

**Література:**

1. Дейк Т. В. Вопросы прагматики текста. *Новое в зарубежной лингвистике*. – Вып. 8. (Лингвистика текста). М. : Прогресс, 1978. С. 259 – 336.
2. Карасик В.И. *Язык социального статуса*. М.: Ин-т языкознания РАН; Волгогр. гос. пед. ин-т, 1992. 330 с.
3. Петрова О. Б. Каталогизация побудительных речевых актов в лингвистической прагматике. *Вестник ВГУ. Сер. «Лингвистика и межкультурная коммуникация»*. Воронеж, 2008. № 3. С. 124–133.
4. Почепцов Г.Г. *Теорія комунікації*. К.: Видавничий центр «Київський університет». 1999. 301 с.
5. Серль Дж. Класифікація іллокутивних актів. *Нове в зарубіжній лінгвістиці*. М.: Прогрес, 1986. Вип. 17: Теорія мовних актів. С. 170-194.
6. Федорова О.А. *Формування аудитивних умінь іноземних слухачів підготовчого відділення у процесі навчання української мови*: дис. ... канд. філол. наук: 13.00.02. Івано-Франківськ, 2013. 23 с.
7. Visit Britain. URL: <https://www.visitbritain.com/>

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**VERBALS AND VERBAL PHRASES IN INFORMED  
CONSENT TEMPLATES FOR DENTAL TREATMENT****Kostenko V. H.**

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**Introduction.** As dentistry encompasses a complex assemblage of social activities, language practices, interpersonal relationships, events, objects, and settings referring to oral health, the dentistry discourse modifies already existing genres and creates new ones [6, p.108]. Exploring the genre repertoire of professional discourses leads to a deeper insight into professional identity, professional and corporate culture, and interaction between professional and discursive practices. The medical and healthcare discourse encompasses a number of genres for different purposes within the areas of intra-professional, doctor-lay person, and inter-professional communication that reflect discourse community standards and conventions in a particular socio-cultural context. Although many medical and healthcare genres have been extensively explored,

the genre of informed consent, which plays a critical legal, ethical, and clinical role in healthcare settings, has not been sufficiently studied. There are a few reports of national and international researchers devoted to their generic peculiarities, rhetoric and linguistic characteristics [3; 5; 6; 7].

Informed consent is a bilateral document, which provides sufficient amount of special information about the character of proposed dental intervention, the risks and benefits of the proposed procedure, the potential advantages and disadvantages of no treatment, alternative treatment strategies and their risks and benefits, the potential for a successful outcome, the estimated recuperation time. This document also records the main points of communication between doctor and patient in order to obtain / give voluntary decisions concerning the exposure to potentially dangerous procedures.

Our previous studies have demonstrated the syntax of informed consent templates is complicated in order to avoid ambiguity, misunderstanding, or distortion of will. The analysis of the analysis of the sentence types revealed the predominance of composite sentences over simple ones: the complex sentences make up 69.3 %, the complex-compound sentences make up to 7.14%, while the share of compound sentences is relatively small, 2.06%. The percentage of simple sentences ranking the second position is 21.5% [7, p. 77].

One of the most significant syntactic features of informed consents is the length of sentences, even those having one main clause that are often complicated with homogenous parts and verbal phrases. This complexity arises due to the necessity to convey complicated ideas, to condense large amount of relevant information, and can be objectified by using non-finite verbal phrases. This type of syntactic phrases is categorized as secondary predication constructions with verbals, also known as verbids (gerunds, infinitives, and participles). A. Hanaa says that "we call them nonfinite clauses because they don't contain finite verb, i.e a verb which has a subject and a tense form, or is imperative" [4, p.13].

The purpose of the study is to identify the prevalence of non-finite subordinate clauses in the texts of informed consent templates, to analyze their syntactic functions, and, thus, to uncover the current trends in dentistry formal writing. This paper explores 10 informed consent templates for dental treatment retrieved from the sites of the USA healthcare settings authorized to provide oral and dental services (*New York City Metropolitan Hospital Center, Alliance for Dental Care PLLC (Rochester, NH)*). This study was carried out within the functional approach, which implies studying the elements of a language, language resources and their correlations in terms of their functions in communication, i.e. how they relate to each other and how they create units of meaning.

While the finite verbs express predication in its genuine and complete form, the function of the verbals is to express semi-predication, building up

semi-predicative complexes within different sentence constructions [2; 4; 5]. Non-finite phrases are reported to appear more often in texts written in a higher register [9], and are typically used when there is high event or fact integration that is characteristic of informed consent forms.

The findings obtained have demonstrated that of four types of verbals, the gerund appearing along and gerundial phrases, consisting of a gerund and modifiers or objects associated with it, are the most commonly used. The gerund used along, for example: *That makes the tooth subject to fracturing, or breaking* [10], is inferior to gerundial phrases to their prevalence: *Cracking or stretching of the lips or corners of the mouth during treatment is possible. Laceration or tearing of the gums may occur and might require suturing. Some extractions require cutting into the gums and removing bone and/or cutting the tooth into sections prior to removal* [12]. *Dr. \_\_\_\_\_ has explained to me the alternative treatments to root canal therapy including having no treatment at all, extracting the tooth, or teeth, and/or regularly monitoring the condition of the tooth. I understand that by doing nothing, I run the risk of developing a severe infection, and losing the tooth* [11]. The gerund and gerundial phrases typically function in the sentence of informed consent texts as a subject, an object, or as an adverbial modifier, but it has also found to be an attribute, a part of a compound verbal predicate and of a complex object.

