

RESEARCH ARTICLE

Metaphtonomies of Pain Conceptualized by Lubukusu Speakers in Doctor-Patient consultation

Wakoko Makarios Wanjala¹, Benard Angatia Mudogo² 🖂 and John Kirimi M'raiji³

¹Lecturer of Linguistics, Kibabii University, Kenya

²³Lecturer of Linguistics, Masinde Muliro University of Science and Technology, Kenya

Corresponding Author: Benard Angatia Mudogo, E-mail: dmudogo@mmust.ac.ke

ABSTRACT

This paper reports on the findings of a study that focused on the use of metaphtonomies of pain in Lubukusu and investigated the main attributions that are attached to patients' expression of pain during doctor-patient consultation. Data of the study were drawn from Lubukusu patients' pain metaphors that served as units of analysis. The Metaphor Identification Procedure (MIP) was used to select the expressions. The data analysis focused on the representation of pain through the examination of the meanings. From the data collected, three categories of metaphtonomies of pain emerged. These were; Direct Metaphor Related Words based on the Sense of Touch or Tangibility, Direct Metaphor Related Words based on the sense of Abstractness or Intangibility, and metaphor-related words. Further, it was revealed that communication mismatches occur in instances where the consultation between a non-native doctor and Lubukusu-speaking patients involved metaphors of pain. Given this, there is a need for medical practitioners and stakeholders to engage language scholars on how to address the potential gaps in healthcare discourses.

KEYWORDS

Lubukusu; pain; metaphtonomies; cognition; doctor-patient consultation.

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1. Introduction

This study utilized the Conceptual Metaphor Theory (CMT) to investigate the conceptual representation of pain in a bilingual setting. The aim is to use linguistic data as evidence in order to establish how the emotional concept of pain is conceptually represented in doctor-patient consultations. The study explored whether inferring conceptual representations from linguistic evidence may shed any new light on whether or not there exist communication gaps in intercultural health-related communication. This is anchored on the contention that pain is a corporeal emotion that is associated with medical discourse. Given this, patients may conceptualize pain in the form of metaphors when seeking treatment. However, the question arises as to whether the metaphorical expressions can be well comprehended by the doctors who do not share the same language and culture with the patients expressing the pain. It should be noted that mutual patient-doctor understanding is crucial for communication and subsequent cognition. The lack of mutual understanding precipitates a breakdown in communication because of mismatches in cognition.

We utilized spoken discourse on three terminal illnesses; HIV and AIDS, Cancer and Diabetes among Lubukusu-speaking patients. Lubukusu is one of the varieties of the Luhya language group spoken in Western Kenya. We ignored Lubukusu's written expressions that may be in such contexts and only focused on the oral linguistic units used in the expression of painful emotions. In terms of content scope, this research confined itself to metaphors of pain much as one can study other abstract concepts like anger, fear, and sadness (Esenova, 2011) and love for the case of Gathigia (2014). For instance, it was demonstrated by Esenova (2011) that English speakers use physical domains in their understanding of anger, fear, and sadness. On the other hand, Gathigia (2014) established that conceptual mappings, vital relations, and image schemas were vital in the understanding of the conceptualization of love among Gikuyu speakers. It is therefore imperative to note that the present study will concern itself with a unique corporeal

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emotion different from what other researchers have done. Although there is a large body of research on emotion metaphors, much remains unknown in this conceptualization of pain.

1.1. Metaphors in medical discourse

The significance of medical consultation as a communicative activity in the cognitive domain should be underscored. Sharf (1993) posits that doctor-patient consultation is significant because all human beings interact with health professionals, encounter health-related messages in the media, and have endured illness or witnessed a family member undergo a life-threatening illness. Initially, health literacy concentrated on meeting targets of members of audiences, but it has increasingly turned its focus on enabling informed individual choice (Sharf, 1993). Therefore, health consultation has now become more functionally prominent, more empirical, and a more strategic gradient of public health programs.

Health discourse is unique in the sense that health as a practice is highly specialized. Health practitioners spend long periods of time studying how to investigate and treat patients in the best way possible. According to Kariuki (2005), most Kenyans, especially the older generation, are either semi-literate or illiterate. Kariuki further asserts that the so-called bilinguals have very low proficiency in English and Kiswahili. Although most communities have traditional medicine, the present study is only concerned with modern medicine as it is practiced in established health institutions. This makes it unique for most of the patients who seek services in these institutions.

