directives, deontic modality, imperative, politeness, age hierarchy, medical discourse, Uzbek

1. Introduction

In the later stages of a medical consultation, much of what the doctor says consists of directives: prescriptions, prohibitions and recommendations on regimen and diet. In Brown and Levinson's (1987) terms they threaten negative face, the wish to be unimpeded, and the weight of the threat depends on social distance, the relative power of the hearer and the ranking of the imposition. Speakers reduce it through redressive

strategies, among them impersonalising speaker and hearer and stating the act as a general rule.

In Uzbek, respect for older people is expressed in grammar and in address. The second-person plural *siz* is used to strangers and to older or higher-status persons, while *sen* carries familiarity (Muminova, 2015, p. 98); *siz* in imperative sentences adds a nuance of politeness (Muminova, 2015, pp. 98–99). Kinship terms are used for non-relatives, as when an older woman is addressed as *ona* 'mother', and *-jon* adds affection or softening (Sulaymonova, 2025, pp. 284, 286). A doctor, often a young one, is thus above an older patient institutionally and below the patient in age: a bare command to an elder conflicts with etiquette, yet the recommendation has to be binding.

In Uzbek linguistics, respect and politeness in medical communication (Yorova, 2024) and the expressive acts of medical speech (Qosimova, 2026, p. 27) have been described, but an observational analysis of the grammatical form of directives to older patients does not appear in the literature reviewed here.

Two forms compete in Uzbek recommendations. The imperative in *-ing* (*iching* 'take [it]', literally 'drink') is already the polite plural. Obligation modality combines a verbal noun in *-ish*, a possessive suffix and the predicative *kerak* 'necessary': *ichishingiz kerak* 'you need to take [it]', literally 'your taking is necessary'. The possessive suffix marks the addressee as the agent in the respectful plural, and the source of the obligation is left unexpressed. The article asks (1) which of these forms doctors use as the main recommendation form with patients aged 60 and over, compared with younger patients; (2) how directives are mitigated and intensified; and (3) how the Uzbek obligation construction compares with its Russian counterpart.

2. Data and methods

The material was collected in Andijan in October 2026. The main source is the observation of 21 consultations, 9 with patients aged 60–65 and 12 with patients aged

21–45. The researcher sat silently in the office with the doctor's consent and wrote down the most important utterances verbatim (98 quotations); there was no audio recording and no full transcript exists. The counts below come from one item of a 27-item observation form, the main form of recommendation, coded with six closed options. Surveys of 99 doctors (90% under 35) and of 22 patients and relatives had no question on recommendation form, so the main finding rests on observation alone. Pilot informant observations (Kuzatuv 1–7) are used only qualitatively. Differences were tested with Fisher's exact test ($p < 0.05$); with 9 and 12 consultations per group, the results indicate a pattern, not population estimates. Glosses follow simplified Leipzig conventions (DIM endearment; HON honorific; VN verbal noun).

3. Results

3.1. Directive forms and patient age

Seven grammatical forms of directives were recorded: the imperative, obligation modality, the conditional, the future indicative, the interrogative, the inclusive "we" and a third-person directive through a relative. Table 1 shows the main form coded for each observed consultation.

Table 1. Main form of recommendation by patient age (observed consultations, n = 21)

Form of recommendation	Patients 60+ (n = 9)	Patients under 60 (n = 12)
Obligation (*ichishingiz kerak*)	7	3
Imperative (*iching*)	1	6
Inclusive "we" (*ichamiz*)	0	2
Interrogative (*ichib tura olasizmi?*)	0	1
Through a relative	1	0

With patients aged 60 and over, obligation modality was the main form in 7 of 9 consultations; with younger patients, in 3 of 12 (Fisher's exact test, $p = 0.03$). The imperative was the main form in one consultation with an older patient and in six with younger patients. Inclusive "we" and the interrogative were main forms only with

younger patients. In the patients' survey, none of the 22 respondents reported that the doctor had spoken harshly.

3.2. Obligation modality as a binding recommendation

The observation form operationalised the contrast as a minimal pair (1).

(1) a. *Ich-ing.*
drink-IMP.2PL
'Take (it).'

b. *Ich-ish-ingiz kerak.*
drink-VN-POSS.2PL necessary
'You need to take (it).'

In (1b) the addressee is encoded by the respectful possessive *-ingiz* and the necessity by *kerak*; nothing refers to the speaker. It can be paraphrased as 'the situation requires this', and (1a) as 'I tell you to do this'.

