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Appearances and dis/dys-appearances

A dynamic view of embodiment in Conceptual Metaphor Theory

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This article draws on phenomenological and sociological notions of the ‘lived’ body in order to develop a dynamic perspective on embodiment in Conceptual Metaphor Theory. My main argument is that even our most basic sensorimotor experiences are more complex, fluid, and more deeply imbued with socio-cultural meanings than many metaphor scholars assume. While our conscious awareness is ordinarily directed towards the world, making our physical actions and perceptions appear to be natural and straightforward, at times of dysfunction, such as illness and disability, the body suddenly seizes our attention and is perceived as alien. In these moments bodily experience often becomes not just the source, but also the target of metaphorical mappings. I demonstrate the usefulness of the notion of dynamic embodiment by applying it to the example of verbal and visual cancer metaphors.

Key words: cancer metaphor; dys-appearance; embodiment; graphic memoir; the lived body; (verbo-)visual metaphor

1. Introduction

The notion of ‘embodiment’ has become central to cognitive science, where it is used to explain the role of the body and its interactions with the environment in shaping the way we think and express ourselves (Ziemke & Frank, 2007). In Conceptual Metaphor Theory (CMT), the focus is on how human beings draw on sensorimotor experience to understand many abstract, non-physical domains such as mental states, emotions, and social relations (Johnson, 1987, 2007; Lakoff & Johnson, 1980). According to this theory, the spatial dimension of up and down, for instance, becomes correlated in infancy with the positive experiences of being lifted up by a caregiver, thus forming the metaphorical concept HAPPINESS IS UP (Gibbs, 1994, p. 414). Similarly, children experience a connection between the ability to see things clearly and to obtain relevant information, resulting in a universal tendency to think and talk about knowledge in terms of vision (Johnson, 2007, pp.165–166). Such cross-domain correlations in the way the world is perceived in the early years, CMT theorists claim, persist in our conceptual system, typically generating clusters of conventional metaphorical expressions and influencing our thoughts and actions throughout life at a mostly automatic and unconscious level.¹

Although CMT scholars have always acknowledged the social and cultural dimensions of embodiment, in practice their focus has tended to be on how universal metaphorical links are formed in all normally functioning people: “If you are a normal

human being, you inevitably acquire an enormous range of primary metaphors just by going about the world constantly moving and perceiving” (Lakoff & Johnson, 1999, p. 57).² However, in recent years some metaphor theorists have begun to develop a more nuanced understanding of embodiment (Gibbs, 2006; Johnson, 2007), focusing their attention on cross-cultural differences in the way people use their bodies to understand their emotions, for example (Kövecses, 2005; Maalej & Yu, 2011; Sharifian et al., 2008). One of the difficulties with such cross-cultural CMT studies is that they tend to operate with rather static and deterministic notions of culture and society (cf. Pritzker, 2007). More importantly, the body is still often conceptualized as a normative and unchanging object, and insufficient attention is paid to the ways in which our physical experience itself is shaped by socio-cultural models, and to how it may vary over time and in accordance with our changing personal circumstances.

The aim of this article is to develop a more dynamic perspective on embodiment in CMT. My main argument is that none of us, however ‘normal’ our bodies might be, experience our physicality in a way that is stable, straightforward, and permanently fixed in early childhood. Instead, embodiment must be conceptualized as a highly complex, ever-shifting process, which is constituted not only by our social and cultural background, but also by the specific situations in which we find ourselves, including the extent to which we are consciously aware of our bodies at any given moment.

This view of embodiment chimes with the dynamic systems perspective in CMT (Cameron et al., 2009; Deignan & Cameron, 2013; Gibbs, 2011, 2013), which sees conceptual metaphor as emerging from the continuous interplay of cultural, evolutionary and historical constraints, neural processes, and the unfolding of in-the-moment sensorimotor experience, with each operating on different time scales: “One

does not experience image schemas or conceptual metaphors by ‘selecting’ one as opposed to another from a stored list. Image schemas and primary metaphors are ‘soft assembled’ spontaneously given the present state of the system, the wider context, and the task at hand” (Gibbs, 2013, p. 30).