Pain, which is an abstract entity, is an emotion that affects patients suffering from different ailments. It is difficult to comprehend such an emotional abstraction without conceptualizing it in metaphors. Furthermore, Kövecses (2002) postulates that emotions are par excellence target domains in Cognitive Linguistics and are primarily understood by means of metaphor. In this regard, a study of metaphors of pain in the present case gives insights into how this corporeal emotion is conceptualized by native Lubukusu speakers when they seek health services

Pain is a complex emotional state which is only personal to the person experiencing it. Language is generally viewed as a subset of culture; this, therefore, follows that pain would be conceived and perceived differently by speakers of different languages and speech communities. Although various theories provide a roadmap for the understanding of emotions, they still remain inadequate in illuminating how metaphors will be comprehended more precisely by speakers of a given language, Lubukusu, in the current research. The current study was geared towards establishing what is unique in how Lubukusu speakers conceptualize the corporeal emotion of pain.

Patients, caregivers, and health care workers often employ metaphor power as an expressive language tool, yet its wrongful use can mislead and confuse those involved and lead to undesirable emotional responses and other negative health outcomes (West et al., 2014). Similarly, Ortony & Fainsilber (1987) espouse the view that literature on how emotions are expressed points to a considerably high incidence of the application of language metaphorically. They provide pragmatic reasons for believing that the context of emotional expression may be a profitable one within which to study metaphor production. They argue that emotional states appear to be compatible with set out goals because they tend to have an indefinable, brief quality that is difficult to describe using literal language. Consequently, it is more practicable for a person to label an emotional state as, for instance, 'pain,' but it is difficult to describe literally the quality of a specific 'experience of pain' because emotions vary in duration and intensity. In addition, it is not easy for emotions to be measured.

There was a need, therefore, to establish whether or not there are metaphtonomies of pain in Lubukusu in the light of patient and non-native doctor medical consultation. Determining the nature of metaphtonomies in Lubukusu was also essential. This endeavor was geared toward contributing to the existing knowledge reservoir in the theory and practice of Cognitive Linguistics under the bigger branch of Applied Linguistics by looking at how people conceptualize corporeal experiences. The study, therefore, examined conceptual metaphtonomies of pain in Lubukusu. It is noteworthy that the Lubukusu language and culture are unique in the sense that emotions are conceptualized differently from other cultures.

2. The Conceptual Metaphor Theory

The primary tenet of Conceptual Metaphor Theory (CMT) is that metaphors are a matter of thought and not merely of language. Hence, the term conceptual metaphor. Conceptual metaphors typically employ a more abstract concept as a target and a more physical concept as their source. In cognitive linguistics, the conceptual metaphor or cognitive metaphor refers to the understanding of the idea, or a conceptual domain, in terms of another.

In Lakoff & Johnson (1980), we establish that conceptual metaphors are seen in the language in our everyday lives. They are used to shape human communication in profound ways and also affect the way people think and act. Lakoff & Johnson (1980) posit that our everyday language is filled with metaphors that are applied without being noticed. A common example is 'ARGUMENT IS WAR'. This metaphor shapes language in a way we view argument between two people as war. Pain is always subjective. Each

individual learns the application of the word through experiences related to injury in early life. Pain is that experience that we associate with actual or potential tissue damage. It is unquestionably a sensation in part or parts of the body but is also always unpleasant and, therefore, also an emotional experience. Pain is always a psychological state, even though we may well appreciate that pain most often has a proximate physical cause (IASP, 1979, p.250). Esenova (2011) utilized the CMT in the study of anger, fear, and sadness in an English monolingual setting. The same theory will be utilized in the proposed study to analyze metaphtonomies of pain in Lubukusu but in a bilingual setting. The doctors in this particular case are not speakers of Lubukusu.

In the reviewed literature, Ansah (2011), Guthigia (2014), Nyakoe (2015), and Mudogo (2019), the CMT has been utilized in analyzing metaphors that affect domains away from the health sector like love, fear, anger, and sadness. The proposed study will, on the other hand, utilize Conceptual Metaphor Theory to analyze emotion metaphors that fall within medical discourse. There are three types of pain that have been recognized by healthcare providers: acute, chronic, and cancer-related pain. All of these were analyzed using the Conceptual Metaphor. For this reason, this theory will be utilized in the identification and categorization of metaphtonomies of pain as conceptualized by Lubukusu patients for objectives one and two of the study.

