

3. Пронин П. А. Семантическое поле «Семья» в русской и английской идиоматике (семантический и когнитивный аспекты) // Известия Саратовского университета. Новая серия. Сер.: «Филология. Журналистика». 2013. № 3. С. 24-28.

4. Филин Ф. П. О лексико-семантических группах слов // Езиноведски исследования в чест на акад. Стефан Младов. София: Българска академия на науките, 1957. С. 523-538.

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### **The comparative analysis of linguistic and cultural specifics of racism in medicine in the diachronic aspect**

В статье раскрываются лингвистические и культурологические аспекты понятия «расизм» в медицинском контексте. Рассматривается специфика языковых единиц, используемых медицинским персоналом и пациентами в отношении докторов другой расы. Диахронический аспект исследования достигается сравнением номинаций лингвистических манифестаций расизма в начале и середине XX века, а также начале XXI века и в текущее время. Выявлено расширение сфер культурных манифестаций расизма.

**Ключевые слова:** медицина, расизм, языковые проявления расизма, культурологические проявления расизма, история

The article presents linguistic and cultural aspects of racism in medicine. The language that healthcare workers and patients use to nominate other-race doctors is studied. The study is diachronic as it compares the racism manifestations in early and mid XX century, early XXI century and modern time.

**Keywords:** medicine, racism, linguistic manifestations of racism, cultural manifestations of racism, history

**Introduction.** It is well known that human society is one of the most unusual and heterogeneous phenomena in the world, which consists of unique individuals. Each of us has our own nationality, character, physical and mental shape, personal qualities, and all these things make us who we are. That is why it is really hard to realise that there is a phenomenon like racism – the belief that people can be divided among themselves into separate and exceptional biological entities which are called ‘races’. By racism is meant the conviction of the decisive influence of race on the character, morality, talents, abilities and behavioural characteristics of an individual [1]. Moreover, one of the most terrifying things is that the majority of economic, political and social systems ‘reinforce racial inequalities in wealth and income, education, health care, civil rights, and other areas’ [2]. Thus, the problem of intolerant atti-

tude to representatives of a different race is still one of the most burning problems, especially in medicine.

**The aim** of our research is to explore and compare the linguistic and cultural specifics of racism in the field of medicine in the diachronic aspect.

According to the stated aim **the tasks** that we have to perform are:

- 1) to introduce a term of ‘another-race-physician/another-race-doctor’,
- 2) to highlight the chronological stages of racism in the medical field,
- 3) to determine the linguistic and cultural characteristics of racism in medicine,
- 4) to identify the manifestations of racism from both patients and health workers,
- 5) to highlight the main categories of manifestations of racism,
- 6) to compare and analyse the data obtained.

Our comparative analysis is based on two research works (‘Patients, Pride, and Prejudice: Exploring Black Ontarian Physicians ’Experiences of Racism and Discrimination’ – Canada, 2020 [4]; ‘Racism as Experienced by Physicians of Color in the Health Care Setting’ – USA, 2020 [5]), two articles (‘A Chronicle of Racism: the Effects to the White Medical Community on Black Health’ – USA, 1992 [1]; ‘Public Health, Racism, and the Lasting Impact of Hospital Segregation’ - USA, 2018 [3]) and TV series ‘The Knick’ (2014, 2015). This medical TV drama describes the work of American hospital Knickerbocker.

Racism has remained a vital issue for many countries throughout past decades and centuries, so it is very important to highlight the main chronological stages of racism in the medical field, which are based on the research materials mentioned above. Here they are:

- 1) The beginning of the 20th century – 1900s
- 2) The second half of the 20th century – 1960s
- 3) The beginning of the 21st century – 2000s
- 4) The current time – 2020s.

We can divide all racist manifestations defined in chronological stages into two main groups: cultural and linguistic. Each group can be analyzed in terms of the attitude of patients towards the doctor of other race and in terms of the attitude of workers of health care towards the doctor of other race. Then we can also distribute each situation, expression or metaphor on the most important qualitative categories.

1900s. The table below shows the number and examples of racism by both patients and healthcare workers obtained from TV series ‘The Nick’ (Table).

Table – The linguistic and cultural manifestations of racism in 1900s

	<b>Cultural manifestations</b>	<b>Linguistic manifestations</b>
Health workers	‘I grant that your background is impressive, and I'm sure there are many <b>Negro</b> infirmaries that will benefit from your talents’; ‘Are you going to stand there and honestly tell me that the way out of our financial troubles is to hire a <b>Negro</b> surgeon?’; ‘I'm not hiring <b>the Negro</b> ’; ‘Welcome to our <b>circus</b> ’; ‘We don't have time for your <b>nigger</b> games’	‘I'm not hiring <b>the Negro</b> ’; ‘Do you think I want that <b> dusky coon</b> roaming these hills?’
Patients	‘Must you touch her so much?’; ‘The day I let <b>a nigger</b> tell me what to do is the day I dig my grave’	‘The day I let <b>a nigger</b> tell me what to do is the day I dig my grave’; ‘What's <b>that coon</b> think he's doing down there?’

