# METAPHORIC CONCEPTUALISATION OF PAIN BY LUBUKUSU SPEAKERS IN DOCTOR-PATIENT CONSULTATION

**MAKARIOS WAKOKO WANJALA**

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**MARCH 2022**

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We confirm that the work reported in this thesis entitled, 'Metaphoric *Conceptualisation of Pain by Lubukusu Speakers in Doctor-Patient Consultation.'* was carried out by the candidate

under our supervision.

**Dr Benard Angatia Mudogo**

Department of Language and Literature Education
Muliro University of Science and Technology

Signature……

Date……

**Dr John Kirimi M'raiji**

Department of language and literature education Masinde
Masinde muliro university of science and technology

Signature …….

Date…….

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**DEDICATION**

To my children Oprah Nekesa, Tyra Nafula and Subira Nabwala.

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## Operational Definition of Terms

**Pain: a feeling that one experiences in a part of their body when they are or hurt or ill.**

**Metaphor**: a figure of speech containing an implied comparison, in which a word or phrase ordinarily and primarily used of one thing is applied to another. A cross- domain mapping in the conceptual system.

**Metonymy:** a cognitive process in which a conceptual entity, the vehicle, provides mental access to another entity, the target, within the same idealized cognitive model. a figure of speech that consists in using the name of one thing for that of something else with which it is associated.

**Metaphtonomy:** a word that emerges from joining two independent words metaphor and metonymy.

**Conceptual domain**: this is the logical organization of human experience which aids in perceiving the mental spaces in a conceptual metaphor.

**Consultation:** a discussion between a doctor and a patient in which the patient seeks medical advice.

**Image schemas**: these are recurring schematic patterns which structure our bodily experiences and arise from linguistic domains such as paths, links, containers and forces.

**Cognitive Linguistics:** An approach in language that is based on peoples' experiences of abstract phenomena and the way they perceive and conceptualize them

**List of Abbreviations**

**CL:** Cognitive Linguistics

**CMT:** Conceptual Metaphor Theory

**MIV:** Metaphor Identification through Vehicle Terms

**MIP:** Metaphor Identification Process

**MIPVU:** Metaphor Identification Procedure Vrije Universiteit

**IST:** Image Schemas Theory

**SD:** Source Domain (Source Concept)

**TD:** Target Domain (Target Concept)

**ICM:** Ideal Cognitive Metaphor

**Abstract**

This study undertook a cognitive approach to metaphtonomies of pain, with specific reference to native Lubukusu patients and non-native Lubukusu health practitioners in doctor-patient consultations. The assumption is that communication mismatches can occur in instances where communication between a non-native doctor and a Lubukusu speaking patients use metaphors of pain in health discourse. The study was guided by the following objectives: to establish metaphtonomies of pain as conceptualized by Lubukusu speaking patients in the framework of doctor patient consultation in selected health facilities in Bungoma County, to analyze how image schemas account for metaphtonomies of pain among Lubukusu speaking patients, to categorize typologies of metaphtonomies of pain into conceptual domains as conceptualized by Lubukusu speaking patients in the framework of doctor patient consultation in Webuye County Referral Hospital, Bungoma County. The study was anchored in the Conceptual Metaphor Theory (CMT) and the Image Schemas Theory (IST). To achieve the objectives of the study, simulated patient approach was utilized to elicit the required data for analysis. The respondents were subjected to Focus Group Discussions. The study utilized the Metaphor Identification Procedure *Vrije Universiteit* (MIPVU) which is an improved version of Metaphor Identification Procedure (MIP), in order to esblish the manifestation of metaphorical or metonymical lexical items. The qualitative data was analyzed thematically by coding categories which were then organized according to conceptual domain. The generic-level metaphors and metonymies were then mapped into different kinds of conceptual domains. Qualitative data was presented in themes. The study provided empirical evidence about the close interaction between Lubukusu language, body, mind and cultural aspects of the embodied mind. In addition, since emotions are a widely studied area of scientific research, doctors, biologists, psychologists, cognitive scientists and linguists, the findings of this study will be invaluable to them. The study established that Lubukusu has the following metaphtonomies of pain as conceptualized by Lubukusu speaking patients; direct metaphor related words with tangibility, direct metaphor related words with intangibility and metaphor related words. It was lalso revealed that there are various categories typologies of metaphtonomies of pain under conceptual domains. Image schemas also account for metaphtonomies of pain among Lubukusu speaking patients. It is hoped that the findings of this study will be significant in bridging the body of knowledge and enhancing theory development in cognitive linguistics.

# CHAPTER ONE

# INTRODUCTION

## 1.0 Overview

This chapter lays the foundation for the study. It consists of the background to the study, statement of the problem, research objectives, research questions, and research assumptions, significance of the study and the scope and limitations of the study.

## 1.1 Background to the Study

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 engage experts who have knowledge of health issues, come across information about matters related to health through the media, have endured illness or witnessed a family member suffer under the pain of an ailment that posed danger to their life. 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, it is aurgued that engagements between medical practitioners and patients pertaining health issues have now become more functionally prominent,practical and inclined towards more strategic public health programmes.

Pain is described as an entity that is abstract as well as an an emotion which affects patients suffering from different ailments. This kind of abstract emotion can be difficult to understand unless conceptualized through use of metaphors. Furthermore, Kövecses (2002) posits that in Cognitive Linguistics, emotions are basically target domains and they are in the least construed through metaphor. In this regard, a study of metaphors of pain in the present case gives insights on how this coorperial emotion is conceptualised by native Lubukusu speakers when they seek health services.

The present study utilized the Conceptual Metaphor Theory, (CMT), to investigate conceptual representation of pain in a bilingual setting. The study aimed to use empirical linguistic data from speakers of Lubukusu to establish how the emotional concept of pain is conceptually represented in doctor-patient consultations. The study explored the possibility of conceptual manifestions from linguistic data providing insights on whether or not there exist communication gaps in intercultural health related communication. The study, therefore, examined metaphorical and metonymic expressions about pain to infer how the concept is conceptually represented among native Lubukusu speaking patients in Western Kenya when they seek medical services from non-Lubukusu medical practitioners. Therefore, in order to achieve the metaphtonomies of pain in Lubukusu as used by patients in selected health facilities in Bungoma were analyzed. The conceptual representations were compared with the conventional conceptual representations of pain in English which are believed to be accessible to bilingual medical Doctors. This was to allow for comparison between the Lubukusu representations and the English ones in order to determine whether the Lubukusu representations conform to or are different from the English representations.

Cognitive linguists presume that language provides a lens through which humans understand phenomena and therefore the way humans express themselves linguistically is partly a reflection of how human cognition operates. Lakoff and Johnson (1980:3), for instance, argue that metaphor is characteristically pervasive not only in the day-to-day use of language but also in our manner of thought as well as action and the way we frame ideas shapes our uptake of the world. The scholars (ibid) further argue that since we are usually not conscious of how our frame of mind operates, they suggest that linguistic structure may be a manifestation of what our conceptual system looks like.

However, the basis for investigating Lubukusu pain conceptual representation in doctor-patient consultations through conceptual metaphors stems from the cognitive linguistic claim that the conceptualization of emotion concepts across cultures is based on both universal human embodied experiences and more specific socio-cultural constructions of such experiences (Kövecses,2005; Maleej, 2004). This implies that bodily motivations have a socio-cultural salience and social constructions have a bodily basis. That is to say while the general conceptualization of such concepts is grounded in universal human experiences, different cultures attach different cultural salience to specific realizations and elaborations to these near-universal conceptual metaphors.

In doctor-patient consultations, patients must give the clear descriptions of their illness to enable the doctors diagnose their pain and give the correct prescriptions. Therefore, if doctors fail to understand what the patients say, the communication gaps may impede the communication process and fail to address the patients concerns.

