

The Language of Race & Class in Shonda Rhimes' *Grey's Anatomy*

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Abstract:

This essay contrasts the visual hyper-presence of racial diversity in Shonda Rhimes' *Grey's Anatomy* to its aural absence, arguing that two episodes from the show's 2nd season construct diametrically opposed visions of the role of white and black forms of non-standard speech. While non-standard forms of language that construct blackness are – when they appear at all on the show – condemned as obstacles to the medical outcomes the show valorizes, non-standard forms of language that construct working-class whiteness appear frequently on the show, and are recuperated by the plots and characters. The sociolinguistic patterns thus re-instate hegemonic ideas about race that the color-blind casting Rhimes is famous for seeks to subvert.

Film studies has a long and serious engagement with the representation of race in Hollywood cinema,¹ yet the discipline's focus on visual aspects of films (at the expense of the aural and especially language, speech, and dialogue) leaves many impactful perspectives unexplored. Sociolinguistics, on the other hand, has long engaged with race as a crucial factor in analyzing language as it is used in social interaction,² but its foundational focus on ideas of vernacular language have left the language of film, television, and other popular forms of media to the margins of the discipline. This paper shares a more recent perspective emerging both from film studies and sociolinguistics that a sociolinguistic approach to films can provide significant new insights into the rhetorical, social, and political messages of film and televisual images.³ I apply this perspective to an analysis of the intersection of performances of non-standard language in early seasons of the hit TV show *Grey's Anatomy* (ABC, 2004–2017) and the show's treatment of race and class.

Specifically, I will discuss episodes that focalize characters (Black and White) who use non-standard forms of language and argue that the deployment of salient forms of Black speech in character dialogue reproduces a message of racialized subordination that all other dimensions of the show's semiotics appear to deny. Precisely because of the ideological focus – by film viewers and critics alike – on the visual, sound, and specifically the socially meaningful form of dialogue speech in narrative films, can play a significant role in the film's rhetoric and rhetorical impact. Language can construct messages that work powerfully while the film's visual and surface plot structure deny their viability.

Race-Blind Casting and Post-Racial Societies

Relatively little attention – popular or scholarly – has been paid to the way that characters in Hollywood cinema or broadcast television speak (see, e.g., Kozloff 1998, 2000 for a review of this argument), yet the effects of such performances on the general public's ideas about status, identity, and language may be enormous (see, e.g., Hill 1998 for an intriguing presentation of this point).

Shonda Rhimes' hit television series *Grey's Anatomy* may be a case in point. Now in its 13th season, *Grey's Anatomy* has long been among the most popular and socially impactful shows on television. It catapulted its creator, Shonda Rhimes, to a position of celebrity and popularity and (for a Black woman) unprecedented power in the industry (Joseph 2016). Though primarily a romantic soap opera, focusing on the complex love lives of young surgeons beginning their careers at a major (fictional) Seattle hospital called "Seattle Grace," the series treats a wide range of important social and moral issues with subtlety and complexity. So much so that scholarly articles have been published measuring the impact of the show's representations on real-world trends in attitudes toward medicine, medical care, and health and bodies more generally (see, for example, Quick et al 2014, Foss 2011, *inter alia*). Widely noted for its innovative "race-blind" casting (and its African-American creator), it is ironic that race is an issue the show rarely engages with directly. This paper argues that race emerges indirectly, in part through its treatment of language.

Rhimes, whose success in *Grey's Anatomy* has been recognized by a Diversity Award from the Screenwriters Guild of America (shared with executive producer Betsy Beers) and two

Emmy nominations,⁴ gained notoriety for what she calls race-blind casting, a practice in which actors audition for schematic character roles that do not specify the race of the character. Roles are awarded to the actors who best bring to life the characters Rhimes had in mind, no matter what race the actors happen to be.

Likely as a consequence of this casting practice, *Grey's Anatomy*, which follows the complexly intertwining lives of the doctors on the surgical wing of the fictional Seattle Grace Hospital, is striking for the racial diversity of its cast and characters, but the show simultaneously denies the very diversity it presents. The initial season focused on six new interns, and the more senior, more powerful surgeons they learn from and emulate. As the show continued into subsequent seasons, these interns became residents, new interns arrived, the former residents became senior residents, and eventually, attending (i.e., senior) surgeons.

During the show's second season (broadcast 2005-06) that I will focus on here, the hospital sported a medical staff dramatically more diverse than any real hospital in the chosen location (Seattle, WA) at that time. The following table lists the race and gender of the main characters appearing in Season 2 episodes:

| <u>Character</u> | <u>Transcript ID</u> | <u>Role</u> | <u>Gender</u> | <u>Race / Class / Ethnicity</u> |
|------------------------|----------------------|----------------------|---------------|---------------------------------|
| Dr. Richard Webber | RW | Chief of Surgery | Male | Black |
| Dr. Preston Burke | PB | Cardiology Attending | Male | Black |
| Dr. Addison Montgomery | AM | Neonatal Attending | Female | White |

| | | | | |
|---------------------|----|-----------------|--------|-----------------------|
| Dr. Derek Shepherd | DS | Neuro Attending | Male | White |
| Dr. Miranda Bailey | MB | Resident | Female | Black |
| Dr. Callie Torres | CT | Resident | Female | Latina |
| Dr. Meredith Grey | MG | Intern | Female | White |
| Dr. Alex Karev | AK | Intern | Male | White (working class) |
| Dr. George O'Malley | GO | Intern | Male | White (working class) |
| Dr. Izzie Stevens | IS | Intern | Female | White (working class) |
| Cristina Yang | CY | Intern | Female | Chinese-Am / Jewish |

Table 2, below, which collates the data from Table 1, shows that 45% of the surgeons in the script are non-white, and almost 30% are African-American. Moreover, of the six white surgeons, three are explicitly (and insistently) portrayed as coming from working-class families,⁵ suggesting that only a small minority of the surgeons achieved their prestigious and authoritative positions in society through inheritance.⁶

| Table 2. Racial Composition of <i>Grey's Anatomy</i> Medical Staff | | |
|---|---------------|----------------|
| <u>Race</u> | <u>Number</u> | <u>Percent</u> |
| White | 6 | 55 |
| African-American | 3 | 27 |
| Asian | 1 | 9 |
| Latino/a | 1 | 9 |
| Total: | 11 | 100 |

This pattern is, of course, deeply fictional, or imaginative, as actual statistics from Seattle and the State of Washington show. For comparison, Tables 3 and 4, below, juxtapose the demographics of the Seattle population in general with the demographics racial breakdown of medical doctors in Washington.⁷ Whites constitute about 70% of Seattle’s population but over 80% of Washington’s doctors, while Blacks constitute about 8% of Seattle’s population but only 1% of Washington’s doctors.