In (2), said about a 60-year-old patient, the obligation is in the third person after a frankness marker; in (3), addressed to a 60-year-old woman, *kerak* follows reassurance and an affectionate kinship term.

(2) *Ochiq ayt-a-man, davola-n-ish-i kerak.*
open say-PRS-1SG treat-PASS-VN-POSS.3 necessary
'I'll say it openly: he needs to be treated.' (KZ-18)

(3) *Ona-jon, bu hech qanaqa yomon kasal=mas, lekin e'tibor kerak siz-ga.*
mother-DIM this no kind bad illness=NEG but attention necessary 2PL-DAT
'Onajon, this is not a bad illness at all, but you need to take care.' (KZ-20)

In (4) the obligation is inclusive: with the first-person plural possessive, the doctor joins the patient in the duty to be grateful. It comes from KZ-08, the only consultation with an older patient where the imperative was the main form, and shows

that the imperative there came with respectful address and an argument from shared values.

(4) *Yur-gan-imiz-ga ham shukur qil-ish-imiz kerak, ota-xon.*

walk-PTCP-POSS.1PL-DAT also gratitude do-VN-POSS.1PL necessary father-HON

'We should be thankful that we can still walk, otaxon.' (KZ-08)

The doctor's authority stays visible, and the division of roles is sometimes stated outright, as in *Sog'liq sizniki, tavsiya bizniki* 'The health is yours, the recommendation is ours' (KZ-18).

3.3. Imperatives as wishes

Many imperative forms in the quotations occur in leave-taking, where they function as wishes: *Otaxon, o'zingizni asrang* 'Otaxon, take care of yourself' (KZ-06, KZ-17, KZ-21); *Otdek bo'lib keting* 'Get as strong as a horse' (KZ-19). They do not restrict the patient's actions and work as positive politeness. Barsukova (2007) notes that address forms are not typical in Russian leave-taking; in the Uzbek material, address and wish regularly co-occur. A final recommendation can also be placed inside the wish, as in *Yaxshi boring, dorilarni vaqtida iching* 'Go well, take your medicines on time' (KZ-05), addressed to a younger patient. The number of imperative forms in the quotations is therefore not a measure of commands.

3.4. Mitigation and intensification

Six means of mitigating a directive were recorded: a respectful address before the directive; the conditional (*Shularni ichsangiz…* 'If you take these…', Kuzatuv 1); minimisers such as *sal* 'a little' and *bir* 'a bit' (*Bir dam ham oling* 'Take a little rest', Kuzatuv 7); the inclusive "we" (*yengib tashlaymiz* 'we will beat it', KZ-04); the interrogative (*qiynalmayapsizmi* 'aren't you suffering?', KZ-05); and returning

responsibility to the patient (*Sog'ligingiz o'zingizga kerak* 'You are the one who needs your health', Kuzatuv 1).

Directives were intensified mainly when a patient did not take a recommendation seriously. The means recorded were reliance on expert status, the frankness marker *Ochiq aytaman* (KZ-18), the Russian word *seryozniy* 'serious(ly)' (Kuzatuv 2, KZ-05, KZ-07) and prohibition (*Antibiotik ichmang* 'Do not take antibiotics', Kuzatuv 7). In (5), recalled by an informant, a doctor of about 35 speaks to a 60-year-old patient.

(5) *Ota-xon, jiddiy gapir-yap-man. Mutaxassis sifatida ayt-yap-man. Seryozniy qabul qil-ing.*

father-HON serious speak-PROG-1SG specialist as say-PROG-1SG seriously accept do-IMP.2PL

'Otaxon, I am speaking seriously. I am saying this as a specialist. Take it seriously.' (Kuzatuv 2)

Within one turn the address *otaxon* ('father' plus the honorific *-xon*) confirms the age hierarchy and *mutaxassis* 'specialist' the institutional one. This single pilot episode cannot be generalised, but it shows the two hierarchies balanced lexically, where (1b) balances them grammatically.

4. Discussion

4.1. Obligation modality as negative politeness

In Brown and Levinson's (1987) terms, obligation modality resembles the negative politeness strategies that impersonalise the act and state it as a general requirement. It is only partly impersonal, since the possessive suffix keeps the addressee as the agent, in the respectful plural; what it removes is the speaker as the source of the requirement. If age is treated as a component of the hearer's relative power, the distribution in Table 1 follows from the weight of the act: the same recommendation is heavier when the hearer is an elder and calls for more redress.