Basweti (2018) argues that doctors, on the most part, propose tests without seeking to find out what the patients' preference would be. This, no doubt, is brought about by the incapacity of the patient to knowledgeably engage the doctor who is assumed to be omniscient in the tradition of Western Medicine. Worse still, this state of affairs is entrenched by lack of a mutually intelligible language to mediate the communication process. From this explanation it is apparent that doctors can sometimes end up concentrating more on their professional activities and consequently appear to give little attention on the needs of their patients. It can be argued that such neglect from the doctors may deny them an opportunity to understand the medical concerns of their patients. In this context, the language employed in communicating about health issues is critical. The present study argued that there was need to take serious consideration of how language impacts on doctor-patient consultation.

Waitiki (2010) finds and holds that, unfortunately, there has been discusion focusing on many health issues without paying attention to the role of language. Language is fundamental in the dissemination of information that would ensure the success of both prevention and treatment of any disease. Furthermore, the role of communication in the fight against HIV/AIDS according to Nyakoe (2015) cannot be overemphasized. She argues that the communication of HIV/AIDS issues entails use of language and it even involves use of specific terms and expressions to refer to the scourge.

Waitiki (2010) observes that communication is key to understanding issues related to HIV/AIDS and is instrumental in inducing behavior change. Given the fact that there is no cure or vaccine for HIV, the fight against HIV/AIDS focuses on more preventive measures and care. This includes: speakers addressing people on how they can prevent the spread of HIV and the measures that can be taken to ensure that one lives healthy in case he/she is already infected with HIV. It is against this background that this study delved in the discourse of health communication regarding pain and how patients and doctors mediate this process in a multilingual environment. The study encompassed an indigenous and national or official language, namely Lubukusu and English respectively.

Researchers (Gathigia 2014; Nyakoe 2015 and Kövecses 2010b) have investigated conceptualization of abstract concepts across many different cultures, giving credence to the fact that conceptualization of such concepts differ across cultures. The study by Gathigia (2014), for instance, found out that there are metaphors of love in Gikuyu while Nyakoe (2015) identified and explained metaphorical conceptualization of Ekegusii HIV and AIDS expressions and also analyzed properties of their cross-domain mappings. The existence of metaphors is premised on the postulation of Kövecses (2010b:23), who, working on the language and conceptualization of emotion, observes that “emotion concepts such as anger, fear, love, happiness, sadness, shame, pride, and so on are primarily understood by means of conceptual metaphors”.

However, the choice of conceptualization of pain for the study is because according to Kovecses (2010b) abstract concepts are metaphorically conceptualized. It was necessary to undertake this study in Lubukusu because it is an indigenous African language that has not been embraced in health communication, yet health information is a basic human right. The ability for a patient to express the deeper feeelings is important for proper health management and treatment. Lack of cultural competence among non-native doctors also denies patients the opportunity to be understood. The exclusion of Lubukusu speakers who are not proficient in the dominant language of medicine denies many people a very important service.

Furthermore, cognitive linguistic approaches to studying human mental representation using the conceptual metaphor theory (CMT), have majorly been relying on linguistic evidence as the basis to make psychological inferences. However, much of the data used as evidence (Esenova 2011, Gathigia 2014, and Nyakoe 2015) base their findings on monolingual populations. Therefore, this study used qualitative approaches, based on CMT, in studying the linguistic evidence to make inferences about the influence of mental representation on doctor-patient consultation in a multilingual context. The objective was to see whether a qualitative study of multilingual linguistic data would bring fresh insight in the research on the area of cognitive linguistics.

Communication in the medical field has a great impact on health outcomes. It is the main ingredient in health care. Good communiacation skills between a doctor and a patient forms a favourable foundation in achieving compliance and patient satisfaction. Keen listening, empathy and paying attention to non-verbal cues, enhances the patient's confidence in the doctor (UK's General Medical Council, 2019). The need for the centrality of the patient during the treatment process calls for a patient centred approach in admistering health programmes and procedures. This makes the patient the main beneficiary. The UK's General Medical Council (GMC) proposes that effective communication should be at the centre of prudent and ethical medical practice. Medical training institutions are encouraged to make communication the core of instruction and assessment.

Emphasis is laid on favourable skills set that would enable medical practitioners deal with the emerging communication bottlenecks in the course of rendering service to the sick. The effectiveness of a doctor is normaly improved by the ability to manage complex clinical encounters to the patient's satisfaction.Communication is a complex phenomenon that also involves patient observation skills. Cross-cultural communication is one of the most difficult because it entails communicating across different cultural backgrounds, religious beliefs, ethnicities, academic and social levels. Good communication skills enable a doctor to obtain information that can help a patient during treatment and management of a disease or pain.

Similarly, trust between a patient and a doctor is equaly important. It is not easy to get a patient to share their most intimate secrets unless a favourable environment is created. A cordial doctor-patient relationship is a primary consideration during treatment. The relationship between a doctor and a patient are mediated by language. The ideal situation is where patients describe their signs and symptoms using a langauge that is most familiar to them. However, this is not often the case in a fast-changing world. In an evergrowing health sector doctors and other health personnel are drawn from different cultures and speech communities. Patients find it difficult to keep up with the register of the medical field. The register of medicine is predominantly English. Low proficiency of Kiswahili affects both doctors and most patients because very little in terms of health literature is done using the language. Likewise, doctors are not conversant with languages of their patients.

In constrast indigenous have suffered the fate of minority languages where government policies have been less supportive. Since social amenities are provided by government it is more likely that the service providers do not speak the language of the catchment area. The likely langauges to be used are internatonal or lingua francas like English ad Kiswahili. The room for the use of an indigenous language like Lubukusu is very narrow yet most people communicate clearly and fluently in their first langauges. This is even more apparent when a person is communicating emotions like hate, fear, anger, sadness, love and pain.

Language is best understood if one has some knowledge of its cultural and historical context. Traditional African medicine is as diverse as the peoples that practice it. It is therefore only safe to talk about Tradtional Bukusu Medicine and how it deals with pain. This is an equally unique area because it is only handled by people who receive a special anointing and inspiration from the forefathers. They are then subjected to long periods of apprenticeship until such time that they are mature enough to practice on their own. Traditional Bukusu Medicine works within the strict ethical boundaries without undue influence from opportunistic forces. Health discourse is unique in the sense that health as a practice is highly specialized. Health practitioners spent long periods of time studying how to investigate and treat patients in the best way possible. According to Kariuki (2004) most of the 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.

The analysis undertaken in Chapter Four clearly indicates that knowledge of the language of the catchment area of a prospective patient is not only important but a crucial tool in the administration of universal health care as outlined in the Big Four and Agenda 2063.While a lot of effort has been made in the improvement of the status of indigenous languages in elementary schools, little has been done in doing the same in other key sectors of socio-economic concern such as health, agriculture, law and business.

Clinical language is a specialized register that is used during medical consultation. On the other hand, the communicative facility of a patient who uses highly nuanced language or figurative speech can be a daunting exercise for the medical practitioners. It is however important to note that the concurrence of the two parties is essential for effective mitigation of the patient's condition, in this case pain. The doctor needs to understand the communicative intent of the patient.