3. Methodology

The current study on the metaphoric conceptualization of pain utilized the analytical research design. Cresswell (2002) posits that the process of analytical design goes further beyond merely collecting and presentation of data in the form of tables. Nurses were engaged in a role-play of doctor-patient consultations in Lubukusu to bring out a reflection on their experiences with terminally ill Bukusu patients in their medical care. Bukusu medical practitioners were in a position to present better places to mirror the health and healthcare concerns and experiences of their regular patients and would attempt to emulate their expectations in a similar way, including the communicative behaviour during the medical consultation (Basweti (2018). The motivation for the simulated scenarios in the study was to bring out appropriate data which would not be inhibited by aspects of confidentiality as required by law.

The study focused on Lubukusu speakers and corpus as the salient units of analysis to constitute the selected metaphors elicited during simulation. The speakers, in this case, were the Simulated or Standardized Patients, all of whom were medical practitioners.

4. Results and Discussion

This section analyzes examples of pain metaphtonomies terms as conceptualized by Lubukusu-speaking patients. It is important to investigate whether meanings are imposed, negotiated, or struggled over.

4.1 Metaphtonomies of Pain as Conceptualized by Lubukusu Speaking Patients

The main objective was to establish metaphtonomies of pain as conceptualized by Lubukusu-speaking patients. From the data collected, two categories of metaphtonomies of pain emerged. These were; Direct Metaphor Related Words (MRWs) based on the Sense of Touch or Tangibility and Direct Metaphor Related Words (MRWs) based on the Sense of Touch or Intangibility. However, there was also a need to include metaphor-related words used by the patients in medical discourse, which formed the third category.

The three categories are analyzed in detail based on their implications for health communication. The analysis of the metaphtonomies was based on Lakoff & Johnson's (1980) CMT, which a conceptual phenomenon is involving a mapping relation between two domains that are designated as Source Domain (SD) and the Target Domain (TD). Normally, the SD is the physically occurring item existing in the daily environment of the speaker, while the TD is the abstract member that can only be understood or conceptualized on the basis of the characteristics of the more concrete member.

4.2 Direct Metaphor Related Words (MRWs) based on the Sense of Touch or Tangibility

The first category of metaphors that emerged from the data collected was based on Direct Metaphor Related Words based on the sense of touch or tangibility. In this category, the source domain (SD) is a familiar concrete object, while the target domain (TD) is the abstract member.

NO	LUBUKUSU	GLOSS
1	Buchuni esindani	Pain is a needle
2	Buchuni kumulilo	Pain is fire
3	Buchuni buli ne bukusi	Pain is expensive
4	Buchuni liisa	Pain is a caterpillar
5	Buchuni omueyi	Pain is a prostitute
6	Buchuni kumubano	Pain is a knife
7	Buchuni kamaarara	Pain is hailstones

Table 1: A table showing Direct Metaphor Related Words (MRWs) based on the Sense of Touch or Tangibility

Tangibility refers to the extent to which the senses can perceive an object, especially the sense of touch. Therefore, the direct MRWs are easily identified and discerned by the sense of touch. The table below gives an outline of Lubukusu's metaphors of pain basis on concreteness.

The pain was correlated with DMRW based on tangible Source Domain by appropriately using the clinical signs presented by the party in pain or through the application of accurate diagnostic equipment. The following data were analyzed;

As revealed in Table 1, the pain was correlated with DMRW based on tangible Source Domain by appropriately using the clinical signs presented by the party in pain or through the application of accurate diagnostic equipment. The following data were analyzed;

Example 1

Patient 1. Kumubili kulumaka busa khukhali khuumaka ta. Oli namung'awe nakilakholanga eyiika nende kamake. Khulimila khulala khulala. Kumubili kwekela busa oli liresi. Walunabe biosi khubwene. BUCHUNI KHUKONA MWIRESI

(The body itches and itches some more. The itch is similar to the bite of a red ant. It digs and again. The body becomes like a termite nest. PAIN IS SLEEPING IN A TERMITE NEST).