My notion of dynamic embodiment also draws on phenomenological and sociological notions of the ‘lived’ body. Many of these writings are inspired by Merleau-Ponty’s (1962) claim that both consciousness and subjectivity are inseparable from the body that perceives, acts, reasons, and communicates. However, whereas early phenomenological theory took the white, male, healthy body to be the norm, more recent work is careful to consider other kinds of physicality, too (Morris, 2012, pp. 124–144). Seen from this perspective, the body does not constitute a prediscursive, material reality; rather, it is “an enormous vessel of meaning of utmost significance to both personhood and society” (Waskul & Vannini, 2006, p. 3), which is constantly being constructed and reconstructed on the basis of social and cultural assumptions about class, gender, sex, race, ethnicity, age, health, and beauty (Weiss, 1999; Young, 1980).

One key argument to emerge from this scholarship is that, when functioning normally, the body has an intrinsic tendency towards self-concealment, only rarely becoming the thematic object of our awareness, but whenever something goes awry our physicality forces itself into our consciousness (Leder, 1990; Toombs, 1988). In these situations, the body and its actions and perceptions are suddenly experienced as troubling and alien, and they are likely to be not just the source, but also the target of metaphors. As I will suggest in part 2 of this article, any new conceptualization of embodiment in CMT needs to be able to account for changes in the nature and direction

of metaphorical mappings as the body takes on a more or less prominent role in people's conscious awareness.

The third section of this article reviews the literature on verbal metaphors of cancer in order to demonstrate the validity of the notion of dynamic embodiment. When people think and talk about cancer, the use of metaphor seems almost inevitable, with journeys and battles providing particularly common embodied source domains (Gibbs & Franks, 2002; Reisfield & Wilson, 2004; Stibbe, 1997; Williams Camus, 2009). As I will show, when a cancer sufferer's physical actions and perceptions are foregrounded due to the symptoms or social consequences of his or her disease, the direction of the metaphorical mappings is sometimes reversed, with the body itself becoming the target of multiple metaphors.

If metaphor is a conceptual phenomenon, then it must be expressible in many different modes, not just language; it is thus important that any new perspectives in CMT are also tested on non-linguistic examples (Forceville, 2009, pp. 21–22). In the final part of this article I apply the notion of dynamic embodiment to the visual cancer metaphors used in two 'graphic memoirs,' autobiographical narratives in the comics format. Many of the metaphors in these books reveal an intense engagement with the visualization of those interior bodily processes that are ordinarily inaccessible. This shows that vision, and its metaphorical links with knowledge and understanding, are more complicated and volatile than CMT's traditional theory of embodiment would suggest.

2. Towards a more dynamic view of embodiment

In Lakoff & Johnson's introduction to CMT, "Metaphors we live by," the authors were careful to stress that embodiment is "never merely a matter of having a body of a certain sort," since all experience takes place against a background of cultural values and assumptions and is thus "cultural through and through" (1980, p. 57). However, the way such comments have generally been understood by CMT scholars is that bodily experience itself is universal, and that it is only the subsequent *interpretation* of these experiences that is shaped by people's value systems and social life. Grady's (1997) influential distinction between 'primary' metaphors, which are based on our shared physicality, and more culturally variable, composite, 'complex' metaphors, seems to have cemented this view of embodiment as in some way 'pre-cultural' experience.

A case in point is Yu's (2008) cross-linguistic study of metaphorical expressions based on the human face. Yu argues that the body provides a universal source domain for metaphorical mappings, because all humans share the same basic bodily structures and functions. However, the correlations in bodily experiences must pass through "the filter of the culture" (2008, p. 253), and it is this process that determines which of many possible metaphorical mappings are selected, how they are combined, and the extent to which they are linguistically manifested, elaborated and conventionalized. So, for example, both Chinese and English use the face as a source domain for notions of dignity and prestige, but the former has far more expressions for distinguishing between saving one's own and other people's face than the latter, because the notion of a 'social face' has such great significance in Chinese culture.