| Table 3. Seattle Demographics by Race and Ethnicity (2010 Census Data)⁸ | |
|---|----------------|
| <u>Race</u> | <u>Percent</u> |
| White | 69.5 |
| Black or African-American | 7.9 |
| American Indian & Alaska Native | 0.8 |

| | |
|--|------------|
| Asian | 13.8 |
| Native Hawaiian & Other Pacific Islander | 0.4 |
| Two or More Races | 5.1 |
| Hispanic or Latino | 6.6 |
| Total: | 100 |

| <u>Race</u> | <u>Percent</u> |
|--|----------------|
| White | 83.8 |
| Black or African-American | 1.0 |
| American Indian & Alaska Native | 0.7 |
| Asian | 11.9 |
| Native Hawaiian & Other Pacific Islander | 0.4 |
| Other | 4.0 |
| Hispanic or Latino | 2.6 |

These statistics highlight the degree to which *Grey's Anatomy* (and its race-blind casting practice) fictionalizes race and power: Whereas in reality African-Americans (8% of the population in Seattle) are dramatically under-represented among physicians in the state (just 1%), the show dramatically over-represents them (as 27% of the focalized surgeons). Moreover, *Grey's Anatomy* positions the Black doctors in strikingly powerful positions. Of the six 'tenured'

surgeons (i.e., chief, attendings, and residents) who appear regularly during the 2nd season of *Grey's Anatomy*, four are people of color and only two are white. The highest-ranking doctor, the hospital's chief of surgery, Dr. Richard Webber, is African-American, as is Dr. Preston Burke, a brilliant cardio-thoracic attending surgeon. Dr. Miranda Bailey, also African-American, is the surgical resident who is put in charge of training the focalized interns (Grey, Karev, O'Malley, Stevens, and Yang), who is, in the show's early seasons, portrayed as stern, unflinchingly professional, and unerringly competent, whose vision of medicine and morality we are given to see as the model for the show.

Media representations of "power" are, of course, complicated. Here African-American surgeons are accorded official positions of power (as chief of surgery, for example), but the show accords dramatic power to the white characters. Of the five interns whose lives are the focus of the show's personal drama, four are white and only one of color (and this one, Cristina Yang, challenges our notions of identity, since she is represented as Asian-Jewish). Indeed, the only two white senior surgeons, Dr. Derek Shepherd, the brilliant neuro-surgeon, and Dr. Addison Montgomery, Shepherd's estranged-but-returning wife, turn out to be central figures in the personal drama, as the other two parts of the classic love-triangle involving the focal character, Dr. Meredith Grey.

Race-blind casting suggests this utopian reversal to be accidental, but the show subverts existing racial hierarchies and ideologies in other ways as well. The soap opera plays out as an intricate play of romantic, sexual, and friendship relations among the various doctors. The first episode opens with the main character, Meredith Grey discovering that the man she hooked up with at a bar on the eve of her career as an intern at Seattle Grace Hospital is none other than

the attending who will supervise her training in neurosurgery. Initial episodes deal extensively with the personal and ethical dilemmas she faces, juggling a budding intimacy with professional responsibility. By the end of the first season the show has followed love affairs of all five of the beginning interns. This hectic romantic tableau is juxtaposed to a side-plot, in which it's revealed that Meredith's mother, the legendary (but now severely demented) Ellis Grey, had been in a romantic relationship with Webber, who is black. If the show is set in the here-and-now of the early 2000s, this inter-racial affair of married doctors is posited for the 1980s, a time when such romances would have been quite striking. The dilemmas of love across the bounds of marriage are deeply and sensitively explored by the show, but the role of race is never addressed (though the audience cannot help but read these scenes with that in mind).¹⁰

Thematizing Language in *Grey's Anatomy*

Several early episodes of *Grey's Anatomy* revolve specifically around language, dialogue, and speech, making how characters speak (or don't speak), and the consequences of such speech central to plot and message. I will look closely at two such episodes below, but it is also noteworthy how the show thematizes language more generally.

For example, while non-diegetic music (that is, music that is not implied to stem from the scene depicted, such that viewers do not assume that the characters can hear it) plays a prominent role in nearly all the episodes, *Grey's Anatomy* makes especially clever use of the lyrics of pop songs used as background music to comment upon the ongoing action. Songs play at crucial moments in most episodes, and the musical and lyrical commentary on the action generates ironies, calls attention to particular aspects of the unfolding (or resolving) plot, and enforces a particular sentimentality. The episode "Into You Like a Train" (Season 2, Episode 6),

for example, opens with a sequence related to the on-again/off-again romance between Drs. Derek Shepherd and Meredith Grey. Here Grey is shown in a bar waiting for Shepherd to arrive, anticipating that he has just severed his marriage to Montgomery and will now commit to her. The visuals show Grey waiting and waiting; her friends anxiously watch as her disappointment and misery grow; and in the background viewers hear B.C. Camplight's "Blood and Peanut Butter," including the lyrics:

Text 1. Song Lyrics – "Into You Like a Train"¹¹

Answer the phone

And tell me you're all alone

I saw you everyday

I'm begging you to don't go away.

A second example of the structural prominence of speech and language in *Grey's Anatomy* can be seen in the show's often playful violation of the divide between public and private speech. As a soap-opera set in a hospital's surgical ward, two kinds of talk vie for primacy: intimate relationship-talk, on the one hand, and professional medicine-talk, on the other. While some of the former occurs where expected, in spaces of intimacy (residents' homes, bedrooms, lounges, and bars), a surprising amount of it occurs in the public, professional spaces of the hospital corridors, nurses' stations, operating rooms, and patient bedsides. At times the show exploits this boundary crossing for humor, as when patients suddenly intervene in conversations they are visually present at, but which the viewer has interpreted as magically accessible only to the focal doctors. Patients frequently engage the doctors in the intimate dialogue that they have witnessed, offering advice, or seeking further details. At times *Grey's Anatomy* makes the

problem of personal and professional boundaries into a thematic focus, as when a doctor's own personal issues (love, abuse, etc.) threaten to unduly influence their treatment of a patient, but the violation of communicational norms itself is rarely the source of sanction within the show.

The reverse of the above situation constitutes a further point of prominence for speech and language in the series: Patients are very often given extremely long turns at narrating their own lives to the doctors who are treating them. Most episodes revolve around such personal history narratives in one way or another, as conflicts over treatment, or moral judgements about the consequence of behavior and the role of personal responsibility are adjudicated with reference to the story that patients ultimately tell about why they are in the hospital and what it means to them.

Speech also frames the show in a particularly striking way because each episode begins and ends with the voiceover narration of central character Meredith Grey, providing a pithy (and powerfully visualized) statement (and summary) of the episode's theme.¹² In between the episode develops the theme in fugue-like ways, often weaving multiple versions of the theme with alterations, reversals, and the like.

The episode "Damage Case" (Season 2, Episode 24) provides a good example. The episode begins with this voiceover narration by character Meredith Grey (MG):

Text 2a. "Damage Case"—Beginning Voiceover Narration¹³

MG We all go through life like bulls in a china shop, a chip here, a crack there, doing damage to our selves, to other people,

...

The problem is trying to figure out how to control the damage we have done, or, that's been done to us,

...

Sometimes we think we can fix the damage,

...

and sometimes the damage is something we can't even see.