According to the Table, we can highlight that there are five cultural manifestations of racism from health workers, two cultural manifestations of racism from patients, two linguistic manifestations of racism from both patients and health workers revealed in TV series ‘The Nick’

As it was told, we can also divide all manifestations of racism into the main qualitative categories and express them as the Figure.

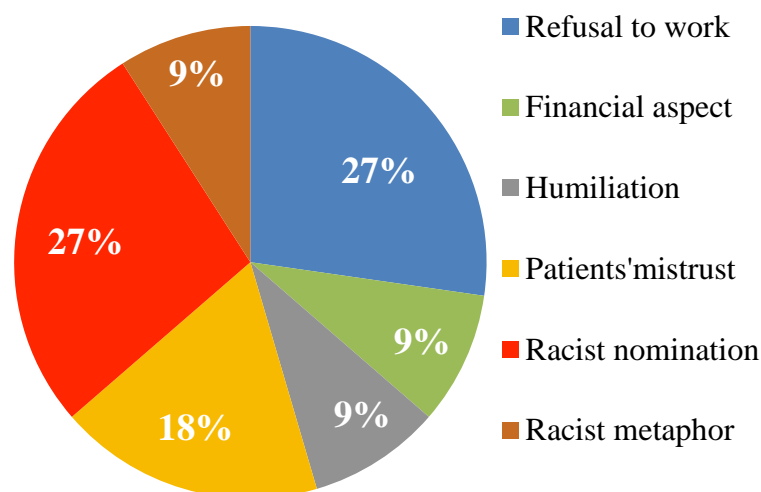


Figure – The main categories of racist manifestations in 1900s

According to Figure, we can determine six categories of manifestations of racism in this chronological stage (1900s): refusal to work, racist nominations – three displays of racism in each group; patients’ mistrust – two manifestations of racism; financial aspect, humiliation, racist metaphor – one display in each group. Here we can see that black physicians were paid less, refused to work and practice, both patients and health workers used racist nominations such as ‘*that coon*’, ‘*dusky coon*’, ‘*a nigger*’ and behaved offensively towards black doctors.

1960s. The number and examples of racism by both patients and healthcare workers in 1960s obtained from the articles [1], [3] are described below.

Cultural manifestations of racism by healthcare workers involve the following examples: ‘*Very few hospitals granted admitting privileges to black physicians*’, ‘*...those that did forced them to work under substandard conditions*’, ‘*...the greatest obstacle facing black physicians, however, was their exclusion from the AMA*’ [1], [3].

Patients also exhibited few cultural manifestations of racism in the article under study. E.g. ‘*...even black patients considered black physicians inferior to their white colleagues*’, ‘*Blacks often rejected black doctors*’ [1], [3].

Linguistic manifestations of racism displayed by healthcare workers comprises only one example ‘*...black physician, asking that the letter ‘N’ in Negro be capitalized in all publications off the Journal*’ [1], [3].

We can determine five categories of manifestations of racism in 1960s:

- refusal to work,
- unequal conditions of work,
- isolation,
- racist nominations;
- patients’ mistrust.

It should be mentioned that we explored some new categories called ‘isolation’ and ‘unequal conditions of work’, which showed that black physicians were isolated from the majority spheres of life and treated differently.

Comparing the first and second chronological stages (1900s and 1960s), we can note the following results:

- 1) The level of cultural manifestations of racism from health workers in 1900s is a bit higher than cultural manifestations of racism from health workers in 1960s;
- 2) The level of cultural manifestations of racism from patients in 1900s and in 1960s is the same;
- 3) The number of linguistic manifestations of racism from health workers in 1900s is a bit higher than in 1960s;
- 4) The number of categories in 1900s is larger than in 1960s;
- 5) Refusal to work, patients’ mistrust, racist nominations are both in 1900s and in 1960s;

6) Unequal conditions of work, isolation criteria of racism are added in 1960s. 2000s. The number and examples of racism by both patients and healthcare workers in 2000s obtained from the research work [5] are given below.

Cultural manifestations of racism by healthcare workers comprise the following six examples, '*...participants were actually not physicians, inappropriate comments about their race*', '*...substantially fewer advancement opportunities*', '*I was treated differently compared to my other non-black*', '*...was being offered >\$40k salary*', '*Nurse assumed that I was not a physician because of my race*', '*Reduced opportunities for training*' [5].

Patients' opinion on the racism touch upon the following three cultural aspects, '*Patient assumed I was not a physician*', '*Patient acting differently to same advice when offered by colleague, while ignoring mine*', '*Everyone in the hospital does not trust my judgment and they told him that*' [5].

We can note six categories of manifestations of racism in 2000s:

- refusal to work,
- poor qualification,
- patients' mistrust,
- humiliation;
- refusal to make a career,
- financial aspect.

There are some new qualitative, for example, 'refusal to make a career' or 'thought not qualified to be a doctor', which illustrate different examples of limitations that representatives of another race encountered.