The polite *-ing* imperative was avoided as the main form with older patients, although *siz* in imperatives is itself a politeness marker (Muminova, 2015, pp. 98–99). Grammatical politeness of the imperative was apparently not enough to offset the threat of commanding an elder. The preference is consistent with *andisha* (tact and restraint) and caution, which Qosimova (2026, p. 10) lists among the norms of Uzbek medical discourse.

4.2. The contrast with Russian

Mayboroda (2021, pp. 61, 63) lists constructions of obligation (*dolzhen* + infinitive) among the means that intensify authoritarian force in Russian medical talk, together with imperatives, intensifiers and *ty*-address. In the Uzbek consultations the corresponding construction works in the opposite direction, as the doctors' preferred way of avoiding the imperative with an older patient. The difference is plausibly structural. Russian *dolzhen* takes the addressee as grammatical subject (*vy dolzhny pit'* 'you must drink'), whereas in *ichishingiz kerak* the addressee appears only as the possessor of a verbal noun, and *kerak* presents the requirement as a property of the situation. The same semantic category can thus be authoritarian in one language and mitigating in another, and form-based coding schemes transferred from Russian research need to be checked against this.

The two data sets also converge: the order, the most categorical directive tactic, is absent from Mayboroda's material (2021, p. 82), and in the Uzbek data the patient's age is an additional reason to avoid it. Categorical orders add to communicative risk (Barsukova & Rodionova, 2021, pp. 177–178).

4.3. Limitations

Only 9 consultations involved older patients, all aged 60–65. The data come from one city and one observer, without recordings, and inter-annotator agreement was not calculated.

5. Conclusion

In the observed consultations, Uzbek doctors gave recommendations to patients aged 60 and over mainly with deontic obligation modality and used the imperative mainly with younger patients (7 of 9 against 3 of 12 consultations; $p = 0.03$). The construction keeps the recommendation binding and the doctor's authority intact while leaving the source of the obligation unexpressed, so that a doctor younger than the patient need not command an elder. Unlike Russian *dolzhen*, the Uzbek obligation construction appears to function as negative politeness. Fuller recordings and larger samples are needed to test these results.

References

1. Barsukova, M. I. (2007). *Meditsinskiy diskurs: Strategii i taktiki rechevogo povedeniya vracha* [Medical discourse: Strategies and tactics of the doctor's speech behaviour] [Candidate of Sciences dissertation, Saratov State University].

2. Barsukova, M. I., & Rodionova, T. V. (2021). Kommunikativnye riski v diade "vrach – patsient" [Communicative risks in the doctor–patient dyad]. *Izvestiya Saratovskogo universiteta. Novaya seriya. Seriya: Filologiya. Zhurnalistika*, *21*(2), 176–179. https://doi.org/10.18500/1817-7115-2021-21-2-176-179

3. Brown, P., & Levinson, S. C. (1987). *Politeness: Some universals in language usage*. Cambridge University Press.

4. Mayboroda, S. V. (2021). *Rechevye strategii vracha v usloviyakh kollegial'noy i avtoritarnoy modeli kommunikatsii doktora i patsienta: Skhozhdeniya i protivorechiya* [Doctor's speech strategies in the collegial and authoritarian models of doctor–patient communication: Convergences and contradictions] [Candidate of Sciences dissertation, Saratov State University].

5. Muminova, A. A. (2015). Uzbekskiy rechevoy etiket: sen (ty), siz (vy, Vy) [Uzbek speech etiquette: sen (ty), siz (vy, Vy)]. *Vestnik RUDN. Seriya: Teoriya yazyka. Semiotika. Semantika*, (3), 95–102.

6. Qosimova, F. X. (2026). *O‘zbek-ingliz tibbiy terminlarining semantik, sintagmatik va pragmatik tadqiqi* [A semantic, syntagmatic and pragmatic study of Uzbek and English medical terms] [Abstract of DSc dissertation]. Farg‘ona.

7. Sulaymonova, D. (2025). A comparative study of address forms expressed through kinship terms (based on Uzbek and English language materials). *Xorijiy lingvistika va lingvodidaktika*, *3*(1, Special Issue 1), 283–287. https://doi.org/10.47689/2181-3701-vol3-iss1/S-pp283-287

8. Yorova, S. (2024). Tibbiy muloqotning sotsiopragmatik tahlilida diskursiv pozitsiya hurmat va xushmuomalalikning vujudga kelishi [The emergence of respect and politeness as a discursive position in the sociopragmatic analysis of medical communication]. *Jamiyat va innovatsiyalar*, *5*(2), 38–44. https://doi.org/10.47689/2181-1415-vol5-iss2-pp38-44