This episode then ends with the following voiceover narration:

Text 2b. "Damage Case"—Ending Voiceover Narration

MG: We're all damaged, it seems, some of us more than others,

...

we carry the damage with us from childhood, then, as grownups, we give as good as we get,

...

ultimately we all do damage,

...

And then we set about the business of fixing whatever we can.

The idea of "damage" structures this episode, as the ongoing romantic plots are woven into and around the medical stories, allowing a comparison of emotional and physical possibilities for damage and repair. The episode begins and ends with Meredith Grey's voiceover narration addressing her tentative new relationship with veterinarian Finn Dandridge. Finn urges Meredith to relax, to stop pretending she's "damaged and scary," and the episode ends on the voiceover in which Finn reveals himself to be similarly damaged, having lost a mother and wife to death and a father to alcoholism. The final shot is of the two tentative lovers exchanging a first kiss. In between, however, the episode explores a range of ideas about 'damage' and 'repair'. The main action of the episode involves victims of a car crash, who come in damaged.

One dies; another takes responsibility; a third is left orphaned, as it were, father of a motherless baby, marginal member of a family that's a bit too 'Other.' Intern relationships are all shown as damaged in one way or another, and a man awaiting a heart transplant is seen to be physically reparable, but spiritually too damaged.

Most significantly, perhaps, *Grey's Anatomy* episodes at times thematize speech as crucial to patient care and outcomes, as doctors and patients need to negotiate agreement on ways of speaking, ways of communicating symptoms, solutions, and relationships. It is here that race – in the racialized race-blind show – enters the picture, for *Grey's Anatomy* systematically penalizes black non-standard ways of speaking while recuperating white non-standard ways of speaking.

Speech, Race, and Class in Grey's Anatomy

In a show that thematizes language to such an extent it is worth taking a close look at how characters are given to speak, and at what these styles of speech come to mean within the drama. Such an analysis suggests that language works to re-inscribe racial hierarchies brought into question by the celebrated race-blind casting practices.

A preliminary point is necessary to frame the argument: Despite the visual representation of race and racial diversity, race is almost completely absent aurally. Despite the relatively large number of African-American characters who appear on *Grey's Anatomy* episodes—surgeons, nurses, paramedics, patients, and lovers—only one, surgical resident Dr. Miranda Bailey, regularly uses a style of speech that suggests blackness. I will discuss Bailey's dramatic and linguistic characterization toward the end of the paper; for now what is significant

is that when racially marked speech occurs—as in the episode analyzed in the next section—it is quite striking.

In sharp contrast, differences of social class, often folded into representations of North/South, or Urban/Rural, or simply Educated/Un-educated, are routinely represented through language difference, as quite a number of characters—primarily patients, but also surgeons' family members—bring with them to the hospital speaking styles that diverge from the norms of mainstream usage and that are marked for violating norms of public, medical space.

Thus the characters occupying the structurally powerful positions within the hospital are racially hyper-diverse, but the lives of these diverse surgeons are not deeply narrativized. On the other hand, we come to know a great deal about the backgrounds, motivations, and desires of the five interns, but there is little racial diversity there. Social class (or at least white social class) is highly represented, as three out of the five interns are explicitly and repeatedly narrativized as members of working class families. Narrative power thus resides with white identities in this color-blind-casted show, narratively contesting the societal imposition of structurally powerful positions played by the attendings.

With the lone exception of Dr. Miranda Bailey, whom I'll discuss later in this essay, all of the surgeons speak Standard English.¹⁴ This sets up a dramatic (and dramatized) contrast with the diversity of language(s) brought by minor characters, and especially patients and their families, to the show. It's to this that I now turn. In what follows I will juxtapose two episodes from the show's 2nd season, in which black and white non-standard styles of language use play prominent roles, in order to argue that in the former case the speech has severe consequences

for the medical outcomes, while in the latter it is recuperated as an inevitable aspect of identity.

Racialized Speech and its Consequences in “Into You Like a Train”

The “Into You Like a Train” episode (Season 2, Episode 6) opens with the arrival at Seattle Grace Hospital of a large number of dramatically-injured victims of a train crash. Four medical cases structure the episode, interwoven with the ongoing stories of the interpersonal dramas of the various doctors. The four cases are (in the order in which they are introduced):

1. Two pregnant white women, who are lifelong friends and have elected to have babies together using the same anonymous sperm donor, are both very close to delivering, and one has suffered burns in the crash that are serious enough to rush her to emergency surgery and delivery of the baby;
2. A white man has had his lower leg sheared off, and the surgeons struggle to find, and re-attach the missing limb;¹⁵
3. A black man and a white woman have been impaled on an enormous metal pole, which runs through their abdomens and pins them face-to-face; and
4. A black woman gets treatment for minor scrapes and bruises, while her black, female friend appears to have come through unscathed.

Excluding the amputation case, which plays out quite differently,¹⁶ this episode constructs an opposition of three paired patients: two white women, a white woman and a black man, and two black women, juxtaposing the spectacular trauma of the black/white impaling to the apparently minor injuries to the black women. The primary focus is clearly the impaling, as the

lives and personalities of these two victims, Bonnie Crasnoff and Tom Maynard, are narrativized for viewers in poignant detail. The focal medical case also sets up a number of symbolic binaries, including white vs black, male vs female, young vs old, married vs engaged, and the like. The surgeons wrestle not only with the medical science but also – having acknowledged that they will only be able to save one of the two victims – with the ethics of deciding life and death. All the most powerful doctor figures combine in the discussion and treatment of this case.

In sharp contrast, the case of the two black women with apparently minor injuries is left to intern Dr. Alex Karev, who at this stage of the drama is portrayed as having ‘lost his mojo’. Dr. Karev efficiently examines the woman who presents with injuries (Mary) and prudently prepares her for further, seemingly routine testing. Karev does this, however, in the constant presence of the woman’s friend and travelling companion, Yvonne, who is repeatedly shown speaking on her cell-phone.¹⁷

As with many *Grey's Anatomy* episodes, speech, language, and talk, play an important thematic role. From the initial voiceover to the poignant final scene, in which the attending Dr. Shepherd consoles Bonnie’s grieving fiancé, speech—or the lack thereof—becomes critical to patient well-being, but the two main medical cases juxtapose two different regimes of speech. In the impalement case the two main characters share a linguistic space. They differ, to be sure, along lines of gender, as the black man’s voice is deep, resonant, and folksy, while the white woman’s voice is high, squeaky, and goofy, but both speak a highly standard form of American English, and both adopt a normative way of speaking that the plot and script and visual framing highlight as harmonious.

The case of Mary and her internal injuries stands in dramatic contrast. Sequences devoted to this case focus on the non-patient, Yvonne, more than on the patient, Mary, obsessively showing Yvonne speaking on her cell phone. Her language is typical of that version of black speech that comes to stand for African-American Vernacular English (AAVE) on mainstream American television. She speaks loudly and uses media shibboleths of AAVE. In telling and re-telling her story of the train wreck, she calls attention to race by blaming a “red neck” driver for the catastrophic injuries, which we experience not from their case, but from the impalement case unfolding in tandem. Yvonne’s use of the racialized word “redneck” stands out in this drama that linguistically and narratively erases race.

