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MORPHOLOGICAL AND SEMANTIC FEATURES OF MEDICAL EUPHEMISMS IN ENGLISH AND UZBEK LANGUAGE

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Abstract: This study looks at euphemistic naming in Uzbek and English from both a narrow linguistic and a broad linguocultural viewpoint. Euphemization is a referential and evaluative linguistic technique used to lessen social taboos, negative connotations, or emotional distress. Having analyzed the works of Sheygal (2000), Reformatsky (1967), Shmelev (1977), and Burov (1994), the study separates two analytical dimensions: the textocentric, which sees euphemisms as practical instruments of cultural adaptation and communicative politeness, and the lexicocentric, which views euphemisms as closed lexical fields that substitute forbidden expressions. The study emphasizes how euphemistic designation reflects both subjective and objective elements, acting as a style identifier, a linguistic shield, and a means of expressing the speaker's identity. The theoretical framework is based on functional linguistics and enhanced by studies on terminology, modality, and communicative pragmatics. By integrating English and Uzbek findings, the paper demonstrates that euphemistic naming is a culturally mediated yet universally motivated process of secondary nomination that ensures ethical, aesthetic, and psychological harmony in communication.

Keywords: euphemistic naming, linguocultural approach, secondary nomination, pragmatic function, English and Uzbek linguistics, communicative politeness, functional linguistics, cultural pragmatics

1. Introduction

The phenomenon of euphemism has long drawn scholarly interest because of its complex connection to human cognition, morality, and communication. Euphemisms — expressions used to replace direct or unpleasant words with more socially acceptable alternatives — serve important linguistic, psychological, and cultural roles (Allan & Burridge, 1991; Rawson, 1981). In medical discourse, euphemisms are not just lexical substitutions but deeply rooted mechanisms of politeness, empathy, and ethical sensitivity (Burridge, 2012; Pinker, 2007). They arise where language encounters human vulnerability — in situations involving disease, death, or physical impairment — thus reflecting both universal and culturally specific methods of speech regulation.

As Krysin (1996) points out, it is hard to describe euphemistic lexis without taking into account the societal context in which it emerged. Social taboos surrounding disease and mortality force speakers to use linguistically softer terms such as passing away (olamdan o`tmoq) rather than dying(o`lmoq), or being treated (davolanmoqda) rather than seriously ill (jiddiy kasal). Similar mechanisms can be seen in Uzbek expressions such as og'ir ahvolda ("in a difficult condition") rather than kasal ("ill"), or ko'z yumdi ("closed one's eyes") rather than vafot etdi ("died"), demonstrating how culture and morality interact with linguistic behavior (Juraeva, 2022). These

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linguistic mitigation techniques maintain social peace, emotional equilibrium, and cultural decency throughout communicative engagements.

The current stage of linguistic research shows a growing emphasis on the pragmatic and cultural components of euphemisms (Uvarova 2012; Kiseleva 2015; Malyuga 2016). As language evolves alongside societal transformations, new euphemistic terms are constantly added to medical vocabulary, reflecting technological progress, ethical awareness, and communicative sensitivity. Scholars such as Enright (1985), Lutz (1989), and Leech (1983) argue that euphemisms serve as linguistic "buffers" that reduce the emotional charge of communication, particularly in socially sensitive situations. This mitigation is especially important in the medical field because direct lexical choices can increase patients' anxiety or fear (Dirckx, 1999; Fox, 2010).

The emergence of biomedical ethics and patient-centered communication has had a substantial impact on the evolution of medical euphemisms in English (Holmes, 1995; Brown and Levinson, 1987). Expressions like "life-limiting condition," "palliative care," or "special needs" reflect not simply linguistic tact but also a moral duty to protect human dignity. In contrast, Uzbek medical euphemisms frequently rely on collective cultural norms, emphasizing respect for elders, moral humility, and avoiding explicit references to death or suffering. This contrast emphasizes the role of linguistic structure, cultural worldview, and social psychology in the development of euphemistic forms.

