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DISEASE NAMES AS LINGUOCULTURAL CONCEPTS: THE SEMANTIC FIELD OF DARD/MALADIE IN UZBEK AND FRENCH

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Abstract. This article examines Uzbek dard and French maladie as linguocultural concepts rather than simple equivalents of “disease.” Through semantic, conceptual, and pragmatic analysis, it shows that dard links illness with pain, sorrow and disclosure, while maladie organizes pathology through diagnostic, institutional and metaphorical meanings.

Keywords: dard, maladie, disease names, semantic field, Uzbek, French, linguocultural concept, medical discourse, metaphor.

Introduction

Disease naming is not limited to the technical registration of a diagnosis. In any language, the word chosen for illness also organizes fear, empathy, responsibility and expectations about healing. Alisher Turaev argues that names of diseases are part of the linguistic worldview and reflect medical knowledge, while remaining insufficiently studied as an independent linguistic object.³⁹ This idea is productive for an Uzbek-French comparison, because dard and maladie do not cover identical cultural space. The Uzbek word dard may denote bodily illness, pain, grief, longing or a hidden personal trouble. French maladie, by contrast, is closer to an institutional and clinical category, although it also develops figurative uses such as maladie sociale or maladie de l’âme. The aim of this article is to describe the semantic field of dard/maladie and to identify its cultural, classificatory and pragmatic functions in medical discourse.

Materials and Methods

The study uses qualitative semantic and linguocultural analysis. The material consists of the Uzbek lexical field dard, kasallik, xastalik, og’riq, bemor and the French field maladie, mal, douleur, souffrance, malade. Dictionary meanings, common collocations, phraseological uses and doctor-patient communication contexts are compared. The method follows three steps: first, the definitional core of each word is described; second, peripheral emotional and metaphorical meanings are identified; third, pragmatic functions are interpreted in relation to diagnosis, explanation and translation. The comparison is

³⁹ A. Turaev, “Conceptual Models of Pathological Terminology: A Comparative Analysis of Uzbek and Russian Medical Discourse,” *Society and Innovations* 7, no. 1 (2026): 108–110, <https://doi.org/10.47689/2181-1415-vol7-iss1-pp108-115>.





conceptual rather than statistical. Examples are interpreted as recurrent communicative patterns, not as proofs of frequency; this prevents cultural salience from being confused with numerical dominance. Cultural keywords are treated as carriers of social memory and value, not as mechanically translatable labels.⁴⁰

Results

The first result concerns the Uzbek nucleus of *dard*. Unlike *kasallik*, which can function as a neutral equivalent of “disease,” *dard* contains a wider anthropocentric meaning. It combines physical disorder with inner pain, anxiety, complaint and moral suffering. In expressions such as *dardini aytmoq* (“to tell one’s pain/trouble”), *dardiga davo topmoq* (“to find a cure for the pain”) and *bedavo dard* (“incurable pain/disease”), the word is not merely a medical label; it is a narrative unit that invites confession, sympathy and search for relief. Therefore, *dard* verbalizes illness as lived suffering rather than as an isolated pathological process.

The second result concerns the French nucleus of *maladie*. *Maladie* normally names a pathological condition recognized by medicine or by social experience: *maladie chronique*, *maladie contagieuse*, *maladie professionnelle*, *maladie mentale*. The word is strongly compatible with classification, institutional documentation and public health discourse. However, French also uses *mal*, *douleur* and *souffrance* to specify pain, harm and suffering. This division creates a more differentiated system: *maladie* is closer to the category of disease, while *douleur* and *souffrance* express sensory or existential pain. In Uzbek, these zones often overlap around *dard*, although *kasallik* and *og’riq* can separate clinical illness from physical pain. Lexicographic sources confirm this asymmetry: *dard* includes pain and illness-related suffering, whereas *maladie* is primarily defined as an alteration of health or bodily/mental functioning.⁴¹

The third result is metaphorical. Both languages personify illness as an outside force: Uzbek *dardga chalinmoq* suggests being struck or affected by illness, while French *tomber malade* presents sickness as a fall from normal life. Both fields also use container and burden models: a person “carries” pain, hides pain, or is “overcome” by disease. These patterns correspond to conceptual metaphor theory, according to which abstract experience is structured through

⁴⁰ Anna Wierzbicka, *Understanding Cultures through Their Key Words: English, Russian, Polish, German, and Japanese* (New York: Oxford University Press, 1997).

⁴¹ O’zbek tilining izohli lug’ati, ed. A. Madvaliyev, 5 vols. (Tashkent: O’zbekiston milliy ensiklopediyasi, 2006–2008), entry “*dard*”; CNRTL, “*Maladie*,” Trésor de la langue française informatisé, <https://www.cnrtl.fr/definition/maladie>.





familiar bodily images.⁴² Yet the emotional direction differs. Uzbek dard often moves toward interpersonal disclosure: the sick person's inner state becomes something to be told and shared. French maladie more often moves toward description, classification and management: the illness becomes something to diagnose, treat, prevent or report.

The fourth result concerns pragmatics. In Uzbek medical communication, a doctor may use kasallik for clinical clarity, dard for empathy, and og'riq for a concrete symptom. In French, maladie may be appropriate in a medical file, while douleur or souffrance may be more accurate when the patient speaks about experience. In translation, dard should not automatically become maladie. If a patient says Mening dardim bor, the context must decide whether the meaning is "I have a disease," "I have pain," or "I have sorrow." Likewise, French je suis malade may require Uzbek kasalman, not dardim bor, because it reports a current state rather than a culturally marked burden.

Discussion

The comparison shows that the semantic field of illness is built through two interacting models. The biomedical model classifies pathology according to diagnosis, symptom, etiology and treatment. The linguocultural model interprets illness through values: endurance, shame, compassion, social support, fear and hope. Turaev's distinction between scientific and folk disease names is relevant here, because it shows that professional terminology and everyday naming coexist and perform different communicative tasks.⁴³ In the Uzbek-French pair, dard stands nearer to the everyday-existential model, while maladie stands nearer to the medical-institutional model.

This difference has ethical significance. Illness words can soften, intensify or stigmatize a patient's condition. Susan Sontag warned that metaphorical language may place moral weight on the sick person when disease is interpreted as guilt, weakness or punishment.⁴⁴ For that reason, medical discourse should not use culturally strong words carelessly. In Uzbek, dard can create solidarity but may also broaden a diagnosis into a total life problem. In French, maladie can give clarity but may sound impersonal if the patient needs recognition of suffering. A translator or physician should therefore choose the term that matches both the clinical fact and the patient's cultural horizon.

Conclusion

⁴² George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago: University of Chicago Press, 1980).

⁴³ Turaev, "Conceptual Models of Pathological Terminology," 111–114.

⁴⁴ Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978).





The semantic field of dard/maladie demonstrates that disease names are not simple bilingual equivalents. Uzbek dard unites illness, pain, emotional wound and communicative confession; French maladie mainly organizes pathology as a diagnosable and socially regulated condition. Their overlap is real, but their cultural centers are different. For linguistic research, this confirms that medical vocabulary participates in the formation of cultural concepts. For practice, it suggests that Uzbek-French medical translation should be context-sensitive: dard may require maladie, douleur, souffrance or even peine, while maladie may require kasallik, xastalik or kasal holat. Accurate terminology is therefore both a linguistic and an ethical requirement. This is especially important in clinics. This also improves patient trust during sensitive cross-cultural consultations.

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