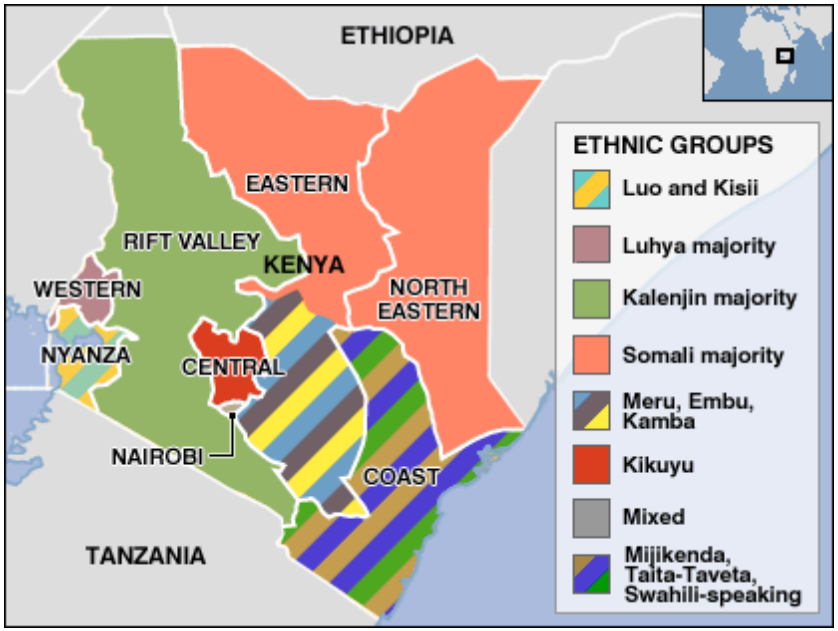
According to scholars such as Gibbs (1999) language plays an important role in profiling or highlighting apects of a situation and thus influencing the way such a situation should be interpreted. Gibbs (ibid) further argues that there is psycholinguistic evidence to indicate that the use of metaphoric language evokes associations which influence our interpretation of the 'target' situation. The present study argued that there were possible challenges for the English-speaking doctor who has no idea how Lubukusu grammar is applied to identify these implicit linguistic cues. Furthermore, whereas there are difficulties in clearly identifying the grammatical usages of a first language due to the fact they are transparent and automatic; in a foreign language, the grammatical features are not obvious and have to be learned. However, as the English doctors strive to learn Lubukusu they may be made aware that in the process of learning the new grammar there are parameters for language use which are utilized in accordance with real communicative needs.

Since metaphor is also cultural-cognitive it is essential for medical practitioners to take interest in the language of the patient to be able to decipher the hidden nuances that are central to wellness. It is a good tool to explore the ways of thinking, evaluations, values and attitudes of the people speaking the metaphor. On the pragmatic level, the choice of metaphor helps deliver the stance and achieve the persuasive intentions of the patient.

### 1.1.1 Background to Lubukusu

Lubukusu is a Western Bantu language. The Bukusu of Western Kenya and Eastern Uganda who inhabit the foothills of Mt. Elgon speak Lubukusu. This langauge is closely related to the Gishu langauge of the Bagisu of Eastern Uganda. Lubukusu has also been classified as a Luhya language. Luhya is a Bantu language spoken in the western part of Kenya and eastern Uganda covering Bungoma and Trans Nzoia counties in Kenya; Manafwa and Namisindwa districts in Uganda by approximately 1 000 000 people (KNBS 2008). Lubukusu belongs to the sub group of Bantu languages, of which it has been estimated that there are at least 23 different dialects spoken in western Kenya and Eastern Uganda (Marlo 2009).

Lewis (2009) classifies Lubukusu as a Niger – Congo (Narrow) Bantu, Luhya Language Niger Congo- Atlantic Congo- Volta Congo- Benue Congo- Bantoid- Southern- Narrow Bantu- Central- Masaba – Luhya-Luhya.figure 1.1 below shows the distribution of Luhya varieties within the major ethnic groups in Kenya.




Source: http: //fullsey.wordpress.com/Kenya-fyi/

Lewis et al. (2020) have revised the classification of Lubukusu as a language (along with other Luhya 'dialects'), 'Luhya' is identified as a superseding 'macrolanguage'. Lubukusu is considered among one of the eighteen dialects of the Luhya. Kanyoro (1983:7) avers that the term Luhya has been viewed from different angles and as such it is pointed out that the term "Luhya" is a derivation which means clan.

Osogo (1966) submits that the word Luhya is used with regard to tribesmen of a common extraction. He groups four distinct clsters thus: Southern: Lwidakho, Lwisukha, Lutiriki, Logooli; Central: Luwanga, Lumarama, Lukisa, Lutsostso, Lukabarasi, Lunyole, Lutachoni; Northern: Lubukusu, Lusamia, Lunyala (KK), Lunyala (BUS), Lukhayo, Lumarachi.The Luhya language, posits Marlo (2011**),** is a massive collection of a minimum of nineteen dialects which include Lubukusu (spoken in Bungoma County); Lwisukha, Lwitakho, Luwanga, Lumarama, Lutsotso, Lunyala-K, Lukisa, Lukabarasi, Lutachoni (spoken in Kakamega County), Lukhayo, Lumarachi, Lusaamia, Lunyala-B, Lutura (spoken in Busia County); the latter also spoken in Bungoma County); Luloogoli, Lutirichi, Lunyore (spoken in Vihiga County). According to Muandike (2011) Lutura dialects is mainly used in Busia County. Kebeya (2008), on the other hand, divides Lunyala language into two smaller varieties, namely Lunyala K (Kakamega) and Lunyala B (Busia)

Among the seventeen or thereabouts dialects Lubukusu is grouped as (E31C) of the Luhya of the Bantu languages (Guthrie, 1971). The other dialects that fall under this cluster include Lukisa, Lumarama, Lutsotso, Lusamia, Lutiriki, Lutachoni, Lunyala of Busia and Lunyala of Kakamega, Lukhayo, Lukabras, Lwidakho, Lwisukha, Lunyoore, Luwanga and Luloogoli. The current residence of the Luhya subtribes includes the following counties, Bungoma, Trans Nzoia, Busia, Kakamega and Vihiga.

Most studies done on the Luhya cluster of languages have focused on various issues such language accommodation (Kebeya 1997), translation and interpretation, (Mudogo 2011, 2017), Syntax (Osore 2017). However, there is need for research on conceptual representation to document cognitive representation of abstract concepts. Numerous studies have been carried out to show that culture is an important component in the study of pain since it plays the role of representing behaviour patterns or beliefs that define a definite group of seakers. A lot of information can be gleaned from various cultures of the world with regard to to expression of emotions. This is essential information because it makes practioners of health more culturaly competent and sensitive when dealing with world minorities that have their languages tucked away from the global stage. The emotion of pain is generally individual and it is largely influenced by the sufferer's cultural frame of mind and identity. Pain management is not a straightforward endeavour. It calls for various interventions that must take into consideration the patints cultural disposition, attitudes, beliefs and values. Once any of this is overlooked it makes management a very complex affair.

## 1.2 Statement of the Problem

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. Furthermore, the difference in concepts conceptualizing in different languages calls for attention to what happens when Lubukusu speaking patients encounter concepts which may not have a similar conceptualization in English. The use of image schemas in framing key messages was also established as essential because they are taken from the culture of the patient making it easy to talk about the pain emotion. The image schemas theory was used to account for metaphtonomies of pain. There was need to establish whether or not there is miscommunication between patients and medical practitioners due to potential mismatch in conceptualization of pain between Lubukusu and English.

### 1.3 Research Objectives

1. To establish metaphtonomies of pain as conceptualized by Lubukusu speaking patients in the framework of doctor-patient consultation in selected health facilities in Bungoma County.
2. To categorize typologies of metaphtonomies of pain into conceptual domains as conceptualized by Lubukusu speaking patients in the framework of doctor patient consultation in selected health facilities in Bungoma County.
3. To analyze how image schemas account for metaphtonomies of pain among Lubukusu speaking patients in selected health facilities in Bungoma County.

### 1.4 Research Questions

1. To what extent are metaphtonomies of pain conceptualised by Lubukusu speaking patients in the framework of doctor patient consultation affect health communication?

2. What are the typologies of metaphtonomies of pain as conceptualized by Lubukusu speaking patients in the framework of doctor patient consultation in selected health facilities in Bungoma County?

3. How do image schemas account for how pain is conceptualised among Lubukusu speakers?

## 1.5 Research Assumptions

1. There are metaphtonomies of pain as conceptualized by Lubukusu speaking patients in the framework of doctor-patient consultation in selected health facilities influence outcomes.