In the focal case, Bonnie (BC) and Tom TM, epitomize valorized uses of language. In spite of their extraordinary circumstances they speak to each other intimately; they address the doctors with respect; they use language wittily and cleverly; they express themselves authentically and movingly. And they do so in a mainstream, normative, relatively standard dialect. As an example, in their initial scene, Bonnie calls out to cardio-thoracic surgical attending, Dr. Preston Burke (PB), who is consulting with surgical resident Dr. Miranda Bailey (MB) in the hallway:

Text 3. Impaled Patients – Normative Discourse

BC: Excuse me?

PB: Hi, I’m Dr. Burke,

You shouldn’t turn your head,

You want to try to move as little as possible,

BC: Oh, ok, so are you gonna pull this pole out of us any time soon?

TM: Touch uncomfortable,

PB: Sorry, can't do anything until we get a better look at what's going on internally,

But I assure you we will work as quickly as possible,

BC: Well in that case does anybody have a breath mint?

For me, not for you, (S2 E5: 07:00)

Tom's "Touch uncomfortable" delights in its understated folksiness, a speech habit he is given throughout the episode, and Bonnie's self-corrected request for a breath mint presages her emerging concern, even love for the man she has been thrust into catastrophe with, even as it displays her ability to make light of the grave situation. In this and subsequent scenes these two engage with each other and with the surgical team with respect and dignity.

The show's treatment of the two black women, Mary and Yvonne, stands in sharp contrast. The story of Mary and Yvonne is introduced through a clever transition that calls attention to Yvonne's way of using language. A loud jingle on the soundtrack draws the attention of the camera, which had been following intern Dr. Izzie Stevens as she was tending to the two pregnant women from Case #1. The camera follows Stevens as she walks past the space where Dr. Karev is treating Mary, then cuts quickly to a shot of Yvonne talking on her cell phone – retrospectively identifying the jingle as Yvonne's ring-tone. This loud ring-tone will co-occur with each appearance of Yvonne throughout the remainder of the episode. The scene transcribed below begins with Yvonne (YV) speaking loudly into her cell-phone, and it continues by juxtaposing Yvonne's intrusive cell-phone speech to the quiet diagnostic dialogue unfolding between Dr. Karev (AK) and Mary (MA) about her injuries:

Text 4. Internal Injuries Patients – First Meeting

YV: ((on phone)) Hello,

((laughs)) no, no, no, we fine hon,

↑ Yea, some redneck tried to outrun the train,

Honey and the train slammed into his ass,

And then it *rolled,

AK: ((to MA)) That hurt?

MA: M-m,

YV: ((on phone)) Oh, no no no no no no, that dude is *toast,

Honey, him and about two hundred other people?

And Mary got her face *all cut up,

AK: It hurt anywhere else?

MA: Here,

A whole bunch of luggage,

When they hit the brakes just came flyin at us,

AK: All right, we'll take you for an x-ray,

See if anything's broken,

(Or) any internal injuries,

MA: Ok,

YV: ((on phone)) Yea, wait wait,

You know hold on,

You know I'ma have to call you back,

((to AK)) Hey hey hey,

Scuse me, scuse me,

Um—

Where you goin,

AK: ((to YV)) I'm taking your friend for an x-ray,

YV: Oh, ((laughs)),

No offense little boy, but uh,

You look like my older *son,

And he's nothin but *trouble,

MA: Yvonne, shut up,

YV: ↑ What—

I said no offense,

I'm just ↑ sayin,

Are you sure you're a doctor,

((YV's cell phone rings again; YV motions to AK to wait, but then turns away from him as she involves herself in the phone call; AK wheels MA's gurney away))

YV: ((on phone)) Yea,

Oh yea yea we *fine,

Yea, this redneck tried to outrun the train, (S2 E5: 10:00-11:00)

Yvonne's speech in this sequence is striking in a number of ways. She speaks in an over-loud voice, which repeatedly draws the camera's attention, and which seems to interfere with the work of the hospital. She disparages the young intern, Dr. Alex Karev, who is treating her friend Mary, belittling him, comparing him to a child, to her own (apparently) wayward son, and questioning his professional qualification and judgement. In doing so, Yvonne uses a style of language that is dense in culturally salient non-standardisms, especially those associated with blackness:

- Phonology ("nothin"; "goin"; "sayin")
- Grammar ("we fine"; "I'ma"; "where you goin")
- Vocabulary ("redneck")
- Taboo language ("ass")

- Folksy language (“tried to outrun the train”; “that dude is toast”; “nothin but trouble”)

Such forms mark Yvonne’s speech as black speech. Most prominent in this regard is her prosody. Yvonne’s speech carries (and semiotically highlights) many prosodic features associated with African-American speech.¹⁸ She uses a very wide pitch range, with the words uttered with strikingly high pitch preceded in the transcript with an up-arrow (“↑”). She marks several words (“rolled,” “toast,” “all,” “son,” and “trouble”) with a highly stylized pitch contour (represented on the transcript by an asterisk). And her voice moves at times into falsetto register (transcribed by **boldface and underlined font**).

Yvonne’s black-inflected speech is quite striking compared to the show’s many other black characters (both recurrent and episode-specific), very few of whom deploy markers of linguistic blackness. Indeed, Yvonne’s speech contrasts sharply with that of Mary both in grammar and in prosody. Mary’s speech comes across as standard, much like that of other identifiably black characters. The linguistic relationship between Mary and Yvonne is therefore an interesting example of the process Judith Irvine and Susan Gal have called “fractal recursivity.”¹⁹ If the episode as a whole juxtaposes black to white regimes of speech, this pair of black speakers maps that distinction onto an embedded binary of non-mainstream black (Yvonne) to mainstream-black speech (Mary).

Language use is important semiotically because of the ways it links to, and structures the broader plot. The cell-phone calls, for example, are shown to distract from the work of the hospital. The clearest instance of this comes in a sequence near the middle of the episode: the

camera shows us Dr. Karev tending to one of the pregnant women who suffered burns, but the sound track gives us Yvonne's cell-phone ringing noisily in an adjoining area. Karev abruptly pulls on a curtain to separate Yvonne and her cell-phone conversation from his current professional focus, and the sound track obliges by muting the diegetic sound of Yvonne's conversation (not realistically diminished by the drawing of the thin curtain), as the camera continues to focus viewer's attention on Karev's attention to the burn victim.

In each sequence involving Case #3, Yvonne is shown on her cell phone, and her voice dominates the aural landscape of the scene. The loudness and dramatic pitch range of her speech stands out not only as a marker of identity, but also as a sign of a challenge to the norms of the hospital. This challenge is made explicit in her words: in the initial sequence she asks Karev "Are you a real doctor." In subsequent sequences she calls him "useless," etc.