In example 1 above, the patient is explaining to the doctor the state of her health. She compares her feeling of pain to SLEEPING IN A TERMITE NEST. This feeling can also reveal in Stefanowitch, as cited by Esenova (2011), when the author talks about the dangerous animal metaphor while arguing that there is a conceptual link between the source domain of the WILD ANIMAL and the target domain of FEAR. The WILD animal metaphorical mapping is therefore mapped onto the ontology of FEAR. For the present case, the Source Domain is the DANGEROUS ANIMAL (TERMITE), while the Target Domain is pain.

The same scenario was related by the Nurse when she compared the pain to a spear, as illustrated in example 2 below;

Example 2;

Patient 2: Yaya wange, esese ouka busa oli bachonwake nabechile nende kamafumo banja khuunaka. Barusia besiamo. Burafu tu. BUCHUNI LIFUMO

(My dear brother, when you look at me, you will imagine that the enemy attacked me with spears. They were piercing and removing. It is painful. PAIN IS A SPEAR).

Patient 2 uses a tangible metaphor of SPEAR when talking about pain. To patient 2, the pain is like being attacked with a spear by the enemy. In his investigation of the metaphors of ANGER, Esenova (2011) also found out that speakers of English used metaphors of tangibility when talking about the feeling of ANGER. It demonstrates how various portrayals of the CHILD, the source domain, help to capture the various ontologies of ANGER in the target domain.

The conceptualization by patient 2 can be represented as below;		
SOURCE DOMAIN TARGET DOM		TARGET DOMAIN
Spear		Pain
The shield		Doctors help

The two incidences above in our study indicate the ways in which a spear is conceptualized in the folklore of Babukusu. Anytime you see a warrior with a spear, it would always be accompanied by a shield; in our case, the shield would be the various interventions that a doctor puts in place to reduce the intensity and duration of pain experienced by the patient.

Example 3;

Patient 1: Buchumi kumubano (Pain is a knife).

In PAIN IS A KNIFE, the ontology of the cutting action of a knife is mapped onto the target domain of PAIN. In the native Bukusu culture setup, the circumcision knife is said to be the sharpest cutting implement that exacts the most pain. This fact is recorded in songs and chants of traditional folklore; this, therefore, gives the impression that pain, like circumcision, is a ritual that requires an elaborate ceremony. It has to have witnesses and a celebrant. The pain of a knife cannot go unnoticed because it is a serious communal pain. For instance, the initiate undergoing the pain must be taken care of with utmost care and hospitality. The patient, therefore, gives the impression that the body suffering from pain is an eventful object that requires all the attention. Therefore, a doctor or nurse who misses this nuance may not administer the correct mitigation measure. All these will be blamed on the communication breakdown occasioned by disparate cultures.

Example 4;

PATIENT 4: Bakhakile khukhupa kamalesi nekhali buchuni sebuambikha tawe. Bulayi bwene nga noenja kungu mwikhuyi. Buchuni buli khuenja kungu mwikhuyi.

(They have tried to inject me with medicine, but the pain cannot be found. This is the same as searching for a small object in a basket of trash; hence the conceptual metaphor PAIN IS SEARCHING FOR AN OBJECT IN TRASH).

In example 4 above, PAIN IS SEARCHING FOR AN OBJECT IN TRASH. In this case, the source domain is AN OBJECT IN TRASH, while the target domain is PAIN. This points to the tangibility of pain as the horrifying experience of looking for an object in the trash. It also gives the idea that the type of pain afflicting the patient is not located in one particular part of the body. Therefore, the patient goes ahead to use metaphorical language to try and intimate the medical expert in graphic language by painting a picture of a whole. In Gathigia (2014), the mappings of LOVE IS A JOURNEY can be compared to the mapping in the current study. The source domain JOURNEY is considered to be a traveler's movement from one town to the next. It is also seen as a movement to a destination which, in this case, is the target domain of LOVE.

4.3 Direct Metaphor Related Words (MRWs) based on Abstractness or Non-tangibility

The second category was based on Direct Metaphor Related Words (MRWs) based on Abstractness or Non-tangibility metaphors collected during FGD are considered tangible, for instance, the first metaphor:

NO	LUBUKUSU	GLOSS	
11	Buchuni lilia lie kumunanio	Pain is a troublesome marriage	
12	Buchuni siyungo	Pain is loneliness	
13	Buchuni kumunanio	Pain is troubles	
14	Buchuni embelekeu	Pain is bad manners	
15	Buchuni lirima	Pain is anger	
16	Buchuni embembesi	Pain is a rainstorm	
17	Buchuni ekhungu	Pain is strong wind	
18	Buchuni khulwana	Pain is a struggle	
19	Buchuni bukholi	Pain is slavery	
20	Buchuni kamaaya	Pain is causing trouble	

Table 2: A table showing Th	e Intangibility of MRW
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Source: Field notes 2021

The data below is extracted for analysis

Example 5

Patient 4: Buchuni buno bukhwongolela busa kalaa oli sinaluya. Oli simakombe. Sabuambikha ta wakheika. Otitukha busa bukhulikho. BUCHUNI SIMAKOMBE.