2. There are typologies of metaphtonomies of pain as conceptualized by Lubukusu speaking patients in the framework of doctor patient consultation.

3. Image Schemas Theory accounts for the metaphtonomies of pain in Lubukusu doctor patient-medical discourse.

## 1.6 Scope and Limitations

The study falls within the broad area of Cognitive Linguistics. The study utilized spoken discourse on terminal illnesses, HIV and AIDS, Cancer and diabetes. The study ignored Lubukusu written expressions that may be used and only focused on the oral linguistic units used in the expression of pain emotions. The number of linguistic items to be analyzed and the theory to be used were the cognitive metaphor theory as proposed by Lakoff and Johnson (1980) to discuss the different conceptual metaphor and image schemas theory by Johnson (1987).

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), love for the case of Gathigia (2014) and HIV/AIDS, Nyakoe (2015). It is imperative to note that the present study will concern itself with a unique corporeal emotion different from what other researchers have done. It was demonstrated that Esenova (2011) sought to establish how conceptualisation of anger, fear and sadness pans out concerning English speakers. Gathigia (2014) was concerned with expression of love among Gikuyu speakers.

On the other hand, Nyakoe (2015) zeroed in on EkeGusii speakers. The present study confined itself to Lubukusu speakers' medical discourse in terms of population scope. Furthermore, the study also sought to find out how other language speakers conceptualize Lubukusu metaphors, in this case the addressee was a non- Bukusu unfamiliar with the Lubukusu language. This study presents a multilingual scenario as opposed to the monolingual situation of the studies cited. Gathigia (2014) researches scope of variables: sex, age, religion and education. Neither Gathigia (2014) nor Nyakoe (2015) provided a geographical scope for their study. The current study took place at Webuye County Referral, Bungoma County. The reason is that majority of the patients treated in this health facility are Lubukusu speaking patients. The researcher also found it convenient in terms of proximity.

This study limited itself to the study of pain as a linguistic construct in Lubukusu. The content scope therefore encompassed metaphors of pain. In terms of population, this study was limited to speakers of Lubukusu. The study is a cognitive analysis that focuses on different metaphors of pain as generated by various patients who are speakers of Lubukusu. It was designed to establish their existence and subsequently describe metaphors of pain in spoken Lubukusu. It is important to note that other forms of emotion metaphors such as fear, anger, sadness, love and death are found in Bukusu culture and Lubukusu language but they were not subjects of concern in this study.

### 1.7 Significance / Justification of the study

There was need to carry out a cognitive Linguistics research of pain in Lubukusu. It was established that studies had been carried out in other indigenous languages like Ekegusii. Nyakoe (2015) argued that extensive research had been carried out in HIV/AIDS by epidemiologists, feminists, literary scholars and anthropologists. Therefore, her study sought to fill the gap in the area of cognitive linguistics by looking at the use of metaphor in Ekegusii HIV/AIDS communication matrix by examining the conceptualization and interpretation of EkeGusii HIV /AIDS discourse to reveal how Ekegusii speakers conceptualize HIV/AIDS. Further, it is stated that many studies carried out on metaphoric conceptualization have focused on the English language for example, Chow (2010); Esenova (2011). Yet, the problem is that the insights into conceptual metaphors found to apply to English have been generalized to apply to all languages.

Kovesces (2006) observes that specific metaphors for defining reality vary culturally. While Nyakoe's study dealt with intra-linguistic mismatches, within Ekegusii, the present study examined cross-linguistic mismatches; that is Lubukusu addresser versus an English-speaking addressee (medical doctor/nurse/practitioner). While Nyakoe looked at the scientific field of HIV/AIDS, the present study examined the rather natural occurrence of pain. Also, Nyakoe (2015) embedded her study in a monolingual situation while the present study has aspects of multilingualism. In our study the focus was on addressee interpretation of metaphors of pain in Lubukusu. The addressees in this instance were health care providers who speak a language other than Lubukusu.

Since language bears unique cultural aspects, (Kovecses, 2006), it was important to examine the mismatches that arise from the linguistic discordance. In view of the foregoing, there was need, therefore, to establish the cross-linguistic mismatches that occur during the communication of patient emotions. This research was an integral study in the field of Applied Linguistics. Further, it was established that there is a scarcity of literature on metaphtonomies of pain in Lubukusu in Cognitive Linguistics. The researcher's choice in the study of metaphtonomies was inspired by a number of reasons. Cienki (2005) asserts that metaphors provide a means for reasoning about one item using the parameters of another item.

It was hoped that after the completion of this study, empirical evidence would be available about the close interaction between Lubukusu language, body, mind and cultural aspects of the embodied mind. In addition, since emotions are a widely studied area of scientific research, medical doctors, biologists, psychologists, cognitive scientists and linguists, would find this study of great importance in their line of work. In addition, findings arising from this study will play a key role in bridging the body of knowledge and enhancing theory development in cognitive linguistics. Further, since there exists a potential mismatch in communication between speakers of Lubukusu and other languages, there was need to undertake the present research in order to mitigate the existing breakdown of communication taking place between Lubukusu speakers and speakers of other languages. This study could only be undertaken through familiarizing with the causes of comprehension bottlenecks that emerge when speech engagement is highly nuanced.

Once armed with the relevant literature on Lubukusu metaphors this will build a significant information base with regard to in this on issues of indigenous African languages, their intellectalization and general cognition. Existing evidence shows that Western languages have been studied more widely in the area of cognitive linguistics. Esenova (2011) studied a range of emotion metaphors that included fear, anger and sadness. These studies lend themselves to most generalizations in cognitive linguistics. The present study sought to establish whether the generalisations and conclusions made about western languages can also be made about a language like Lubukusu in the field of Applied Linguistics. Various researchers with an interest in linguistic research on Lubukusu might use the findings of this study for more investigations.

The present study is an addition to the existing literature on Lubukusu, which may be significant to the lexicographers keen on developing a dictionary of Lubukusu. Lubukusu metaphtonomies or even studying other aspects of cognitive linguistics regarding Lubukusu.

## 1.8 Conclusion

Chapter one of this thesis has provided a background to what the study was all about, that is, metaphoric conceptualisation of pain in Lubukusu. It has done this by locating the study under the specialized field of Cognitive Linguistics. The chapter also presented the statement of the problem, research objectives, questions and assumptions that guided this study. Chapter two will present a review of related literature and the theoretical underpinnings of the present study.

# CHAPTER TWO

# LITERATURE REVIEW AND THEORETICAL FRAMEWORK

## 2.0 Introduction

Chapter Two presents a critical review of literature and an overview of the theoretical framework. The chapter examines pain as a term of primary concern and shows examples of previous studies from different academic areas in which pain has been used as material of analysis. The first concern in the theoretical framework is the Conceptual Metaphor Theory followed by the Image Schemas Theory. Further, the chapter outlines the most essential aspects of Conceptual Metaphor Theory by Lakoff and Johnson (1980) and Image Schemas Theory by Johnson (1987). Also, it demonstrates the different conceptual mappings of pain found by such mappings while providing the salient operational framework for the analysis of metaphorical expressions.

## 2.1 Literature Review

This literature was guided by the objectives set out in the study (see section 1.4). In addition, this part examined Cognitive Linguistics and its interrelationship with the phenomenon of metaphtonomies in medical discourse. The study therefore assesses a random set of metaphor and metonymy researches around the globe with keen emphasis on the African metaphtonomies on pain and other emotions like fear, anger, love and hate.Esenova (2011) investigates abstract notions namely anger, fear and sadness. This study concentrated on intangible concepts. We established that for the case of the present study pain is also compared to tangible objects, and this is the most important point of divergence.

