

THE METAPHOR AS THE CONCEPTUAL AND DIDACTIC TOOL IN MEDICAL
ENGLISH

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Isanova Visola

JDPU, Uzbekistan

Abstract: *The analysis of metaphors in medical English has a double challenge: the transmission of knowledge, know-how and interpersonal skills, is accompanied by an awareness of phenomena related to the body, to illness, to professional practices. The strength of metaphor comes from the fact that it speaks directly to the senses and conditions conscious or unconscious habits. Damasio [2013: 281-282] regrets that education does not sufficiently take into account the non-conscious processes that nevertheless determine our way of life, if only, for example, our eating habits. The use of metaphor in medical English is part of an approach that aims to make visible representations that sometimes escape consciousness and to make good use of them.*

Keywords: *medicine, medical terminology, metaphor, ESL, conceptualization*

Cancer is scary: experienced as an invasion to be fought with a battery of heavy weapons, a sneaky and always threatening enemy, to be eradicated urgently, it is gaining ground a little more each day. He amazes. The patient ends up capitulating and leaving it in the hands of experts. Elsewhere, as a counterpoint to the hyper-technical nature of current medical language, metaphor is a key in the patient/therapist exchange; ignored or negative, it can induce attitudes of refusal; contextualized and adapted, it can lead him, in the best of cases, to a reappropriation of an imaginary body and its potential through poetry. The specialist language course helps to decode, for example, the metaphor borrowed from the art of war in the art of healing ("Medicine is War" [Hodgkin 1985]). The exploration of this mental space involves considering the contextual and conceptual fabric of care practices. The metaphor then becomes a didactic tool and deploys, in the "constitutive vagueness" of new beliefs, "all its potentialities, whether cognitive, didactic, dialectical, social, terminological or aesthetic" [Jamet 2009: 341]. Our analysis is based on differences in approach between so-called Western medicine (based on opposition) and traditional Chinese medicine (based on integration). In the background, a metaphorization of the world relative to each individual is revealed, inscribed in the collective imagination of a given space-time. It is important for the medical student to be aware of this in order to better understand their future patients. If the disease is not a metaphor, the metaphor inevitably defines the disease. Susan Sontag opened the way to deciphering suffered metaphors:

The medical English course is one of the possible places, not only for the elucidation of metaphors, but also for their assimilation in a creative game for therapeutic purposes. A questioning tool, the metaphor allows a critical approach to practices, a better understanding of multicultural contexts, and it can contribute to developing a holistic vision of the human being.

Much more than a simple rhetorical figure or "language spare wheel" [Jamet 2009: 98], metaphor reveals a fundamental process in our apprehension of reality: "For this reason, we have postulated that the defining characteristic of man was rather this capacity for metaphorization than the mere propensity for language, which exists in animal species" [Jamet 2009: 341]. Beyond words and the language system, we felt it was appropriate to explore, through metaphor, what underlies medical reality. In medical English – that is to say, in English useful to doctors but also to all health practitioners – it is essential to contextualize the speeches to understand concepts as banal in appearance as those of the body and the disease ; however, these are not even understood by all in the same way: "The body seems self-evident but ultimately nothing is more elusive.

Thus, in the West, the interest taken by medicine in the body and in disease ended up supplanting that taken in the patient: "It [medicine] remains faithful to the Vesalian heritage, it is interested in the body, in the illness, not to the sick" [Le Breton 2011: 14]. Medical English must take into account the multicultural and yet eminently personal roots of the discourses that preside over the therapeutic exchange. It can help students to enter into a complex thought where the interweaving of mechanisms, factors and singular phenomena is recognized. The contributions of anthropology, psychosociology, literature as well as those of neurosciences, help to understand what is at stake in the verbal and the non-verbal of the patient-therapist encounter. The metaphor, object of study in these various disciplines, makes it possible to grasp what founds this exchange and reveals ways of doing and being on which the student, future therapist, can wonder.