(This pain is as stealthy as a ghost. You cannot see it coming. It catches you by surprise. PAIN IS A GHOST)

Esenova (2011) investigates metaphors of fear with the Supernatural Being Source Domain. It is worth noting that supernatural beings can also apply to other emotions like anger and sadness. It is not specific to fear. There exists linguistic evidence for the presence of a conceptual mapping from the SUPERNATURAL BEING source domain onto the sadness target domain.

Example 6

Patient 3 <i>Buchuni siyungo</i> (Pain is loneliness).		
SOURCE DOMAIN	TARGET	DOMAIN
Siyungo		Buchuni
(Loneliness)		(Pain)

Loneliness is an abstract concept and, therefore, intangible, but in this metaphor, it is used as if it were tangible to be able to express how the sensation of a painful feeling. Most likely, the patient is of the view that loneliness is a common thing to the extent of being easily understood and therefore possesses a degree of tangibility. The conceptual mapping occurs by structuring it as a concrete object.

Example 7

Patient 4 Buchun	eleso (Pain is general body malaise).	
SOURCE DOMAIN	N	TARGET DOMAIN
Eleso		Buchuni
(General body ma	alaise)	(Pain)

It is not very easy to state with certainty what ELESO stands for. This expression captures feelings of listlessness, breathlessness, ill health, confusion, fatigue, nausea, and boredom. The body responds by becoming very sensitive to touch. The patient presents with weakness in the limbs, sweating, and gasping for breath. This metaphor has the impression of CIRCULARITY. PAIN travels around the body in a cyclical manner as opposed to a linear or localized frame. When the patient feels that the index finger is getting relieved, it starts all over again. The pain is repetitive. The doctor has to conceptualize this kind of mapping of pain onto something that is, by all means, transient and ever-changing.

4.4 Metaphor Related Words (MRWs)

The metaphor identification procedure named MIPVU refers to words that are clearly related to the metaphor as Metaphor Related Words. The expressions identified as metaphors were subjected to the theory to see whether they acquiesce to the primary tenets. The Conceptual Metaphor Theory (Lakoff & Johnson, 1980) is underpinned by the principle of conceptual mappings. According to Conceptual Metaphor Theory, abstract concepts are basically caused by physical experiences and the cultural background surrounding us, through which they fit into a system (Kovecses, 2005).

NO	LUBUKUSU	GLOSS
21	Buchuni sebuli no omwene ta	Pain has no owner
22	Ochunwa sakisa sibuno ta	The one who is in pain does not hide the buttocks
23	Buchuni buli nembelekeu	Pain is ill-mannered
24	Buchuni bukila bakhulanga omwana	Pain can make one be called a child
25	Buchuni bukila walemala	Pain can make one a cripple
26	Buchuni buli nga sirumba	Pain is like hunchback
27	Kumubili kuno sekuli kukwase ta	This body is not mine
28	Buchuni kamaamba	Pain is what cannot be touched
29	Buchuni buli nga omukhasi oesisie	Pain is like a pregnant woman

Table 3: A Table Showing Indirect Metaphor Related Words

Source: Field notes 2021

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This study relies heavily on the cultural background surroundings of the speaker to be able to decipher the intended meanings during patient-doctor consultation. Kovecses (2005) stresses the importance of cultural background surroundings to be able to assign meaning to utterances. A conceptual metaphor possesses a set of mappings that link the source domain to the target domain (Lakoff & Johnson, 1999). In this connection, therefore, a pain metaphor will have to carry a tangible aspect and an abstract member who serves as the target intended by the patient. The patient structures utterances to be able to communicate favorably with the doctor.