An alternative approach is offered by Maalej (2004), who argues that bodily experience is itself shaped by a person's cultural background. Thus, many of the common anger expressions in Tunisian Arabic refer to body parts, including bones and

testicles, that do not show any significant physiological changes when a person is angry, but that have become associated with the emotion through specific cultural experiences and rituals. While Maalej's notion of "cultural embodiment" is definitely a step in the right direction, his work shares with other cross-cultural CMT studies a somewhat static and deterministic notion of culture. As Pritzker (2007) points out, cultural models should be seen not as fixed sets of knowledge and values, but rather as a rich resource that individuals can exploit in order to create meaningful stories about their experiences. Chinese individuals suffering from depression, for example, draw on both Western cultural models and traditional Chinese medical philosophy when constructing metaphors of the heart and the brain — or a combination of both — to describe their feelings. The way the body is experienced and exploited for metaphorical mappings is also likely to be shaped by the immediate context in which people find themselves (Gibbs, 2006). Although our notion of CONTAINMENT, for instance, is based on universal physical experiences, it is important to recognize it is "not just a sensorimotor act, but an event full of anticipation, sometimes surprise, sometimes fear, sometimes joy, each of which is shaped by the presence of other objects and people that we interact with" (2006, p. 37). Drawing all these separate insights together, I would accordingly like to propose a view of embodiment as a dynamic system, in which our sensorimotor experience is associated in complex, nonlinear ways with cultural models and both the broader and more specific contexts in which people find themselves.

Another important factor to consider in relation to embodiment is the degree to which our physical actions and perceptions are at the forefront of our conscious awareness at any particular moment in time. According to Merleau-Ponty (1962), the objects in our surrounding world are always perceived in terms of the habitual

intentions they arouse, for example, as the loaf of bread to be sliced, the picture to be looked at, and the perfume to be sniffed. It is in the performance of these habitual ways of seeing, touching, listening and smelling “that the body is constituted as meaningful, and integral to our sense of self” (Shildrick, 2002, p. 49). As a consequence, our conscious attention is normally directed towards the world; while the body tends to ‘disappear’ from the perceptual field it discloses (Leder, 1990, p. 4; cf. also Johnson, 2007, pp. 4–7). Many other aspects of our bodies, including the functioning of our inner organs, are, in any case, largely inaccessible to our direct perception and active control. It is only when our habitual ways of engaging with objects, space and time are disrupted in some way, for example through injury, illness, puberty, or the effects of aging, that our body seizes our attention. It is now experienced as a “dys-appearance,” the very absence of a desired or ordinary state, and as an alien force threatening the self (Leder, 1990, p. 91). In some cases, dys-appearance can also be inaugurated by internalizing the attitudes of people who regard us not as autonomous subjects but as objectified ‘others,’ for instance on the basis of a different skin color or gender, or because of a visible disability.³

In the case of illness, the body becomes explicitly a biological, physical object to be explored and discussed by medical practitioners, while also remaining both hidden and fundamentally inapprehensible to the patient. The resulting sense of alienation is reflected in the common tendency for patients to talk about, for instance, *the* leg, or *the* breast (instead of *my* leg, *my* breast) when discussing body parts that are affected by their disease (Toombs, 1988). Anyone who falls seriously ill also immediately becomes enmeshed with the socio-cultural models and values that render the diseased body meaningful. In contemporary Western consumer cultures, the beautiful, healthy body is

typically regarded as a sign of a person's discipline and self-control, while, conversely, symptoms of aging and ill-health are associated with moral weakness or carelessness (Couser, 1997; Featherstone, 1991; Stacey, 1997). Everybody is thus expected to treat their bodies as "a carefully crafted work in progress, open to change, always on the lookout for the most recent trends, and attuned to the demands of the image-makers who set the standards" (Edgley, 2006, p. 235), and severe penalties are imposed on people who opt out of the game or who cannot afford to participate. Consequently, the self is no longer regarded as simply being contained within the body; rather, it "emerges in a fully interactive process in which the container and the contained have an inseparable, invariant relationship; not simply as residences for selves, but as alterable signs of the self" (2006, p. 242). While there is thus always a tension between our looks and self-perceptions, this is heightened in the case of illness, especially if it leads to visible physical changes (Charmaz & Rosenfeld, 2006, p. 47). It is in such cases of dys-appearance, I suggest, that we are most likely to experience our own bodies as problematic and to search for metaphors that can help us understand and express aspects of our physical self by drawing on less troubling source domains.