Filmic techniques further highlight Yvonne's use of language. Each time Yvonne and Mary appear on screen, their entrance is heralded by the loud, distinctive ring tone, like the (usually non-diegetic) musical themes that Hollywood films associate with particular characters. Having first established the ring-tone with Yvonne's speech and behavior, it inter-textually links those together as it recurs in subsequent sequences. Indeed, the repetition works together with a formal exaggeration²⁰ of her style—the loudness of the ring-tone, the intrusiveness of the conversations, and the verbatim repetition of key lines in her story—to call attention to the performative value of the non-standard speech. This speech and its characteristics is something the show very much wants spectators to attend to.

To understand the meaning of language use in this episode it is necessary to return to the level of plot structure, thinking through how the four medical cases wrap up. Case #1,

involving the two pregnant white women, ends happily, as the surgical teams are able to deliver the babies and stabilize the mothers. So too does Case #2, that of the leg re-attachment, as the correct right leg is finally discovered, in time to be successfully re-attached. The central case of the black/white couple impaled on a pole ends sadly, but cathartically. Wise counsel and moral reasoning lead to a decision to sacrifice Bonnie, the younger, white woman (whose injuries were tragically severe), in order to save the life of Tom, the older, black man, and this heroic surgery succeeds. The episode ends with an equally heroic act of speech, as surgeon Derek Shepherd comforts Bonnie's fiancé, who has arrived too late, by saying falsely that Bonnie's last words were about him.

In dramatic contrast, however, Case #4, the case of the two black women with apparently minor injuries, ends surprisingly and catastrophically with the death of Yvonne. The fourth and final time that Yvonne's cell phone rings she fails to answer. Mary is alarmed, checks on her, and screams as Yvonne collapses in a heap. Dr. Karev calls frantically for help, and the show cuts to a circle of doctors and nurses feverishly working to revive Yvonne. Nurses inform us archly that Dr. Karev has missed signs of internal bleeding, which is now so severe that Yvonne is beyond saving. By focusing all his attention on Mary, Karev failed to consider whether Yvonne might have needed medical attention as well, thus violating a crucial principle of emergency triage.

While proximal blame for this tragic mistake is placed on the intern Alex Karev, responsibility is ultimately shifted to Yvonne, as the episode recuperates Karev. When the doctors give up on reviving Yvonne the show cuts to a shot of Karev sitting on a bench outside the hospital, head-in-hands, despondent, grappling with his ongoing sense of personal failure.

Just at this moment a miraculous ending to the leg-amputation case recuperates Karev, as a paramedic runs up and gifts him with the correct leg for the amputee. A cut takes us to the operating room, where Karev is helping the Chief finish the successful re-attachment surgery and receiving his praise. Whereas Karev ends the episode with a putative return to his mojo, the fate of the black women is left un-narrativized. Powerfully implied, but never stated explicitly, is that Yvonne's disruptive use of her cell-phone prevented the surgical staff from attending to her injuries – with catastrophic consequences. The semiotically powerful association the episode constructed between Yvonne's disruptive regime of language-use and the saliently black forms of language she deployed suggests a powerful message about what kinds of identity are encompassed in the putatively post-racial America race-blind casting constructs.²¹

Language and White Difference in *Grey's Anatomy*

The episode “Damage Case” (Season 2, Episode 24) from much later in the same season provides a revealing contrast to “Train.” “Damage Case” parallels the episode discussed above in thematizing patient speech that violates hospital norms of communicative behavior, but here, where the non-mainstream speech is located in white working class identity, the violation of norms is not figured to interfere with medical practice.

In sharp contrast to the paradoxical inaudibility of race in *Grey's Anatomy*, social class pervades the explicit plots and themes of the show. A striking (and strikingly implausible) number of the interns are represented as coming from the white working class (see Table 1, above), as three of the five focal surgical interns, George O'Malley, Alex Karev, and Izzie

Stevens, are characterized as emerging from poor families whose members are poorly educated and who fail to share mainstream values.

Working class surgeons speak normatively, as do all but one of the African-American characters, but their families bring with them extremely marked non-mainstream ways of speaking. Dr. George O'Malley's family, for example, appears in several episodes (up until the character's death at the end of season five), and in each such episode the folksy, simple, rural speech of his family is contrasted to the formal, educated, and professional talk of the prodigal son. Dr. Izzie Stevens' mother appears in Season Five, when Stevens has been diagnosed with cancer, and she appears as a loud-mouthed, trash-talking, sexually provocative woman.

In contrast to its treatment of the African-American characters, however, *Grey's Anatomy* does narrativize the family backgrounds of these white working class characters. Differences of white identity are treated with complexity and sympathy. In "Damage Case" language is thematized in ways that are strikingly similar to how the episode "Into You Like a Train" did so, but the relationship of language to medical outcomes and represented social identities is strikingly different.

This episode also focuses attention on non-standard language and non-normative ways of using language. The central medical plots involve a family of car-crash victims, and the young man who caused the crash. As word spreads that a load of badly injured car-crash victims would soon appear needing surgery, the emergency ward springs to life. The anticipated chaos

of blood, pain, and panic is realized through background sound, shot design, and an opposition of two kinds of speech.

The sequence begins, quite literally, with a bang, as the quiet banter of doctors is interrupted by the crashing sound of a gurney hitting a door, and the injured family members (Noah Reynolds (NR), his pregnant wife Melanie Reynolds (MR), her mother Betty Johnson (BJ), and her father Jim Johnson (JJ)) are wheeled in one by one. In the background we hear sirens, helicopter blades, people shouting, screaming, and squealing; we see frantic motion through a jittery and mobile camera. All of this motion and commotion is juxtaposed to the smooth and measured speech of the paramedics (PM) and surgeons (IS, CY, and MB), as they introduce the patients to the audience and to each other through the measured, controlled, systematized, formulaic announcement of vital signs and apparent injuries (markedly loud utterances are transcribed with **boldface** text; “?” indicates a pitch rise, not specifically a question):

Text 5. Damage Case – Introduction to the Hillbillies

((CRASH; sound of IS pushing gurney against door))

IS: 25-year old restrained driver?

Noah Reynolds?

((camera pans down to NR on gurney))

Vitals stable?

Chief complaint?

Right knee pain,

((camera dollies with gurney for a short while, then swish-pans up to MB))

MB: Ok, curtain three,

((camera swish pans back to next gurney, carrying MR))

MR: **Noah? You still alive?**

((cut to shot of NR))

NR: **I'm still alive baby,**

((camera dollies around NR as his gurney moves and turns))

my wife's side took all the impact,

((cut to jittery shot of IS listening to NR))

Her parents were in the other car,

Some jerk slammed into them,

And then they slammed into us,

IS: On three, one, two, three,

((cut to paramedic reporting on MR; audio cut noticeably prior to video cut; shot dollies with gurney, pans slightly to show CY then returns to close shot of paramedic))

PM: Twenty-two year old pregnant restrained passenger,

t-boned on her side,

prolonged extrication in the field?

bp 90 over 50, pulse in the 80s,

MB: Trauma room one,

((camera pans down to show MR))

MR: Trauma, no, I'm fine,

Really, you don't have to go to all that trouble,

Mercy no I am fine, really the airbags went off,

If you could just check on my baby, and the rest of my family, my husband--

Noah? You saw mama breathin, right?