Further, while the focus of Esenova (2011)'s study was on the emotional expressions such as fear, anger and sadness the present study focused on pain. Moreover, our interest was in doctor-patient communication where the patient is a native Lubukusu speaker but the doctor, a non-native, can only speak English or Kiswahili. Unlike other previous studies that analyzed the written script, the present study is mainly concerned with the Lubukusu spoken discourse that enables patients express their emotions. Another major divergence that characterizes the present study is that while Esenova (2011) focused on English and the English culture our study examined an indigenous language, Lubukusu and Bukusu culture.

### 2.1.1 Metaphtonomies

Metaphors are essential in communication because they reflect and express different ways of understanding particular aspects of our day to day lives. The most important role played by metaphor, according to Lackoff (2001) is framing. For instance, in various health communication discourses illness has been referred to as ‘a battle’, ‘a journey’or ‘a fight’. Most cancer patients are said to be engaged in a fight with a terminal disease such as cancer. The experience of being sick or ill is framed differently depending on the type of sickness involved and the people involved in the conversation. In the fight metaphor, a disease is characterised as an enemy or an aggressor. Similarly, in referring to a disease as a battle we conceive disease as an object of aggression or an occupying force (Lakoff, 2001). On the other hand, when talking about disease as a journey we mean that this is a path or a road that one has to travel in order to reach an intended destination. Travels, adventures, or journeys have all manner of eventualities that include getting a vehicle ready by servicing it. A vehicle cannot move without fuel. In case of a breakdown in the course of the journey the motorist has to visit a garage. It is also common to experience all manner of checks along the road that include speed checks for overspeeding, overloading and roadworthiness of the vehicle by the police. According to Palinkas (2006) metaphor comes from the Greek words *meta* and *pherin*, or ‘to transfer’ and ‘to carry beyond’. Aristotle is said to have been the first scholar, two thousand years ago, to develop the first ever scientific theory of metaphor.

Since the times of Aristotle many metaphor theories have been developed upto the present times, they include *the Substition Theory of Metaphor* as propounded by the Greek philosopher, Aristotle, *The Speech Act Theory* by J. Searle, *The Interaction Theory* by M. Black and *The Conceptual Metaphor Theory* by Lakoff and Johnson. Because of metaphor an idea is carried from one particular contextual frame into a completely new context and it is made to fit in. Often times this is a context within which it has never existed before. This causes what is referred to as meaning extension. On account of metaphor speakers are able to move a subject from a state of intangibility to tangibility, inconcreteness to concreteness. From the foregoing, therefore, we can deduce that metaphor is not simply a decorative attachment or an ornament in the communication process, but it is an accurate mental mapping that has far reaching influence on the thinking, reasoning and imagination in everyday life as pointed out by Raymond Gibbs (1999: 145). It is apparent that human communication and language is characterised by figures of speech.

Some scholars hold that metaphors, especially if applied in the scope of illness, are inherently stigmatizing (Sontag, 1991). She proposes that metaphors should be avoided when dealing with illness narratives. Sontag's proposition, in or view, is not only impossible but difficult to implement because the manner of speech of a people is determined by social circumstances. It is not possible to impose rules and regulations on the sociolinguistic environment of speakers especially a hospital evironment where the most pressing issue is to get relief from pain.

Metaphors play a major role when people try to convey experiences that are said to be resistant to expression (Lakoff, 2001). The most important reason for the application of metaphors in conversation is because most pain narratives are often incoherent and fragmented. It is difficut to come across pain narratives that are packaged in elaborate accounts. Metaphors therefore play the role of propping up the conversation endeavor and transmitting meaning. They enhance the effectiveness of the pain communication process in an environment where there are ineffective or inappropriate communication gadgets and equipment. Once metaphors achieve the role of bringing to the surface what is experienced internally then this becomes crucial in the effort of the pain sufferer's attempt to bring order in what would be a disorderly world.Metaphors are  also more than a literay adornment. They are fundamental in the understanding of the world. They are ubiquitous in communication and also bear influential meaning for the people and communication with others. Metaphors and metonymy are pervasive in all languages including Lubukusu. From the theoretical standpoint advanced by Lakoff and Johnson (1980) metaphor is known to convey information about unshared experiences that generally involves a mapping process from one concrete object to a more abstract one.

The creation of metaphoric meaning arises from the unidirectionality principle which states that the metaphorical process begins from what is mainly tangible to what is obviously intangibe or abstract (Lakoff and Johnson, 1980). The abstract can also be likened to what exists in the imaginative realm. This procedure enables metaphors to achieve the framing function in addition to organizing a shared meaning through activity, the linguistic faculty and the thinking process. Take for instance the metaphor, CAREER IS A JOURNEY. The word career etymologically means a chariot, a track or a course. According to career experts, the career of a person involves a lifelong journey, sojourn, path or vehicle for expression of an individual. A career entails what a person does on daily basis including self development, promotion by the employer and the earnings that motivate him to keep working. This gives forth expressions like a career doctor, journalist, lawyer, civil servant or a career teacher.

Esenova (2011) observes that while in most cases it is possible to draw a line between metaphor and metonymy, this might not be the case all the time. Metonymy and metaphor have a close association to an extent that it is not possible to differentiate one from the other. Goosens (2002) coined the term metaphtonomy to mean the framework of interaction between metaphor and metonymy. This can be illustrated by G. Lakoff's metaphor of emotion ANGER IS THE HEAT OF A FLUID IN A CONTAINER. This metaphor also constitutes the aspects of metonymy within (Lakoff, 1987). It is surrounded by a number of anger metonyms like internal pressure, agitation and body heat.

There is usually a very close relationship and interplay between metonymy and metaphor. .For this reason, there was need to establish metaphors and metaphtonomies of pain used by Lubukusu patients in doctor-patient consultation. The assumption is that, if the non-native Lubukusu doctors didn't understand what the patients said, there would be potential miscommunication hence the patient would not be served appropriately. The lack of adequate doctor-patient service arises from the mismatch in communication or breakdown in communication, lack of cultural competence and empathy.

### 2.1.2 Metaphor Recognition

To be able to establish whether there exist metaphors of pain, there was need to identify real metaphors from the general collection of linguistic expressions and utterances. To do this, a special procedure of real metaphor identification had to be undertaken. Previous studies had used an identification tool called Metaphor Identification Procedure (MIP), (Pragglejazz Group, 2007; Ansah, 2008; Gathigia, 2014). This device was used in singling out and identifying metaphtonomies of pain for analysis. The main reason is that it is difficult to generally draw a line between metaphors and metonymies from other figures of speech (Goosens, 2002). Other easily confused figures of speech that come close to metaphtonomies include similes, hyperbole, personification, etc. This method was therefore considered appropriate for the identification for the units of analysis.

To be able to isolate metaphors from the rest of the linguistic expresssions one had to undertake a scientific measurement procedure by setting out elements of appropriate boundary marking (Steen, 2010). The process of identifying metaphors was developed by a consortium of scholars in metaphor studies in Amsterdam at Vrije University. This method is widely used by linguists for metaphor recognition in both spoken and written discourse. Later, these scholars called themselves the Pragglejazz Group. Pragglejazz is a name coined out of the first names of ten metaphor scholars who took part in the initial experiment. Among others, there was Peter Crisp and Zolan Kovecses. These people belonged to different areas of academic endeavour such as cognitive linguistics, discourse analysis, corpus linguistics and psycholinguistics (Steen et al, 2010, p.16).

However, there is another more affective and reliable identificafication procedure called MIPVU which is an improvement on MIP. VU in this case represents *Vrije Universitet*, the university where the Pragglejazz Group conducted their initial research. MIP recommends the use of the dictionaries (Steen, 2010). The MIPVU procedure is usually used alongside the Macmillan Dictionary for Advanced Learners. The dictionary works as a tool upon which the intuitions of the researcher are based. The dictionary also plays a very crucial role because data in language originates form a wide range of sources that include both the written and spoken script (Pragglejazz Group, 2007 ).In the event that there is need for a comparison or a second opinion the analyst can make use of another dictionary, Longman Dictionary ( Summers, 2005), which is similar to the Macmillan Dictionary for Advanced Learners .Further, in more demanding cases, another dictionary can be used.