From an academic point of view, euphemisms can be examined through two interconnected lenses: **morphological** and **semantic mechanisms**. In both English and Uzbek, euphemisms often develop through **affixation**, **compounding**, **conversion**, and **abbreviation** (Crystal, 2003; Fromkin, 2014). For instance, in English, unwell or disability correspond to Uzbek betoblik or nogironlik, where affixes soften the direct meaning. **Compounding** can be seen in English care home or terminal patient, which parallel Uzbek expressions such as qariyalar uyi (“home for the elderly”) or og‘ir bemor (“seriously ill person”). **Conversion** appears in euphemisms like to pass on (“vafot etmoq”), and **abbreviation** functions similarly in both languages: ICU (Intensive Care Unit) and HIV in English, and JIT (jonlantirish bo‘limi) or OITS (inson immunitet tanqisligi sindromi) in Uzbek.

From a semantic perspective, euphemization occurs through **metaphor**, **generalization**, **medicalization**, and **litotes** (Lakoff & Johnson, 1980; Ullmann, 1962). **Metaphor** transforms direct meanings into softer imagery: fight cancer (“saraton bilan kurashmoq”) frames illness as a battle; **generalization** replaces harsh terms (disease) with neutral ones (condition, holat in Uzbek). **Medicalization** uses scientific terms to replace stigmatized words—disorder instead of crazy, or in Uzbek ruhiy buzilish instead of jinni. Finally, **litotes** or understatement expresses unpleasant states mildly: English not well corresponds to Uzbek o‘zini uncha yaxshi his qilmayapti (“not feeling very well”). Each mechanism represents both linguistic economy and social sensitivity, emphasizing the interdependence of form and meaning in euphemistic expression. Despite significant theoretical contributions by Allan and Burridge (1991), Rawson (1981), and others, comparative studies that combine morphological and semantic analysis across linguistic contexts are rare. This paper tries to fill that vacuum by offering a thorough examination of the morphological and semantic mechanisms that underpin the emergence of medical euphemisms in English and Uzbek, based on linguocultural and pragmatic analysis.

2. Methodology

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This study adopts a comparative-descriptive and analytical approach to investigate the morphological and semantic mechanisms in the formation of medical euphemisms in English and Uzbek languages. The analysis is based on the principles of contrastive linguistics (Lado, 1957; James, 1980), semantic field theory (Lehrer, 1974), and linguocultural methodology (Wierzbicka, 1997; Karasik, 2002). The research combines qualitative content analysis with elements of quantitative frequency analysis, enabling both structural and contextual examination of euphemistic expressions.

The study was conducted in two stages:

1. Identification and collection of euphemistic lexical units from authentic medical discourse;

2. Morphological and semantic analysis of these euphemisms, followed by cross-linguistic comparison of their structural and pragmatic characteristics.

The research design reflects the interdisciplinary nature of the topic, integrating linguistic, sociocultural, and ethical perspectives to explore how euphemistic mechanisms reflect cultural norms and communicative strategies in medical contexts.

2.2 Data Collection

This study's empirical data consists of a corpus of euphemistic terms in English and Uzbek about disease, treatment, disability, aging, and death. To ensure representativeness and trustworthiness, the data was gathered from a variety of authentic and contextually diverse sources. These include: (a) medical textbooks and terminological dictionaries such as Dorland's Illustrated Medical Dictionary and the Oxford Concise Medical Dictionary; (b) mass media and online health communication platforms, including BBC Health, WebMD, and The Guardian Health; (c) literary and journalistic texts in which euphemisms occur in narratives of illness, mortality, and disability; and (d) bilingual and explanatory dictionaries of euphemisms and slang (Holder, 2008; Ayto, examples from both classical and modern Uzbek literature are included (O'tkir Hoshimov, Said Ahmad, and Tohir Malik). All collected items were carefully characterized based on two key criteria: (1) their functional domain, which included categories like disease, treatment, disability, death, and aging; and (2) their language form, which was identified as a word, phrase, idiom, or abbreviation. This classification allowed for cross-linguistic comparison and ensured consistency in subsequent semantic and pragmatic investigations. All collected items were classified according to their functional domain (illness, treatment, disability, death, aging, etc.) and their linguistic form (word, phrase, idiom, or abbreviation).