And Daddy, where the hell's daddy, mama and daddy are still alive, right?

NR: **They're in the ambulance right behind us,**

MR: They're still alive, right?

CY: Please don't move ma'am,

MR: Mama and daddy, I need to know,

CY: Yea, I'll ask someone about-- mama,

MR: And daddy?

Much of Melanie Reynold's speech is strongly marked for working-class, Southern phonology and style – and the surgeons comment on it. In the sequence above Cristina Yang (CY) hesitates meaningfully before accepting MR's non-standard term for mother; MR replies with “And daddy,” insisting not only that the surgeon check on both her parents, but also on her own term for parents despite Yang's pointed disapproval.

The show's disapproval of working class, rural, and Southern speech crystalizes/condenses around such naming. MR's father, for example, is Jim Johnson, affectionately called “Big Jim” by everyone in the family. The intern Dr. George O'Malley, who also comes from a working-class background, pointedly resists adopting their usage. At one point he catches himself referring to him as ‘Big Jim’ to other doctors, and self-corrects with some embarrassment. Nonetheless, he reverts to the non-standard usage by the poignant climax of the episode.

The episode thematizes difference, constructed through language and language use. The wife and her (Southern, working-class) family speak in non-standard ways, violating the norms of the orderly, middle-class hospital space. The show repeatedly makes known – and subject to evaluation – the surgical staff's disdain for this family and their speech, encapsulated in their repeated reference to them as “hillbillies,” as in the following stretch of dialogue, in which the various family members (JJ, MR, NR, and BJ) continue shouting through the hospital

ward, trying to connect with each other, even as doctors (GO and CY) try to control their behavior:

Text 6. Damage Case – Hillbilly Speech

JJ: Get off,

Get off,

GO: Sir I need to clear your spine,

JJ: My spine is fine, and you can sew up my head later,

where's my girl,

(Smilly)?

MR: **Daddy?**

NR: **Jim?**

JJ: **Noah?**

BJ: **Mel?**

MR: **Mama?**

MB: ((aside)) The hillbilly picnic,

CY: Ok, could everybody shut up for a minute please,

I'm trying to find a fetal heartbeat,

Hold on,

MR: baby gonna be ok?

CY: Hold on,

The baby's heart rate is 152 and strong,

It's-- it's ok,

JJ: They're both good, they're good,

BJ: Ah, thank the lord, thank the lord they're all right,

A subsequent scene makes explicit the subordination of the family's discourse to that of the hospital. The case of the pregnant wife/mother/daughter, Melanie Reynolds, takes a surprising and dramatic turn. Originally appearing healthy enough to resist treatment and ask instead about her baby and parents (see Text 5 above), she suddenly crashes catastrophically while undergoing a routine CT scan, and the doctors discover that she's too injured to survive and decide to focus on saving her fetus. In the sequence transcribed below, Melanie Reynolds' mother, Betty Johnson, is present at her daughter's bedside, as the doctors are conferring among themselves about the daughter's case, her prospects for survival, how to save the baby, etc. Betty Johnson listens, as the doctors whisper, using their professional voices, but also excluding the mother, and she calls them on it:

Text 7. Damage Case – Engaged Mother

BJ: Y'all don't have to whisper,
I'm sittin right here,
I can hear you anyway,
She's my baby,
She's my little girl,
Big decision like this,
Goin back in
And sewin up her organs,
It's the kind of decision a mama ought to be involved in,
Y'know all her life she's asked me everything,
From what color dress she ought to wear to her kindergarten dance,
To what she ought to name her baby,
I'm her mama,

It's my job to have an opinion,
My job to have an answer,
So while I may not have an answer here,
I'm still her mama,
Y'all just don't have to whisper,

RW: All right,

What do you think, Dr. Bailey?

A poignant sequence involves the father's relation to language. When the driver of the car that caused the crash is wheeled in, also injured, the father—a large, beefy, powerful man in white undershirt—erupts in irrational and violent emotion, refusing treatment, running over the nurses and doctors attending to him, sending trays with medical utensils flying, threatening to strangle the driver. The staff manage – just barely – to restrain him, but the sequence establishes a deep empathy for the driver, later identified as Marshall Stone, which the show then elaborates.

Stone, who is visually Other (with Asian features), but linguistically Self (with completely standard speech), is revealed to be a surgical intern at the other Seattle hospital (Mercy West), similar to the familiar interns whose lives the audience participates in. The episode follows him as he discovers that he caused the accident because he fell asleep momentarily while driving home after volunteering for a long and difficult surgery after already having completed a 30-hour shift. The episode shows the interns empathizing with Stone as he contemplates his own guilt and the possible effects on his career and life. The climax comes when Stone asks to speak, and apologize to the bereaved family.

The apology, dramatized as the episode's climax, turns poignant when the wife/mother/daughter dies. The sequence begins, then, with Big Jim – earlier needing to be restrained from strangling Stone – approaching the room where Stone lies inert on his gurney. The driver speaks his apology, and the camera cuts to the looming father, lingering on his menacing hand as it stretches out toward Stone's neck, gradually coming to rest not on his throat, but on his shoulder, in a wordless communication of grief, acceptance, and forgiveness.

The scene is touching, but it's also telling. The episode recuperates white non-standard speech by subordinating it to normative speech. Betty and Jim Johnson are both folded into the mainstream of hospital communication structures – Betty by substituting listening for speaking, and Jim by substituting gesture for speech. The episode ends in an explicit consideration of these themes, as surgeon George O'Malley (GO) listens to the about-to-be-bereaved husband's (NR) story:

Text 8. Damage Case – Orphaned Husband

GO: ... Has anyone talked to you about your wife?

About what's happening?

NR: What's happening, uh,

I can't really wrap my brain around what's happening,

you know I'm from here, uhuh, Seattle,

And I go away to college and come back married to this big-hair, drawlin, southern girl,

And everyone I know thinks I'm crazy, but I love her, and I just, I love her, and uh,

What's happening, is that my big-haired southern girl might be dying,

And I can't think about that, you know

I need to think about something else,

You know that doesn't matter so much,
That doesn't have me burying my 22-year old wife, and baby,

The episode ends with a return to the theme of “damage” in its various manifestations. The framing narrative – of Meredith Grey’s love relationships – proceeds with Meredith and Finn overcoming emotional damage (Meredith’s father abandoned her, and Finn’s mother and wife died of cancer) to embrace each other. Similarly, the episode gives us to understand that the Mercy West intern, Stone, now wiser and forgiven, can proceed with his career, and that Noah Reynolds, now unburdened of his burdensome big-hair family, can indeed raise his baby even without its mother.