This in many cases is the Oxford Advanced Learners Dictionary of Current English (Semino, 2010) to be used to establish the history of a lexical unit. For our case, apart from the native speaker intuition, we also made use of *Embangilisi ye Lubukusu* (Marlo and Wasike, 2014).In establishing basic sense of the researchable units, bodily experience was utilized. This involved relying on the sense of touch, sight, hearing, smell and bodily action. These parameters were found to be more current than relying on vague and historically older meaning. In Conceptual Metaphor Theory, metaphors are based on bodily experience within a physical world whereby abstract elements are understood through being mapped on the ontology concrete ones (Steen et al., 2010).

### 2.1.3 Metaphoric Cognition

The term cognition refers to mental processes such as memory retention, paying attention, problem solving and planning (Gunter & Rene (2007). On the other hand, Evans (2007) argues that cognition is all about the various aspects of both conscious and unconscious mental function. It goes on to posit that it also includes particular mechanisms and processes as well as knowledge involved in undertaking various tasks that range from rudimentary levels to the most specialised high order intellectual activity. These activities can be termed as low level versus high level.This section gives a glimpse into the discussion concerning language and cogntion. It will be relevant in advancing the debate between various aspects of language and how cognition occurs. Further, there is also deliberate discussion on emotion and cognition and language and cognition. The present study is about how emotion concepts contribute to conceptualisation of emotion concepts like pain.

This makes it a necessary topic of discussion during investigation on metaphoric conceptualisation of pain in Lubukusu. Previously, the discussion on language and cognition has always been viewed in terms of language and thought. Language and cognition continued to be the concern of different academic disciplines like philosophy and cognitive psychology, linguistics, psycholinguistics and psychology of language.This cognition may be said to relate to mental function in general. However, for a long time scholar have not settled their debate regarding the issue of whether or not some kinds of mental operations are central or peripheral to cognition. Therefore, it was necessary to provide a brief overview of scholarly perspectives on the relations that hold between language, cognition, emotion. Additionally, the review was key to the present study which investigated the conceptualisation of pain metaphors in Lubukusu in order to elucidate findings about conceptual manifestation of emotions based on doctor patient consultation.

In philosophy, the question has been whether or not and to what extent natural language is involved in thought. While anti-realistic philosophers argued that language is conceptually necessary for thought, realist philosophers argued that thought is independent of language. They further note that thought is based on images. In addition, these scholars also point out that possession and manipulation of mental images needs to involve or presupposes natural language. However, there is a third group of philosophers who occupy a middle ground in the argument.

Such philosophers distinguish between conscious thought and the involvement of language, non-conscious thought is independent of language. (Van Eemeren & Houtlosser, 2015**).** In her prototype theory of graded categorization, Rosch (1975) singles out happiness, sadness, anger, fear and love as basic level (prototypical) emotion concepts that are possibly universal (Kovecses, 2000). While Oatley and Jenkins (1996) unpacking of emotion points to various aspects of Evan's (2007) explanation of cognition above, they observe that emotions were originally regarded as additional appendages in psychology, not as serious cognitive functions like perception, language, learning and thinking (Oatley & Jenkins 1996). In semantics, emotion concepts were considered as consisting of feelings completely distinct from conceptual content (Lakoff 1987). Thus, the debate about whether or not emotion is central to cognition or whether it deserves scientific interrogation and study has been the concern of researches for many years.

It is noteworthy to observe that recent findings from research in cognitive science, namely cognitive neuroscience, cognitive psycholinguistics and cognitive linguistics, agree to the fact that emotion is an important segment of cognition. For instance, scholars such as Schott (2004) concur with researchers whose argument focuses on contemporary thinking about the relationship between emotion and cognition and emphasize their independence in ways that challenge a simple division of labour into separate cognitive and emotional domains. These kinds of research have foregrounded the acruing advantages that a study on emotion may have on cognition studies in general (Lakoff 1987).Lakoff (1987:380) asserts that emotion concepts have an exceedingly complex conceptual framework which gives rise to a wide variety of nontrivial inferences

### 2.1.4 Conceptual Metaphtonomies of Pain

A good number of researches have come up with novel ways of identifying figurative language. The most recent one involves identifying metaphors in day-to-day conversations. Linguistics and psychology practitioners provide essential material for studying metaphor structure and function. Investigating metaphors requires researchers to critically examine “metaphors in the wild” this is beacause interlocutors are wont to generate metaphorical expressions in varying contextual environments (Stein *et al*., 2010). It is further observed that the absence of criteria of identifying metaphors makes it difficult during evaluation of theoretical claims about metaphor (Cameron, 2003). Therefore, an investigation on identifying metaphtonomies in a medical discourse is necessary. This would call for attention to the strategies used in doctor-patient discourse with the view of finding out whether or not the communication process was meaningful.

In addition to the aforementioned, researchers often adopt disparate approaches in their intuitions with regard to what qualifies as a metaphorical word or phrase. Many a time such researchers may not be in a position to draw boundaries appropriately regarding segments of speech that qualify as metaphorical or otherwise. This is in addition to laying out the right criterion for marking out what qualifies as metaphorical. Normally, they earmark varying aspects of metaphor communication on account of the theoretical leanings in addition to the objective of the research. The apparent dearth of criteria leads to a situation where the validation of data becomes difficult in weighing it for empirical studies.

Over the years, however, new studies have proposed different and novel means of demarcating the boundaries that encompass language that is predominatly figurative. Notably, numerous studies show effort by language scholars to come up with programmes of metaphor identification. The most recent studies show that the available programmes for automatic identification of metaphors are only used for analyzing data manually (Barber, 2003). These methods are adaptable and are the most commonly employed approach when it comes to identifying metaphors (Steen et al., 2010). The most popular method used for this process is the one proposed by Barlow as seen in Steen et al., (2010). The said method is a training manual designed to guide those who wish to isolate out strings of figures of speech that are available in varied contextual environments covering children's writing to speeches made by political leaders. The guide gives brief explanations on wideranging tropes namely, similes, metonymy, personification and irony. The manual also provides a good number of languistic based examples that go hand in hand with every category. This manual has been extensively applied in different areas of research with initial publications pointing to the fact that thorough instruction and application of the manual can lead to reliable identification of figures of speech in a speech occasion (Barrows, 1993).

During the identification of metaphor, the guide draws a line between live metaphors and those ones that are considered dead by giving examples of each category. The manual is also able to distinguish forms of personification by giving examples. Though popular and able to establish reliability of procedure the manual falls short on a number of fronts. First and foremost, it fails to provide an explicit criterion for deciding whether a word or phrase is applied metaphorically or non-metaphorically in a given instance (Steen et al., 2010).

Offering prototypical examples as a basis for classification is not enough since we need to be aware of the inherent properties that make metaphor be classified as x and not y.It has also been established that Barlow's demarcation between metaphors that are considered live or otherwise dead metaphors casts many common words into the class that is considered the dead one (Cameron, 2003). A good number of theoretical literatures exists in the area of metaphor and metonymy research. Studying metaphorical language is an age-old practice among langauge scholars. Many previous and recent researches have been conducted in order to examine the varied manifestations of this phenomenon and its existence in day-to-day discourse. These studies look at several features about how metaphors and metonymies are applied to express intended purposes in different circumstances. Existing research on metaphorical language has concentrated majorly on examining the discourse in monolingual backgrounds. For instance, Nyakoe (2015) investigated metaphoric conceptualization and interpretation of Ekegusii HIV and Aids discourse. She established that Egekusii speakers conceptualize HIV and AIDS using different mappings which may give rise to difficulties in comprehension because of multiple interpretations that may be accorded to these mappings.