Our interpretations of our embodied experiences are also likely to be shaped by the wider explanatory frameworks we apply to events and circumstances in our lives. According to Frank (1995, pp. 77–136), there are three main story types that ill people use to try and make sense of what is happening to them: The 'restitution' narrative is based on the deep-seated human desire to recover and return to a previous state of normality. The 'chaos' narrative is born of a complete lack of hope, which leads to the absence of any sense of coherent sequence and causality. In 'quest' narratives, finally, illness is seen as the occasion for setting out on a journey towards greater acceptance or

personal improvement. When people express their experience of disease, their choice of metaphors is likely to depend upon which of these three narrative types is dominant at a particular moment. For example, the concept of a journey provides a perfect fit for illness narratives revolving around a quest plot, whereas more unusual, creative metaphors may be required to convey the sense of chaos that is often initially triggered by the diagnosis of a life-threatening disease.

In sum, a dynamic view of embodiment in CMT is based on two main assumptions: a) that bodily experience is constantly shifting and changing in accordance with the socio-cultural meaning resources that are available to us and the specific circumstances in which we find ourselves, and b) that the body itself often becomes the target of metaphor when it is estranged by illness, disability, or other forms of dys-appearance. In the following discussion, I will demonstrate the validity of this dynamic view of embodiment by applying it to the analysis of verbal and visual metaphors of cancer.

3. Dynamic embodiment and cancer metaphors in verbal discourses

As Susan Sontag famously remarked when she was diagnosed with breast cancer, “it is hardly possible to take up one’s residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped” (1978, pp. 3–4). There is, indeed, plenty of evidence for the ubiquity of metaphors in the way people talk and write about cancer in a range of different media and genres. In a study of the narratives of six female cancer patients, Gibbs & Franks (2002) found that by far the most common metaphorical expressions used by the women conceptualize the disease as part of or as an obstacle in their journey of life, and as a way of offering them a new vision by clearing life’s path. These metaphors, the authors argue, are fundamentally tied to

enduring experiences of the healthy body, including the primary mappings between a purposeful life and a journey, and between seeing and understanding: “Thus, metaphors for illness are not special to disease and illness but arise from the same metaphorical constructions of life that people ordinarily live by” (2002, p. 144).

While it is perfectly plausible that some links between sensorimotor experiences and more abstract notions continue to shape the way people make sense of their lives after they have fallen ill, this does not tell us very much about how the diseased body itself is experienced. In Frank’s (1995) terms, the women who participated in Gibbs & Franks’s study may have been at a stage in their experience of the disease when restitution or quest narratives were dominant. Indeed, it is likely that people will be most willing to talk about their illness once they have overcome the most acute phase of bodily dys-appearance and are able to envisage a meaningful future. Moreover, it is worth noting that the journey metaphor is not only applied to the abstract conceptual domain of life; it also provides a common source domain for the development of the disease in the body: “Within this metaphor, the cancer is mapped onto the moving entity/traveller, the body onto a set of locations, speed of growth onto speed of movement, periods of remission onto pauses in the journey, and so on” (Semino, Heywood & Short, 2004, p. 1279). In this case, as the authors point out, the boundary between the literal and the metaphorical is not always clear, as ‘travel’ in English can also be used to refer to the movement of inanimate objects. This ambivalence is thus partly a result of the concrete nature of both the source (a journey) and the target (the cancer) of the metaphor. Significantly, however, cancer happens mostly invisibly inside the body and eludes the patient’s control, while journeys are conscious and deliberate activities.

The CANCER IS WAR metaphor provides an even more striking example of how bodily experience may itself become the target of metaphorical mappings, particularly at times of illness and dysfunction. The war metaphor is based on a more general association between disease and warfare, which has been prevalent in Western biomedicine since the discovery of germ theory in the 1860s and 70s, and which now permeates every level of medical culture and practice (Montgomery, 1993). Like the journey metaphor, it operates on at least two distinct levels. Sometimes it applies to the whole illness experience, including the patients' actions, attitudes, and emotions in relation to their bodies and the treatments they must undergo. In this case, the war metaphor seems to occur most frequently in the context of what Frank (1995) would call 'restitution' narratives, where the focus is on returning to a previous state of health and normality by 'fighting' and 'conquering' the disease. In other contexts, however, it is the concrete physical illness in the individual body that is regarded as the enemy (Stibbe, 1997, p. 65), with metaphorical expressions relating to war and battles being used to describe the different stages of the disease:

After the cancer's *invasion* of the body, the immune system launches an *offensive* to *beat* the disease. The *army of killer T cells* and *stealth viruses* *fight* the tumour cells. However, this is not enough to *wipe out* or *eradicate* the *invader* completely... Thus, a bigger *arsenal of weapons*, consisting of *magic bullets* and *blunt instruments*, *target* the *enemy*. If the cancer is still *resistant* to the *cancer-fighting tools*, other *weapons* are injected to *attack* the disease or to boost the body's own *defences*. This *attack* may eventually lead to *defeating* the disease....
(Williams Camus, 2009, p. 475, emphasis in the original)

What is most interesting about this particular use of the war metaphor is that what are fundamentally physical processes are understood in terms of objects and actions that the majority of people in Western industrialized nations do not have a direct bodily experience of at all (cf. Howe, 2007; Ritchie, 2003). In fact, for most people the experience of physical combat may actually be described as *less* rather than more embodied than the symptoms associated with cancer. In this context, the main function of the metaphor thus seems to be to externalize and give a narrative structure to corporeal realities that are hidden from the patient's ordinary view and that lie beyond his or her conscious control. In other words, the war metaphor can be seen as a way for people to express their sense of the dys-appearance of their bodies as a result of the cancer, by drawing on socio-cultural models that are readily available in their culture. A dynamic view of embodiment thus offers an explanation for why the same source domains of journeys and battles are applied by cancer sufferers not only to such abstract concepts as life, attitudes and emotions, but also to the fundamentally physical processes that occur within their own diseased bodies.

4. Dynamic embodiment and visual cancer metaphors in graphic memoirs

As I will demonstrate in the following analysis of two illness narratives in the comics medium (Marchetto, 2006; Small, 2009), many of the (verbo-)visual cancer metaphors used in the two books revolve around issues relating to the visibility and invisibility of the body. This is hardly surprising, since the requirement to produce multiple drawn versions of one's self necessarily involves a form of dys-appearance, "in the sense that one's body can no longer be taken for granted as an unconscious presence" (El Refaie,

2012a, p. 62). In graphic memoirs that deal with physical illness, however, the question of what we can and cannot see, in terms of both the internal and the external symptoms of disease, are particularly foregrounded.

“Cancer vixen” (2006) portrays the struggle with breast cancer of socialite New Yorker cartoonist Marisa Acocella Marchetto. She is, by her own admission, obsessed with her physical appearance and glamorous consumer lifestyle, which means that her cancer diagnosis is doubly devastating for her sense of self. The panels reprinted in figure 1 show Marisa desperately trying to complete assignments for two magazines before starting chemotherapy; the artist has drawn herself with breasts in place of her eyes.⁴

<FIGURE REMOVED FOR COPYRIGHT REASONS>

Figure 1. Marisa Acocella Marchetto (2006) “Cancer vixen: A true story” (p. 156, detail).
Copyright © 2006 by Marisa Acocella Marchetto

This striking visual metaphor can be interpreted in two different ways, depending on whether the breasts are regarded as *covering* or as *replacing* Marisa’s eyes. In the case of the former, the metaphor would represent an original take on the conventional conceptual metaphor UNDERSTANDING IS SEEING, suggesting that Marisa now sees/understands everything through the distorting filter of her disease. The target domain of understanding is thus presented not as an objective state, but as a challenging process fraught with difficulties.⁵ If, by contrast, we assume that the breasts have replaced Marisa’s eyes, vision itself becomes the target of the metaphor. In Forceville’s (2009, p. 31) terms, this type of metaphor works by placing one thing in a context where we would

normally expect a different kind of thing to be. Here, the resulting mapping could be verbalized as EYES ARE BREASTS, which would entail that Marisa is unable to see/understand anything at all, since her breast clearly cannot function as organs of vision.