The infinitive and infinitive phrases take the second place after the gerund in terms of their prevalence in the informed consent templates. Infinitive phrases in the sentences studied commonly often serve as an object, a complement, an adverbial modifier (of purpose – in most of cases), or a predicative: *I nevertheless authorize him to perform the root canal therapy. There will be a need for a postoperative visit to remove the fibers seven to 10 days after placement. In light of the above, I hereby authorize Dr. \_\_\_\_\_ to proceed with the root canal therapy. The intended benefit of this treatment is to relieve my current symptoms and/or permit further planned treatment.* Compared with the gerund, which mostly expresses progressive aspectual meaning, infinitives emphasize the possibility or potential for something and therefore may be perceived more abstract.

The Participles I predominantly appearing along can be described as referring to the present or future, and in the informed consent texts they mostly function as an attribute: *We understand that dentistry is a stressful and worrying event. I understand that periodontal procedures (treatment involving the gum tissues and other tissues supporting the teeth) include risks and possible unsuccessful results from such treatment* [13]. *Post-treatment infection also can result from calculus being lodged in the tissue, which also can require surgical intervention.* Present participles are also found to serve as an adverbial modifier or a predicative.

The Participles II are the least prevalent verbals in the informed consent templates. As for Participle II describing nouns rather than indicating action, it refers to the past and as Alexander [1, p. 25] notes the past participle constructions are used instead of the passive: *Below you will find not only a description of the treatment we plan to undertake for you but also the risks associated with it* [13]. The Participles II mostly function as an attribute and a predicative, but have also been found as an adverbial modifier and a constituent of complex object: *I have had all my questions answered regarding this procedure and its potential risks to me. I agree to return promptly to have my root canal completed. If the root canal fails, I may need additional treatment or the tooth may need to be removed* [10].

**Conclusion.** Professional English discourse is reported to prove out a tendency towards a mode of expressing special information in more factual and more impersonal manner, more condensed syntactically and more complex intellectually. This tendency has been supported by investigating the syntactic characteristics of informed consent templates for dental treatment. The gerund, infinitive, and gerundial and infinitival phrases are the most commonly used verbals and their phrases to condense the relevant special information compared to hypotactically or paratactically linked finite clauses. But it must be, however, stressed that high informational density of texts, represented at the syntax level, may impede their quick and correct perception by people who have to take voluntary and educated health-preserving decision.

### References:

1. Alexander L.G. Longman English Grammar Practice. England: Longman Group UK Limited. 1990. 302 p.
2. Aljovic N. Non-finite Clauses in English: Formal Properties and Function. University of Zenica. 2017. 30 p.
3. Darriba P. English to Spanish translated medical forms: A descriptive genre-based corpus study. *Translation and Interpreting*. 10 (2). 2018. P. 122 – 141. DOI: 10.12807/ti.110202.2018.a09 (cited: 18. 03. 2020)
4. Hanaa A. A. Diagnosing of the Non-Finite Clauses in Terms of their Functions in the Main Clauses in English Legal Texts. *Mustansiriyah Journal of Arts*, 2017, Volume 40, Issue 76. P. 1–26.
5. Kandrashkina O. O., Revina E. V. Syntactic features of scientific articles on materials science. *IOP Conference Series Materials Science and Engineering*. DOI:10.1088/1757-899X/828/1/012013
6. Kostenko V. G., Solohor I. M. Dimensions of dentistry discourse in the scope of applied linguistics. *Актуальні питання лінгвістики, професійної лінгводидактики, психології і педагогіки вищої школи: збірник статей I Всеукр. наук.-пр. конф. з міжнар. участю, Полтава, 11-12 травня, 2016. С. 107–112.*

7. Kostenko V. H., Bieliaieva O. M., Solohor I. M. Is the language of informed consent templates for dental treatment patient-friendly? *11th ECLSS Conferences on Language and Social Sciences*. University of Gjakova «Fehmi Agani», Gjakova, Kosovo, February 02 – 03, 2021. P. 77–78.

8. Malá M. The development of sentence complexity in academic prose written in English (Psychology 1907–2005). *PASE Papers*. 2009. University Wroclaw. P. 79–88.

9. Mala M. Syntactic functions of finite and non-finite clauses in Academic English. *Discourse and Interaction*. V. 3 №1, 2010. Masaryk University, Brno. P.73 – 85. URL: <https:journals.muni.cz/discourse-and-interaction/article/view/6949/8316>

#### Sources:

10. Consent Form for Endodontic Treatment: URL: <https://www.padental.org/Images/OnlineDocs/ResourcesPrograms/Practice%20Management/ConsentFormEndodontic.pdf>.

11. Informed Consent Endodontic (Root Canal) Treatment. URL: [http://absolutdent.com/wp-content/themes/biznizz/images/pdf/Informed%20Consent%20Endodontic%20\(Root%20Canal\)%20Treatment.pdf](http://absolutdent.com/wp-content/themes/biznizz/images/pdf/Informed%20Consent%20Endodontic%20(Root%20Canal)%20Treatment.pdf)

12. Informed consent for tooth extraction. URL: <https://www.smilecliniq.com/wp-content/uploads/2018/12/14.-XLA-Consent.pdf>

13. Restorative treatment consent form. URL: <https://www.fatemifamilydentistry.com/docs/Restorative%20consent.pdf>.

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## ФОРМУВАННЯ СТЕРЕОТИПУ НАЦІОНАЛЬНОЇ ІДЕНТИЧНОСТІ У АМЕРИКАНСЬКІЙ ПРЕСІ 18-ГО СТОЛІТТЯ

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У лінгвокогнітивному аспекті стереотип національної ідентичності є вербалізованим соціальним конструктом, що формується у певному лінгвокультурному середовищі і репрезентує позитивний груповий