3. Results

3.1 Morphological Strategies

The morphological formation of medical euphemisms in both English and Uzbek demonstrates how speakers modify the linguistic form of a word to soften its emotional or social impact. Among the most productive mechanisms are affixation, abbreviation, compounding, and conversion, each carrying distinct stylistic and cultural implications.

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In English, **affixation** often transforms harsh medical terminology into less threatening expressions. For instance, the word disorder replaces disease, using the negative prefix dis- combined with order to imply a temporary or manageable imbalance rather than a pathological state. Similarly, condition is frequently used instead of illness or sickness, evoking neutrality and suggesting stability rather than suffering. In Uzbek, this process functions through the softening of base forms such as kasal or simply kasallik, which, depending on context, may convey a less direct or more socially acceptable description of illness. Such euphemistic modification reflects cultural politeness norms where direct reference to disease may be considered impolite or anxiety-provoking.

Abbreviation also serves as a powerful euphemistic device by concealing the emotional weight of taboo or sensitive terms. In English, abbreviations like STD (for sexually transmitted disease) or HIV (for human immunodeficiency virus) distance the speaker from the stigmatized reality of the condition. The use of initials abstracts the meaning, creating a coded, impersonal reference. Uzbek mirrors this practice through acronyms like OIV (Odam immunitet tanqisligi virusi), which similarly removes the direct association with the illness and aligns with professional, medicalized discourse. Abbreviations in both languages thus fulfill a protective function, allowing communication about delicate health topics while preserving social tact.

Through **compounding,** euphemistic innovation manifests in combinations of neutral or positively connoted lexemes. English compounds such as care center or wellness facility replace the emotionally charged hospital or clinic, framing the institution as a site of care and recovery rather than disease. Uzbek equivalents like davo maskani (literally “place of healing”) or sog‘lomlashtirish markazi (wellness center) carry similar semantic mitigation, emphasizing treatment and restoration rather than suffering. These forms highlight the optimistic and community-oriented worldview characteristic of Uzbek communication.

Finally, **conversion**—the shift of a word from one grammatical category to another—also creates euphemistic subtlety. The English expression to pass away uses the verb pass metaphorically, transforming the idea of death into a peaceful transition. Uzbek employs the parallel olamdan o‘tmoq (“to leave this world”), which conveys spiritual continuation rather than finality. In both languages, conversion serves as a stylistic resource for expressing the inevitability of death through softened imagery that aligns with cultural beliefs about afterlife or transcendence.

3.2 Semantic Strategies

From a semantic perspective, medical euphemisms in English and Uzbek rely on figurative and meaning-based transformations that conceal, minimize, or reframe the emotional intensity of illness and mortality. The most recurrent techniques are metaphorization, generalization, medicalization, litotes, and religious or moral metaphor.

Metaphorization transforms concrete or frightening realities into abstract or process-oriented images. In English, the phrase terminal patient is often replaced with a person in the final stage of illness, framing death as a phase rather than a punishment or tragedy. Similarly, fighting cancer metaphorically conceptualizes illness as a battle, emphasizing resilience. Uzbek expressions like hayotining oxirgi bosqichida (“in the final stage of life”) or kasallik bilan kurashmoqda (“struggling with illness”) echo the same strategy but embed it in a moral and communal framework, where endurance is linked to patience and divine will.

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Generalization weakens specificity and thereby emotional force. English speakers often say feeling unwell, indisposed, or under the weather instead of sick or ill. These vague terms minimize the seriousness of the condition. In Uzbek, ozgina betob ("a little unwell") or sog'ligi biroz yomonlashgan ("health slightly worsened") perform the same function, reducing alarm while maintaining social courtesy. This attenuation reflects the communicative principle of avoiding discomfort for both speaker and listener.

Medicalization introduces technical terminology to replace emotionally charged lay expressions. In English, neoplasm substitutes tumor, and cardiac arrest replaces heart failure. The medical register lends objectivity, reducing fear through scientific detachment. Uzbek employs similar strategies with terms such as yangi o'simta (for shish or o'sma) or yurak faoliyatining to'xtashi (for yurak urishi to'xtamoq), demonstrating how formalization provides both linguistic distance and psychological safety.