The principle of conceptual mappings is an important tenet in the Conceptual Metaphor Theory (Lakoff & Johnson, 1980). According to CMT, abstract concepts are motivated by physical experiences (Lakoff & Johnson, 1980).

The metaphors in this kind of categorization evoke referents that make them appear like similes. Those metaphors that are designated as "indirect MRW" occur when a word is used indirectly, and that use can be argued to be potentially explained by some form of cross-domain mapping (Steen, 2010). It is a direct comparison between the Source Domain and the Target Domain. For example, the indirect MRW

Example 8

Patient 1 Buchuni buli nga omukhasi oesisie- (pain is like a pregnant woman).

Pain is likened to the physical reality of a pregnant woman due for delivery. In this case, the pain in question can deliver 'death' as opposed to a 'baby'. This points to the fact that although the two seem unrelated and far-fetched, both pain and pregnancy are productive notions.

The notion of marriage comes into existence upon the sanction of either the law courts, church, or any other traditional ritual. Once a marriage is inaugurated, it cannot be dissolved on the whims of either party. This union is therefore mapped on the sensation of troublesome pain. Severe or chronic pain can only be done away with after the concerted effort of a qualified clinician by being able to, first of all, diagnose the pain.

Example 9

Patient 2 Buchuni sebuli no omwene ta (Pain has no owner). [Butʃuni]

This metaphor underscores the fact that pain affects anyone, however mighty they are. It goes to show that pain does not discriminate on account of age, sex, or social class. But more importantly, what this metaphor achieves is to enable the person under pain to bear it with valor and avoid feelings of being punished unfairly.

Example 10

Patient 3 Ochunwa sakisa sibuno ta (The one who is in pain does not hide the buttocks).

This metaphor stresses the fact that a patient should always alert the caretaker or service provider at any given time they experience pain. The patient should not be ashamed to talk about pain. Traditionally, the buttocks are a private part that is covered. It is also used to express fertility. One should confront pain with pride.

Example 11

Patient 4 Buchuni buli nga sirumba (pain is like a hunchback).

This metaphor is denigrating in the sense that the patient seems to say that the kind of pain they are suffering is a permanent kind. The chances of finding a cure or solution are minimal. This metaphor prepares the patient for extended periods of suffering.

In conducting this objective, we put into use MIPVU to isolate and categorize metaphorical expressions of pain in doctor-patient discourse. For our case, we used the native speaker's intuition (Milroy 1987) and indigenous knowledge to establish the basic sense of Lubukusu words. The basic meaning is generally the most tangible or physical meaning given in the dictionary entry or applied in day-to-day use for Lubukusu.

The data revealed that in the 3 categories analyzed, most of the metaphors utilized were DMRW based on tangibility. Out of the lexical items analyzed in this section, DMRW, based on tangibility, had a total of 40 lexical items comprising 60%. This means that most metaphors of pain in Lubukusu are based on tangibility.

The data also revealed types of MRWs other than indirectly used MRWs (Steen et al., 2010). When a word is used directly, and its use may potentially be explained by some form of cross-domain mapping to a more basic referent or topic in the text, mark the word as a direct metaphor (MRW, direct). When words are used for the purpose of lexico-grammatical substitution, such as third-person personal pronouns, or when ellipsis occurs where words may be seen as missing, as in some forms of coordination, and when a direct or indirect meaning is conveyed by those substitutions or ellipses that may potentially be explained by some form of cross-domain mappings from a more basic meaning, referent, or topic, insert a code for implicit metaphor (MRW, implicit).

5. Conclusion

In the light of the foregoing findings, the conclusions were that it was possible to establish and analyze metaphtonomies of pain as used by Lubukusu speakers in doctor-patient consultation. Such knowledge is essential in coming up with interventions for addressing communication gaps in health-related discourses. There are various pain metaphors. This is evidenced by the responses gathered during the FGD of the simulated patients. The researcher was of the view that room should be given for patients to freely express themselves during doctor-patient consultation. The study holds the view that pain metaphors are in plenty and should therefore be categorized for easier comprehension. Finally, those intending to develop all-encompassing health protocols should be keen on establishing a communication regime that does not expose patients to feelings of exclusion. The various decisions that medical experts make should be informed by the need of the patient to be taken into consideration, especially if they have the capacity to engage in consultation. It was also necessary to develop a framework that would enhance efficacy in health communication across language barriers. Such a framework would bridge the communication mismatches in patient-doctor discourses.

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