In the case of the present study, there was need to establish metaphtonomies of pain used by native Lubukusu speakers when engaging in discourse with non-native doctors. The aim was to establish whether or not there is a mismatch in communication occasioned by different languages involved during doctor-patient consultation in health communication in a Lubukusu setting. Similarly, Gathigia (2014), sought to investigate metaphoric language. His study concentrated on emotion metaphors of love.

He studied love metaphors in an indigenous Kenyan language called Gikuyu. He examined the conceptual mappings of an emotion called love. Gathigia's work proposes that the cognitive mappings arrived at during his research should be codified in order to come up with a Gikuyu Metaphor Dictionary.

Esenova (2011) examined how the emotions like fear, sadness and anger are conceptualised. From the foregoing there was need for literature in a multilingual setting where not all the people involved speak one language as was in Esenova (2011). The present study focuses on Lubukusu and English. The study examined doctor-patient consultation where the doctor is not a native speaker of Lubukusu but relies on English or Kiswahili to communicate with patients. The patient, on the other hand uses metaphtonomies to talk about the abstract concept of pain.Since metaphors and metonyms belong to the complex world of figurative language it was prudent to utilise a procedure of identifying metaphtonomies of pain in Lubukusu. A metaphor identification procedure was set out in a way that it would reduce underlying bias and to give rise to a dependable and versatile prop for the clear dileanation of strings of words that are applied in a metaphorical way during communication. The metaphor identification method proposes a procedure for the identification of metaphors linguistically. The primary consideration is to read the whole text in order to grasp its meaning generally followed by isolating the various lexical units within the discourse environment. This procedure is followed by an equally important third procedure of identifying metaphors whereby the need for meaning of each word examined has a more basic meaning than the contextual one. Sometimes the basic meaning turns out to be more concrete and closely related to the human senses and bodily activity.

In most cases the meaning could turn out clearer and more precise than vague. It could also be an older meaning in terms of history. In the event that the meaning derived from context is diametrically different from the basic meaning, it is upon the researcher to on whether the two meanings contrast but are understandable in relation to each other. When this happens then the linguistic unit under consideration is identified and categorised as metaphoric language. Much as the procedure laid out for identifying metaphors is geared towards providing a clear-cut identification model there is a lot of room for bias. This kind of bias is predominant when the establishing of primary meanings of various lexical items that may be spoken or written.

For the present study, metaphoric conceptualisation of pain in Lubukusu, the metaphor identification procedure was utilized in identification of metaphtonomies of pain in Lubukusu in addition to the more recent Metaphor Identification Procedure *Vrije University*.In addition, there is overwhelming evidence to show that numerous studies have been undertaken on the function of metaphor in the conceptualization of emotions in European languages like English (Lackoff, 1987; Kovecses, 1991; Lackoff and Johnson 1983). Previous research has shown that emotions like fear, pain, love, sadness are intangible and can easily be comprehended and expressed in figurative language. Pain is a corporeal emotion which is associated with medical discourse. The present study was anchored on the assumption that patients may conceptualize pain in 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 langauge and culture.

It is important that doctors invoke cultural competence when working in multicultural environments. 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.Ortony (1987) espouses the view that literature on how emotions are expressed points at 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 appeared 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 'fear,' it is difficult to describe literally the quality of a specific 'experience of fear' because emotions vary in duration and intensity. In addition, it is not easy for emotions to be measured.

There was need, therefore, to establish whether or not there are metaphtonomies of pain in Lubukusu. Determining the nature of metaphtonomies in Lubukusu was also essential. This endeavor was geared towards 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 Lubukusu language and culture are unique in the sense that emotions would be conceptualized differently from other cultures.

However, Esenova (2011) observes that many metaphors of emotion found in different cultures are near-universal and this existence is attributed to universal human physiology. Nevertheless, there are also certain differences in the way various cultures conceptualize emotions. For example, the body is conceived as a container for emotions but such emotions are placed in different parts of the body and may be conceptualized in terms of different substances. For this reason**,** cognitive linguistics holds that metaphors are shaped by both embodiment and culture. Such approach in the study of metaphors of emotions like pain is well thought and balanced because it involves both the universality and cultural-specificity aspects of metaphoric expressions. Patients, care givers and health care workers often employ metaphor power as an expressive language tool yet its wrongful use can mislead and confuse those involved and leading to undesirable emotional responses and other negative health outcomes (Drennan and Swartz ,1999). For instance, a healthcare practitioner was reported to have drawn an analogy between malignancies and diabetes or hypertension, in an effort to get across the message that cancer should be viewed as something that sufferers can live with. Regardless of the good intention, a comparison between diseases can be misleading from the patient's perspective.

## 2.2 Typologies of Metaphtonomies of Pain

Metaphtomomies is a word that emerges from the joining two independent words metaphor and metonymy. It is not very easy to differentiate these words, it is somewhat tricky. Metaphor scholars therefore came up with a way of distinguishing one from the other. The procedure is known as Metaphor Identification Procedure (MIP). This procedure is preferred because it effectively draws a boundary between the two words. From the foregoing, it was also necessary in objective two to investigate typologies of metaphtonomies of pain in Lubukusu. Lakoff and Johnson (2013) identify and describe three types of mataphors: orientational, ontological and structural. Orientational metaphors "give a concept a spatial orientation" (Lakoff and Johnson, 2003[1980b]: 14), which has a strong experiential basis that is anchored in both physical and cultural experience. In simple terms, the said metaphors play the role of strucyuring concepts in a linear formation, thereby aligning them with respect to non-metaphorical line like orientation (Lakoff & Johnson, 1980a). Lakoff and Johnson (2003[1980b]: 14-21) gave a set of orientational metaphors like: HAPPY IS UP-SAD IS DOWN; GOOD IS UP-BAD IS DOWN. From these examples we can deduce that an upward trajectory or movement is synonymous with a positive disposition, whereas downward movement is considered to be a negative one. This state of affairs points to the fact that target concepts in orientational metaphors are structured in a predictable and systematic manner (Kövecses, 2010). Similar examples can be provided for CENTRE - PERIPHERY, LEFT - RIGHT, FRONT – BACK, NEAR – FAR, and other similar formations.

On the other hand, metaphors that are characterised as ontological entail the projection of entity or a substance status on something that does not possess the said status (Lakoff & Johnson, 1980a). In other words, "ontological metaphors enable us to see a more clearly delineated structure where there is very little or none" (Kövecses, 2010: 39). This means that ontological metaphors such as THE MIND IS A MACHINE, THE MIND IS A CONTAINER, COUNTRY IS A CONTAINER, (Lakoff & Johnson, 2003), enable us to make sense of some more abstract, intangible concepts, by relying on our experiences with physical objects. This is particularly transparent in the case of the CONTAINER metaphor, which is largely based on the experience of our bodies as containers.

Esenova (2011) on his part carried out a study regarding the role played by voice modulation in the metaphoric conceptualisation of embodied emotions. A close interrelatedness between voice production and embodied emotion has been associated with psychology and other disciplines with close association. However, what is not properly understood is whether such a link between voice and emotion may result in the formation of conceptual emotion metaphors. Esenova (2011) posits that during the duration of such a study, he came across a definite set of metaphorical CONTAINER expressions in which VOICE is understood as a container for anger emotion, sadness emotion and fear emotion. These emotions are grouped under their corresponding conceptual voice metaphors. In conclusion, Esenova's investigation also examines several other container metaphors for emotion where the containers referred to are the head and the heart. These set of metaphors are elicited by the experience of bodily containment.