The language differences, though problematic at first, are overcome, in part through silence – the mother’s satisfaction with silent inclusion in the medical discourse, the father’s silent acceptance of Stone, and the wife’s now-silent inclusion in the husband’s/child’s future life. Interestingly, the show suggests a link between Melanie Reynolds’ tragic outcome and her body’s failure to speak its symptoms. The episode’s dramatic tension stems from the late and surprising discovery of catastrophic injuries, seen on MRI, that had gone undetected because adrenaline had masked them. Non-standard speech, when it is white, is problematized but ultimately recuperated in the show as part of the explicit thematization of class and regional differences in American (urban) society.

Performing Blackness

This paper has argued that the language of dialogue in *Grey's Anatomy* subverts the apparently progressive image of racial diversity superficially represented through Shonda Rhimes’ celebrated practices of race-blind casting. When characters construct themselves as Black

(allowed primarily through language), they are punished. Parallel constructions of non-mainstream white identities, also constructed through language, are incorporated rather than punished, thus reinstating the white/black hierarchy that post-racial society claims to have eliminated.

One character, however, proves the rule: Dr. Miranda Bailey is a short-but-large, black female surgeon, whom the show presents as a rigorous, principled, skilled surgeon, teacher, and mentor. Bailey is a kind of Mammy figure, both in physical appearance and characterization. Like the archetypical Mammy from *Gone with the Wind* (Victor Fleming and George Cukor, 1939) and more recent instantiations, like Octavia Spencer's portrayal of Minnie in *The Help* (Tate Taylor, 2011), Bailey is asexual, loud, brash, always morally and technically correct, authoritative, and pedagogical. And she alone of the regular African-American characters in the show, speaks with identifiable black rhythms, sounds, and (sometimes) words.

In *Train*, Bailey makes a dramatic and to this point in the series unprecedented entrance, as a woman, and linguistically as a Black woman. The interns had been drinking and relaxing in a bar when summoned back to handle the trauma from the train wreck. Sound and image combine to call special attention to Bailey's entrance – treating her in classical Hollywood fashion as a sexualized object of gaze. The ongoing banter of the interns is interrupted by background music: a tinkling melody that begins with a dramatic clang foreshadows the upcoming crash of gurney-into-door that signals the onset of chaotic trauma action in the emergency room. The camera dismembers and fetishizes Bailey's body, cutting on the aural clang to a shot of her high-heeled feet (Figure 1) and coordinating the tinkling rhythm of the non-diegetic music to the tapping of her heels on the floor as she walks. The camera then pans

up her body to show her torso (Figure 2), then follows her and the gaze of the interns on her (Figure 3).



Figure 1. Fragmenting the body of Dr. Miranda Bailey (“Into You Like a Train”).



Figure 2. Camera pans up the body of Dr. Miranda Bailey.



Figure 3. Camera and Interns gaze at Dr. Miranda Bailey’s body.

Her dialogue then comments on this gaze:

Text 9. Miranda Bailey – Falsetto

MB: What are you lookin at,

Bailey's utterance is marked as Black, perhaps most saliently by her use of falsetto voice register as shown in Figure 4, which plots the pitch of her voice over the course of the utterance. Peaking at 450 Hertz, this phrase is uttered much higher in MB's range than are her normal utterances.

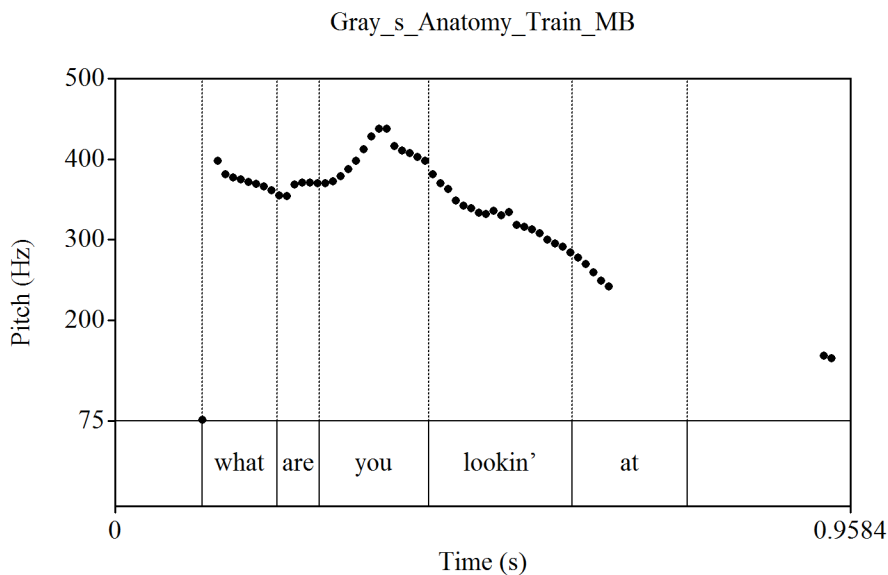


Figure 4. Pitch Track Showing Falsetto Register in Miranda Bailey's Utterance.

Bailey is a pivot character. She is a resident surgeon, so senior to the focalized interns, but she is their supervisor, teacher, and mentor. She is not personally involved in the romantic plots that envelop all the other interns and senior surgeons,²² but she stands in judgement of them. The show originally introduces her to the interns as "The Nazi," generating surprise among

characters and viewers when the Nazi turns out female and black.²³ And she alone is given to code-switch, pivoting not only between the represented world of black and white identities, but also between the fictionalized racial presence of *Grey's Anatomy* and the reality of its relation to real-world racial relations.

The series only occasionally narrativizes Bailey's own story. By Season 6 we know that Bailey was married, has a child, and got divorced, but the emerging sub-plot of her dating a co-worker unfolds awkwardly. Similarly, the series allows only the briefest of snippets about her experience of race. In Season 6, for example, we are shown a flashback sequence that suggests an early mentorship relationship with now-Chief Surgeon Richard Webber, and that also alludes to a context of racism that bound her and Webber together. But the show allows this character to fully speak neither as a woman, nor as a Black woman, but only to code-switch between relatively standard and relatively Black forms of language. The pattern of switching seems not to construct a durable Black identity or space, but rather to be an emblem of her own style, performed more often in conversation with white characters than with black characters. As such it constitutes one more way that *Grey's Anatomy* denies black identity its agency.

¹ See, for example: Donald Bogle, *Toms, Coons, Mulattoes, and Bucks: An Interpretive History of Blacks in American Films* (New York: Continuum, 2001); Gerald R. J. Butters, *Black Manhood on the Silent Screen* (Lawrence: University Press of Kansas, 2002); Lester D. Friedman, ed., *Unspeakable Images: Ethnicity and the American Cinema* (Urbana: University of Illinois Press, 1991); Robert Stam, *Tropical Multiculturalism: A Comparative History of Race in Brazilian*

Cinema and Culture (Durham: Duke University Press, 1997); Matthew W. Hughey, *The White Savior Film: Content, Critics, and Consumption* (Philadelphia: Temple University Press, 2014).