The example of cancer, a multifactorial disease, shows the complexity of the pathogenic agents at the origin of the evil and the random nature of certain treatments which defeat a linear causal thought: "Medicine is that of the body, it is not medicine for man, as in Eastern traditions for example" [Le Breton 2011: 15]. The metaphorization of the body and the disease can invite us to rethink the increasingly sophisticated and high-tech practices of our modern societies whose current failing is to reify the human being: "The direction that modern technology has taken and is continuing to pursue – towards ever greater size, ever higher-speeds, and ever increased violence, in defiance of all laws of natural harmony – is the opposite of progress" [Schumacher 1999: 129]. A work on metaphor then comes to fill the missing part of humanity in increasingly fragmented medical studies that move away from the human being-subject; the disjunction of specialties in education contributes to creating a health system perceived as "totalitarian":

[...] by becoming techno-scientific, medicine has moved away from its clinical site in favor of technological, pharmaceutical and industrial sites. This “industrialization” of health is the greatest risk that our civilization is currently running: the human being transformed into “living matter” and the reified subject into a commodity. [Gori-Del Volgo 2005: 82] In medical English, the errors and simplifications of our representations can be discussed, and new reading grids can be introduced to put the person back in his environment in order to think about him in interaction with it. Indeed, the therapeutic relationship, like the educational relationship, is based on a co-construction of the meaning specific to given situations.

The metaphor, as we understand it here, includes any image related to the body or to the disease filling the semantic void of the patient-therapist relationship in a gap that can be deleterious or salutary. In this, we follow the fairly broad definition given by Daniel Jacobi: “[...] the word 'metaphor' can only be understood in a very broad and rather vague sense of summoning up a set of resources with a metalinguistic vocation drawing on the analogous and the comparable” [Jacobi 2008: 282]. The bodies, the disease, are just as much part of a collective imagination as of an individual imagination anchored in this collective: There is no more human nature than the nature of the body, but a condition of man implying a bodily condition changing from one place and one time to another of human societies. [...] There is something infinite in the human invention of caring for and interpreting the body. Human societies construct the meaning and form of the universe in which they move. And the limits of man's action on his environment are first of all limits of meaning before being limits of facts. [Le Breton 2011: 19]

Western medicine is experienced by many patients as being aggressive in contrast to other so-called “soft” medicines. Words like “cancer” are frightening because Western medicine is a fighting medicine that fights, as evidenced by the title of Paul Hodgkin's article “Medicine is War: and other metaphors” [Hodgkin 1985: 1820-1821]. A doctor himself, the author realizes that his practice of medicine is invested with a military language: “A meatier medical metaphor is “medicine is war”: “The language that we use about our role as doctors is cast almost entirely by this metaphor and military images also appear in every aspect of medical language and jargon”. Very significant examples are given in his article: *It's an overwhelming infection; she's got an infiltrating carcinoma; the body's defenses; he's having a heart attack; Killer T cells; we must treat him aggressively and use everything in therapeutic armamentarium; we've wiped out smallpox; go to casualty and the house officer will deal with you.* [Hodgkin 1985: 1820-1821]

It has been shown that the chances of recovery are higher if the patient is an active and participative subject; yet in this war against disease, it tends to disappear under the effects of a double attack: that of the disease but also that of the treatment against the disease. The metaphor of war in medicine is based on a concept described by Lakoff and Johnson and taken up by Andrew Goatly: “Disease is invasion” in the

category of metaphors of power [Goatly 2007: 49]) in connection with "Activity is fighting [Goatly 2007: 73] in which action, struggle and victory are valued. What happens in case of failure asks Payer [1989: 133]: "if a patient gets worse following chemotherapy, that patient is said to have 'failed' chemotherapy". At least, in English, the patient remains the grammatical subject of the sentence, whereas the French translation eliminates it or makes it only a complement: "Chemotherapy has failed (on him)". Sontag [1978: 64] denounces this way of seeing disease: The understanding of cancer supports quite different, avowedly brutal notions of treatment. (A common cancer hospital witticism, heard as often from doctors as from patients: "the treatment is worse than the disease"). There can be no question of pampering the patient. With the patient's body considered to be under attack ("invasion"), the only treatment is counterattack. [Sontag 1978: 64]

This study ends with the idea that ultimately, more than metaphor, it is metaphorization that matters as a dynamic process underlying all discourse, including medical discourse. The language/culture teacher can only be interested in what underpins the resulting professional attitudes and practices. It seems, indeed, that we cannot escape the metaphor. Considering it allows you to grasp what motivates it and, if necessary, to emancipate yourself from it when, in the collective imagination, it insidiously dominates, or, on the contrary, to play with it through the individual imagination to influence favorably the course of a disease for example. A conceptual tool, the metaphor helps to grasp beliefs; didactic tool, it elucidates them.

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