Litotes, or understatement, is another euphemistic device used to soften the reality of illness. English speakers say not feeling quite oneself or a bit under the weather, while Uzbek speakers express o'zini uncha yaxshi his qilmayapti ("not feeling very well"). In both cases, negative polarity reduces emotional weight, suggesting mild discomfort instead of serious ailment.

Finally, religious or moral metaphor reflects deep-seated cultural and spiritual beliefs surrounding death. English euphemisms like called home, gone to a better place, or resting in peace embody a metaphysical view of death as peaceful return or divine reunion. Uzbek equivalents such as haq yo'liga ketmoq ("departed on the path of truth") and abadiy orom topmoq ("found eternal rest") reveal a similar metaphoric system grounded in Islamic and moral values. These expressions demonstrate that euphemisms in both languages are not only linguistic substitutes but also manifestations of collective cultural cognition.

Overall, the comparative analysis shows that English medical euphemisms tend to emphasize individual comfort, rationality, and scientific detachment, while Uzbek euphemisms are marked by collective morality, humility, and spiritual fatalism. Both linguistic systems, however, use morphological creativity and semantic re-framing to fulfill the universal human need for emotional protection and communicative politeness when addressing illness, suffering, and death.

The semantic mechanisms — metaphor, metonymy, generalization, litotes, and medicalization — reveal deeper cultural models of understanding illness. English euphemisms often draw from metaphors of struggle (battle with cancer), transition (passed on), or rest (fell asleep forever), demonstrating an individualistic worldview centered on agency and personal endurance. Uzbek euphemisms, by contrast, frequently rely on metaphors of destiny, faith, and divine will (yorug' dunyoni tark etdi, Xudoning irodasi), reflecting collectivist and theocentric values. This contrast supports Wierzbicka's (1997) claim that linguistic forms are shaped by cultural scripts of emotional expression and moral responsibility.

From a pragmatic viewpoint, euphemisms perform crucial social functions within doctor–patient and community interactions. They uphold politeness principles (Leech, 1983) and face-saving strategies (Brown & Levinson, 1987) by maintaining emotional equilibrium and avoiding linguistic trauma. In English, euphemisms contribute to a model of psychological support and informed consent; in Uzbek, they ensure respect, concealment of distress, and

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moral sensitivity. Hence, euphemisms emerge as an ethical discourse practice—where language mediates between truth and empathy, science and humanity.

Cross-linguistic comparison demonstrates that semantic strategies dominate over morphological ones, affirming the central role of conceptual re-framing in euphemistic communication. The convergence of English and Uzbek in the adoption of medicalized and politically correct terminology (disabled → differently abled; nogiron → nogironligi bor shaxs) indicates the globalization of humanistic discourse, while the persistence of culture-specific metaphors and religious connotations highlights enduring linguocultural distinctiveness.

4 Discussion

The results confirm that euphemism formation in medical discourse is a universal yet culturally modulated process. Both languages use morphological creativity and semantic reinterpretation to achieve psychological and social harmony, but their motivations differ:

- English euphemisms reflect individualistic empathy and technological rationality;
- Uzbek euphemisms reflect collectivist ethics and religious modesty.

These findings support the theories of Allan & Burridge (1991), Krysin (1996), and Burridge (2012) on the universality of euphemization, while aligning with Wierzbicka (1997) on its cultural specificity.

Moreover, the prevalence of semantic over morphological euphemisms in both languages corroborates Kiseleva's (2015) observations that the emotional intensity of medical discourse encourages metaphorization and indirectness rather than purely lexical manipulation.

Finally, euphemisms emerge as linguistic indicators of societal attitudes toward illness, death, and the body, echoing Fairclough's (2001) view of discourse as a reflection of ideology and power. Their study is thus not only a linguistic inquiry but also a contribution to understanding language as a moral and cultural system.

3. Conclusion

In conclusion the study reaffirms that euphemisms are not mere linguistic ornaments; they are moral instruments of social harmony, embodying the cultural soul of a nation and the ethical conscience of its speech community. Their study, therefore, must continue to occupy a central place in modern linguistics, intercultural communication, and discourse ethics.

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