² See, for example: William Labov, *Language in the Inner City: Studies in the Black English Vernacular* (Philadelphia: University of Pennsylvania Press, 1972); John Baugh, *Black Street Speech: Its History, Structure, and Survival* (Austin: University of Texas Press, 1983); John R. Rickford and Russell J. Rickford, *Spoken Soul: The Story of Black English* (New York: John Wiley, 2000).

³ See, for example: Rick Altman, "The Material Heterogeneity of Recorded Sound," in *Sound Theory, Sound Practice*, ed. Rick Altman (New York: Routledge, 1992), 15-31; Laura Martin, "Language Form and Language Function in *Zoot Suit* and the Border: A Contribution to the Analysis of the Role of Foreign Language in Film," *Studies in Latin American Popular Culture* 3 (1984): 57-69; Sarah Kozloff, *Invisible Storytellers: Voice-Over Narration in American Fiction Film* (Berkeley: University of California Press, 1998); Sarah Kozloff, *Overhearing Film Dialogue* (Berkeley: University of California Press, 2000); Rosina Lippi-Green, "Teaching Children How to Discriminate: What We Learn from the Big Bad Wolf," in Rosina Lippi-Green, *English with an Accent: Language Ideology and Discrimination in the United States*, (New York: Routledge, 1997), 79-103; Daniel Lefkowitz, "Dialects in the Movies: Intonation, 'Oral Tradition,' and Identity in Chris Eyre's *Smoke Signals*," *Texas Linguistics Forum* 43 (2000): 129-140; Daniel Lefkowitz, "On the Relation Between Sound and Meaning in Hicks' *Snow Falling on Cedars*," *Semiotica* 155-1/4 (2005): 15-50; Barbra Meek, "'And the Injun goes 'How!': Representations of American Indian English in White Public Space," *Language in Society* 35 (2006): 93-128; Mary Bucholtz, "Race and the Re-Embodied Voice in American Film," *Language and Communication*

31, no.3 (2011): 255-265; Mary Bucholtz and Quiana Lopez, "Performing Blackness, Forming Whiteness: Linguistic Minstrelsy in Hollywood Film," *Journal of Sociolinguistics* 15, no.5 (2011): 680-706; *inter alia*.

⁴ http://www.imdb.com/name/nm0722274/awards?ref =nm_awd.

⁵ It is interesting to note that—other than the main character, Meredith Grey—the show tends to provide little information about the family background of the mainstream white and the African-American surgeons, but repeatedly focalizes family back-stories about the working class origins of surgeons Alex Karev, George O'Malley, and Izzie Stevens.

⁶ Such "inheritance" is made explicit in the case of the lead character, Meredith Grey, who is positioned as the daughter of a legendary (and ground-breaking) female surgeon, Ellis Grey. This theme is extended further late in the 3rd season, when Meredith's half-sister (Dr. Lexie Grey) becomes a surgical resident, and again in season 6 when one of the residents turns out to be the grandson of a world-famous surgeon who shows up at the hospital for medical treatment.

⁷ Statistics for physicians in the city of Seattle may differ from the data presented here for the entire state of Washington. Hospital staffs in Seattle may be much more diverse than in other regions of the state, but the diversity of surgeons is likely much lower than the referenced statistics on physicians more generally.

⁸ Source:

<http://www.seattle.gov/dpd/cityplanning/populationdemographics/aboutseattle/raceethnicity/default.htm>.

⁹ Source: Wei Yen, "Washington State's Practicing Physician Workforce—Capacity and Characteristics," Research Brief #058 (Washington State Office of Financial Management, Washington State Health Services Research Project, 2010), 2 (based on 2008 data).

¹⁰ An episode toward the end of season 6 gently hints at racial and gendered prejudice through flashback scenes representing the cross-race love affair between Ellis Grey and Richard Webber, but here too racial aspects are subordinated to those of gender, and both are treated indirectly.

¹¹ Source: <https://www.youtube.com/watch?v=66H05pycXZ0>.

¹² See Sarah Kozloff, *Invisible Storytellers: Voice-Over Narration in American Fiction Film*, (Berkeley: University of California Press, 1998) for a clear explication of the power behind filmic voiceover narrations. Other characters are sometimes given turns at these framing voiceover narrations, but these are rare deviations from the central role played by Meredith Grey.

¹³ See Table 1, above, for a list of the codes identifying speaking characters in the transcripts. Ellipses mark points where the episode inserted brief dramatized sequences into the voiceover narration.

¹⁴ *Grey's Anatomy* is also strikingly monolingual for the plurilingual setting of Seattle, WA. Spanish appears in a cloaked way In Season 5, Episode 20, "Sweet Surrender," when surgical resident Callie Torres confronts her father, Carlos, who has demanded that she return home to Florida (due to her lesbian relationship with another surgeon). He threatens to cut off her trust fund. They are shown arguing in Spanish, but from a vantage point of behind a glass wall. We are given to hear that it is in Spanish that they're speaking, but we are not given to understand

(or even not understand) any of the words. Even her subsequent summary of her conversation to another character is oddly perfunctory, as if the Spanish words didn't really count for much.

¹⁵ This case provides some comic relief by repeating a sequence of finding a shorn leg, only to discover that it doesn't belong to the patient (a second left leg is the first option, followed by a woman's leg, etc.

¹⁶ The exclusion of the leg amputee is warranted on several grounds. It stands out as a case involving an individual, rather than a couple, and seems to function primarily as comic relief. We learn little about this patient, in contrast to the considerable insight into the personalities, histories, and identities we are given for the other three cases.

¹⁷ This case also differs from the impaling case in that the show provides no last names for Mary and Yvonne.

¹⁸ See: Elaine E. Tarone, "Aspects of Intonation in Black English," *American Speech* 48 (1973), 29–36; Geneva Smitherman, *Talkin and Testifyin: The Language of Black America* (Detroit: Wayne State University Press, 1986); Chantal Paboudjian, "Sociocultural Influences and Prosodic Variations," *Journal of Pragmatics* 43 (2011): 1912–1928, *inter alia*.

¹⁹ Judith Irvine and Susan Gal, "Language Ideology and Linguistic Differentiation," in Paul Kroskrity, ed., *Regimes of Language: Ideologies, Politics, and Identities* (Santa Fe: School of American Research Press, 2000), 35–83.

²⁰ Greg Urban, "The Semiotics of Two Speech Styles in Shokleng," in Elizabeth Mertz and Richard J. Parmentier, eds., *Semiotic Mediation: Sociocultural and Psychological Perspectives* (Orlando: Academic Press, 1985): 311–329.

²¹ Eduardo Bonilla-Silva, "The Structure of Racism in Color-Blind, "Post-Racial" America," *American Behavioral Scientist* 59, no.11 (2015): 1358-1376.

²² Myra Washington, "Interracial Intimacy: Hegemonic Construction of Asian American and Black Relationships on TV Medical Dramas," *Howard Journal of Communications* 23, no.3 (2012): 253-271.

²³ Amy Long, "Diagnosing Drama: *Grey's Anatomy*, Blind Casting, and the Politics of Representation," *Journal of Popular Culture* 44, no. 5 (2011): 1067-1084.