This alternative reading corroborates my claim that the direction of metaphorical mappings from embodied perceptions to more abstract experience is often reversed when the body itself is foregrounded or problematized. While vision may seem to be simple, efficient, and firmly within our rational control, perceptual and cultural studies have demonstrated that every aspect of what we see is, in fact, the result of a complex process of construction by the brain (Breitmeyer, 2010), which is “rooted in cultural practices and codes as well as in sexuality, desire, and the unconscious” (Horstkotte & Leonhard, 2007, p. 3). The problematic nature of vision is highly relevant to the experience of disease because of the increasing availability of microscopic and digital imaging technologies, which are opening up the internal body to the ‘medical gaze’ (Ostherr, 2013). These technological developments raise the question of what patients themselves actually see when they are shown images of their inner organs, images which are likely to be utterly unfamiliar and which they inevitably do not fully understand. The connections both between seeing and knowing, and between being seen and known by other people, are thus fundamentally unsettled through the social and cultural values and practices associated with illness.

In the second panel in the extract reprinted in figure 1, Marisa’s white blood cells are described and depicted as her “troops...sleeping in the bunker before the next battle.” As discussed above, the war metaphor is a common way for people to describe the effects of cancer on the body. However, here it is given a new twist. Throughout the

book, cancer cells are drawn as green, circular shapes with aggressive expressions. They make their first appearance right at the start of the book. Marisa's doctor has just taken a sample of her breast tissue and informs her that it will be sent to the lab for analysis:

“We need to see if the cells are *angry*... We can't know if there's an *abnormality* until we look at them under the microscope” (2006, p. 4, emphasis in the original). The accompanying drawing shows lots of round, green anthropomorphic creatures of different sizes, who are sticking their tongue out and showing the middle finger. They are encased in a circular frame and labeled “possible cancer cells, an artist's rendition...magnified 3 gazillion times.” The image thus represents a humorous version of what Marchetto imagines the medical gaze of the experts, aided by the appropriate technologies, might reveal about aspects of her body that are hidden from her own view.

The experiences with cancer of the autobiographical protagonist in David Small's “Stitches” (2009) take place against a different socio-cultural background, but here, too, most of the metaphors the artist uses revolve around the issue of vision and (in-)visibility (cf. also El Refaie, 2012b). The book focuses on the renowned illustrator's traumatic childhood in 1950s Detroit. Small's mother is a deeply frustrated and emotionally distant housewife, and his father a radiologist who believes fervently in the abilities of X-rays to cure all kinds of illnesses, including his son's sinus trouble. Tragically, this treatment is very likely the cause of the large growth that the boy develops on his neck at the age of eleven, and which later turns out to be cancerous.

Indeed, David's body has, from a very young age, been subjected to his father's constant critical assessment and often highly intrusive medical interventions. The boy's resulting sense of alienation from his physical self probably explains why he does not notice the tumor on his own neck. It is the mother's glamorous female friend, the object

of David's secret adoration, who first observes and draws his attention to the swelling (Small, 2009, pp. 116–119). In the scene reprinted in figure 2, the boy is examining himself in the mirror. As his attention zooms in on the lump, it appears to swell up to a hideous size, and he imagines a malicious embryonic creature curled up inside it.

<FIGURE REMOVED FOR COPYRIGHT REASONS>

Figure 2. David Small (2009) "Stitches: A memoir" (p. 147, detail). Copyright © 2009 by David Small

According to Nelsen, it is not unusual for cancer to be imagined as "a sort of demonic pregnancy, a secret and mysterious invader of the body, a death-bearing fetus" (1993, p. 90). The fetus is a good example of the unique hold on our imagination of what Julia Kristeva calls the "abject," which refers to anything that crosses or challenges the boundaries of the body, the "in-between, the ambiguous, the composite" (1982, p. 4). The abject captivates and repels: on the one hand it provides the pleasure of breaking taboos, but on the other hand it reminds us of the terrifying vulnerability of our own embodied being (Shildrick, 2002).