Well, comparing the second and third chronological stages, we are able to determine the following:

1) The number of cultural manifestations of racism from health workers in 2000s slightly increased compared to 1960s (six against three);

2) The level of cultural manifestations of racism from patients in 2000s is higher than in 1960s;

3) Linguistic manifestation of racism from patients is added in 2000s;

4) The number of categories in 2000s is more than in 1960s;

5) Refusal to work and patients' mistrust are both in 1960s and 2000s;

6) Thought not qualified, humiliation, refusal to make a career and financial aspect are added in 2000s

2020s. The number and examples of racism by both patients and healthcare workers in 2020s obtained from the research work [4] are stated below.

In the given article healthcare workers exhibit the following cultural manifestations of racism, '*...Black students were told we had to work harder to appear as competent as our White colleagues*', '*...being regularly mistaken for floor aides*,

*housekeeping, personal support workers, or nurses*, ‘...colleagues *making stereotypical assumptions ... or making offensive remarks about their looks and hair*’ [4].

Patients also manifest a couple of cultural aspects of racism. E.g. ‘...patients not acceding with their plan *until a White physician agreed with it*’, ‘...asking for a “*lighter doctor*”’ [4].

Among linguistic manifestations of racism by healthcare workers we may state the following, ‘*Participants expressed various experiences of being “othered”, ...asking for a “lighter doctor”, ‘I don’t want that nigger taking care of my kid*’ [4].

There are seven categories of manifestations of racism in 2020s:

- poor qualification to be a doctor;
- racist metaphor,
- racist nomination,
- isolation,
- patients’ mistrust,
- humiliation,
- unequal conditions of work.

It seems important to mention the fact that such category as ‘isolation’ shows the expressions that were used to make another-race-physicians feel themselves isolated.

Thereby, comparing the third and fourth chronological stages, we can highlight the following results:

1) The number of cultural manifestations of racism from health workers in 2020s is less than in 2000s (three against six);

2) The level of cultural manifestation of racism from patients in 2000s is more than in 2020s;

3) The level of linguistic manifestations of racism from patients in 2020s is higher than in 2000s;

4) Linguistic manifestations of racism from health workers is added in 2020s;

5) The number of categories of racist manifestations in 2020s is more than in 2000s;

6) Thought not qualified, humiliation, patients’ mistrust are both in 2000s and in 2020s;

7) Racist metaphor and nomination, unequal conditions of work, isolation are added in 2020s.

Based on everything said above, we can say that generally all of the respondents don’t support racist and intolerant attitude towards the another-race-physicians.

Well, analysed and compared the linguistic and cultural manifestations of racism we are able to summarize that the results can be explained by seeing doctors of another race at the beginning of the 20th century was a shock to average citizens, and they did not trust the prescriptions and treatment of the another-race-physicians. In the second half of the 20th century, after the struggle for the rights of people of a dif-

ferent race, citizens were a little used to see another-race-doctors. However, time was running out and another-race-physicians were able to participate in all spheres of life, and this led to an increase of the level of racist manifestations. Finally, by the 2020s, the society had become more tolerant and the level of mistrust of patients decreased.

### *References*

1. Charatz-Litt C. A chronicle of racism: the effects of the white medical community on black health // *Journal of the National Medical Association*. 1992. Т. 84. № 8. С. 717.
2. Encyclopedia Britannica. Racism [Электронный ресурс]. URL: <https://www.britannica.com/topic/racism> (access date: 12.09.2022).
3. Largent E. A. Public health, racism, and the lasting impact of hospital segregation // *Public Health Reports*. 2018. Т. 133. № 6. С. 715–720.
4. Mpalirwa J. et al. Patients, pride, and prejudice: exploring Black Ontarian physicians' experiences of racism and discrimination // *Academic Medicine*. 2020. Т. 95. № 11S. P. S51–S57.
5. Serafini K. et al. Racism as experienced by physicians of color in the health care setting // *Family medicine*. 2020. Т. 52. № 4. С. 282–287.

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## **Оттеночные цветообозначения во французском и английском языках**

В статье авторами рассматривается одна из классификаций оттеночных цветообозначений. Подобное исследование является актуальным, так как лексика языков постоянно пополняется за счёт новых названий цветов, что существенно затрудняет процесс подбора единой классификации, которая отражала бы все нюансы цветообозначений. Предложенная классификация оттеночных прилагательных представлена на примере лексических единиц, отобранных из художественных произведений современных французских и английских авторов.

**Ключевые слова:** цветообозначение, оттеночные прилагательные, референтные прилагательные, классификация, тематическая группа, французский язык, английский язык

В статье затрагиваются актуальные вопросы, связанные с классификацией цветообозначений. Разнообразие и интерпретации классификаций, предложенных в исследованиях по цветообозначению, предполагают их упорядочение.

Цвет – сложное, многоаспектное явление, изучение которого представляет интерес для различных естественнонаучных и гуманитарных дисциплин. Вопросы восприятия цвета также рассматриваются в психологии, где считается, что цвет воздействует на физическое состояние человека. Исследователи также обращают внимание на изучение цвета с позиций гендера и в качестве аргумен-