David's discovery of the lump on his neck coincides with his first sexual stirrings, creating a particularly strong awareness of his body as an unwelcome and alien presence, an awareness that has also been nurtured by the pictures in his father's medical books that have always both fascinated and repelled the boy. The monstrous embryo that David imagines to be inhabiting the growth has been haunting his dreams since he was six years old, when, while wandering around the deserted wards of his father's hospital one evening, he chanced upon a display of aborted fetuses, the largest

of which appeared to him to come alive, pursuing him through the corridors of the hospital building (Small, 2009, pp. 37–41). The creature can thus be described as a ‘conceptual blend’ (Fauconnier & Turner, 2002) of an aborted fetus and a terrifying, wizened old man. It is an apt expression of the boy’s sudden awareness of his own body’s fearsome capacity to produce alien forms within, as well as illustrating the complex links between visibility and invisibility, knowing and not knowing, which are at the centre of Western medical practices and of which David, as the son of a radiologist, is particularly keenly aware.

5. Conclusion

In CMT, the body is seen as the main source domain for many conventional metaphorical mappings to more abstract and intangible domains of experience. Although many scholars in this tradition stress the role played by culture in determining which of the many potentially relevant sensorimotor experiences are selected by individuals to express their mental states and emotions, bodily perception itself is still typically regarded as stable and more or less universally shared across different cultures and languages. The aim of this article was to demonstrate the need for a more dynamic view of embodiment, which pays attention to the variable and unstable nature of our physical experience and which is able to account for the many instances when our bodies are not just the source but also the target of metaphorical mappings.

Drawing on Leder’s dual concept of “dis/dys-appearance,” I argued that, while we tend not to be consciously aware of our bodies when everything is functioning

normally, there are many situations in which they are suddenly experienced as strange and problematic. Diseases “are particularly important for the metaphorization of the self/body” (Weiss, 1997, p. 472), because they make us acutely aware of our own bodily existence and of the social paradigms that inform the way we perceive our physicality. Both the common linguistic metaphors that have been identified by other scholars in oral and written discourses about cancer, and the (verbo-)visual metaphors in the graphic memoirs I have examined here, reflect an intense engagement with the body and its meanings. In particular, I showed that the conventional links between seeing and understanding are challenged by the experience of disease and the medical practices of subjecting the body’s interior spaces to the medical gaze.

My model of dynamic embodiment would predict similar patterns of metaphor use in any context where the body cannot simply be taken for granted and where it forces itself into our consciousness, including pregnancy and adolescence, for example. It would also be interesting to compare cancer narratives across a range of different media and genres to see whether people’s perceptual focus during the act of creation influences their choice of metaphors to convey their experiences of the disease. While graphic memoirs clearly privilege vision, the representation of illness stories through the medium of dance, for instance, is likely to draw particular attention to motor experience, thus perhaps encouraging the use of metaphors that relate directly to bodily movement.

Notes

- 1 For a detailed critique and defense of the theory of embodiment in CMT see Rakova (2002) and Lakoff & Johnson (2002).

2 Vidali (2010) worries about the implications of such a concentration on the ordinary experiences of able-bodied people. A person who is born blind, for example, is unlikely to experience an intimate connection between seeing and knowing. “While it is reasonable to assume that able-bodied people profoundly influence metaphors through their physical and cultural experiences,” Vidali writes, “I am dissatisfied with an approach to metaphor that assumes that the building blocks of language are formed by able bodies and are transferred to those with disabilities by contagious contact” (2010, p. 39).

3 Leder’s (1990) intuitions are apparently confirmed by an empirical study by Pollio, Henley & Thompson (1997; cited in Gibbs, 2006, pp. 25–27), which found that people are most aware of their bodies when they are engaged in a highly physical activity, when they are experiencing pain, disease, pleasure, or strong emotions, when they become aware of bodily changes over time, or when their physicality is foregrounded in interactions with other people.

4 I will follow the convention of referring to the creator of an autobiographical comic by his or her surname, and to the narrator and protagonist by the given name. However, this is simply a heuristic device, which should not obscure the complexity of the relationships in life writing between author, narrator, and protagonist.

5 There is an interesting parallel here with Deignan & Cameron’s (2013) finding that in naturally-occurring verbal data, metaphorical expressions relating to vision are

typically used to express not a simple state of objective understanding, but rather a lack of (or change in the state of) knowing/understanding, as well as an awareness of the possibility of many different points of view.

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