Gathigia (2014) categorizes metaphors of love into different domains. We also categorized metaphors of pain in Lubukusu into categorized into various typologies namely, Tangibility Metaphors, Non-Tangibility Metaphors and Metaphor Related Words (MRW). In this study, we also categorized metaphors of pain into different generic domains. This led to better mapping in the sense that each source domain exhibited unique qualities. What is more, Esenova (2011) reports that from previous research emotions such as anger, fear and sadness are commonly comprehended in terms of general animal source domains like CAPTIVE ANIMAL (Kövecses, 2000a). However, what has not been investigated is whether some specific animal domains like BUFALLO, CHICKEN, RABBIT, ZEBRA, DONKEY, CROCODILE, and OWL can be mapped onto varying emotion concepts. Therefore, Esenova holds the view that the named source domains have been chosen for investigation. Since animal experience is one of the most fundamental experiences about which we have a lot of knowledge, he assumed that the metaphorical mappings from the aforementioned source domains onto emotions may exist.

Metaphors are known for their universality in addition to an underlying variation in terms of culture. Admittedly, there can exist differences in the range of conceptual metaphors that languages and cultures have available for the conceptualization of particular target domains especially when dealing with emotion concepts as targets the causes of cross-cultural variation consist of cultural concept and natural environment (Kovecses, 2002). Various aspects of culture and the prevailing natural environment are known to play a role in shaping a language, most importantly its lexicon and metaphtonomies as well.

Depending on the obtaining habitat, speakers of a language occupying a geographical location will be conditioned to apply themselves to things and phenomena that are characterise the catchment area in question. These speakers will make use of the existing metaphtonomies for the metaphorical comprehension and creation of an understandable conceptual world (Kovecses, 2002). This therefore suggests that when speakers make use of a new habit in terms of cultural environment various aspects of language use transformed accordingly.

According to Esenova (2011) agrarian practices make up another primary life skill that has been practiced for many years. Tilling and hoeing of land has been part of humanity and characterised his adaptive faculties. These lived experinces lead to the metaphorical conceptualization of many abstract concepts that include emotions like hate, love, fear, anger and sadness. Following the prevalence of farming acgivities among the speakers of English PLANT domain was selected for further investigation. Various scholars admit the existence of the conceptual mappings from the source domain of PLANTS mapped onto the target domain of ANGER. Stefanowitsch (2006) indicates that PLANTS act as a very reliable source domain when trying to understand emotions such as ANGER, FEAR and SADNESS. However, it was instructive to note mappings of this nature have not yet been studied in a Lubukusu language. In addition, it was necessary to find out whether the PLANT source domain occurs with the target domains of PAIN as set out in our current study. In previous studies the source domains of SUPERNATURAL BEING and HIDDEN ENEMY were described as being specific to fear (Kövecses, 1990), though this claim exists we set out to test it with regard to the emotion of pain in Lubukusu.

According to Esenova (2011) it was therefore useful to investigate various possible metaphorical mappings from these source domains onto the target domains of ANGER, FEAR and SADNESS. Earlier research shows that the TORMENTOR source domain occurs with FEAR (ibid). However, it does not provide evidence of the existence of similar mappings between the TORMENTOR source domain, on the one hand, and the target domains of ANGER and SADNESS, on the other. Hence, this study examines the presence of such mappings. The existence of metaphorical mappings from the PURE SUBSTANCE and MIXED SUBSTANCE source domains onto some of the emotion concepts are also analyzed in this study since the metaphorical expressions manifesting such mappings have not yet been scrutinized.

Structural metaphors represent "cases where one concept is metaphorically structured in terms of another" (Lakoff & Johnson, 2003[1980b]: 14), and "the source domain provides a relatively rich knowledge structure for the target concept" (Kövecses, 2010: 37). For example, the metaphor ARGUMENT IS WAR is a structural metaphor where the idea of an argument is understood in terms of the concept of war. In this given metaphor the individual linguistic understanding is taken care of as well as the realization of the concept of an argument and its importance. All this is provided the cross-domain mappings.

## 2.3 How Image Schemas Account for Metaphtonomies of Pain

Johnson (1987) defined Image schemas as preconceptual abstract knowledge based on oft recurrent patterns of human experience. Image schemas are characterised by a number of structural elements and a basic logic which can be expressed propositionally. According to Lakoff (1990), this internal logic is employed in abstract thinking. In addition, image schemas can also be considered as non-propositional, generic 'gestalts' whose key aim is to provide a coherent as well as clear comprehension framework and order to certain mental frames (Lakoff, 1987). Various languages possess a unique order of conceptual structures. There are different properties in each language much as it is posiible that universal structures exist. In doctor-patient consultations, similarity in the order of conceptual structures have great significance on the way information is is understood. Thus, for this study, there was need to establish whether there were similarities or differences in the way image schemas account for patients' metaphtonomies of pain.

This was because, any mismatch would result in miscommunication. Languages have numerous image schemas depending on the emotional experience under review. For this study the various schematics are seen to have helped a Lubukusu patient adequately state their case before a non-Bukusu speaking doctor and achieve the intended effect will be the subject of our investigation. Various studies have shown that in the health care context, it is common for patients to use metaphor when talking about the problematic diseases. Metaphors are also frequently used when reliving memories about the traumatic experiences they have undergone or undergoing.

Metaphors are used to share their experiences more vividly and effectively with their hearers who are typically health workers, support groups members and therapists, for example, (Hussey, 2013). Similarly, sick people suffering from conditions such as asthma epilepsy and psychogenic non-epileptic seizures (Schott, 2004) and diabetes (Huttlinger *et al*., 1992) have been found to use a variety of metaphors when communicating about their experiences. More importantly, understanding how patients use metaphor has been shown to have critical implications to healthcare delivery because that will enable the doctor respond appropriately. In the event of a mismatch in communication, then the patient doesn't receive a favorable intervention from the whole chain of health care practitioners. Consequently, the non-native medical practitioners are unlikely to understand the metaphtonomies of pain in Lubukusu without knowledge of image schemas which are pervasive in all languages but culture specific.

Johnson (1987) suggests that our experiences in interacting with the environment results in the formation of image schemas. He gives the example of a CONTAINER SCHEMA to represent the idea of containment and a PATH SCHEMA to represent movement in space from a source to a goal along a path. He argues that image schemas are highly structured. From the conceptual metaphor MOUTH IS A CONTAINER can be derived various conceptual metaphors where metaphorical expressions various generic expressions can be derived such as: close your mouth, my mouth is full, this boy organizes his thoughts. The first generic metaphor close your mouths hints to an open vessel that needs to be covered. The second is about a container that needs to be filled while the third alludes to arrangeing thoughts so that they fit in. There several attributes of the CONTAINMENT image schema as posited by Johnson (1987).

The inconsistency that obtains in the schema is that we have parts inside while others are outside. The mouth as a container holds some objects like teeth, tongue, and palate. Further, food and words will be found inside the mouth. In Lubukusu, it is common to say *lomo melu* [lomo melu] (words are saliva). Words are therefore objects stored in the mouth.

## 2.4 Theoretical Framework

The study utilized the Conceptual Metaphor Theory (CMT) and the Image Schemas Theory (IST). The Conceptual Metaphor Theory was applied in identifying and categorizing conceptual metaphors of pain in Lubukusu while The Image Schemas Theory was used to show how image schemas account for the mataphtonomies of pain in Lubukusu. The two theories were considered sufficient to analyze the three objectives that guided the study.

### 2.4.1 The Conceptual Metaphor Theory

The primary tenet of Conceptual Metaphor Theory 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 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.

An example can be to understand quantity in terms of directionality e.g. 'the cost of love is rising in Kenya' or the comprehension of time in terms of money e.g. 'I spent time in the elders' council today' (Gathigia 2014). The present study was be concerned with metaphtonomies of pain.

A conceptual domain can be any coherent organization of human experience. In Lakoff and Johnson (1980) we establish that conceptual metaphors are seen in 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 and Johnson (1980) posit that our everyday language is filled by 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. Mudogo (2019) utilized the CMT in analyzing the conceptualisation of women through metaphor by bilingual Lukabaras-English speakers. CMT is used in the study to analyse metaphtonomies of pain in Lubukusu doctor-patient discourse.

Pain is always subjective. Each individual learns the application of the word through experiences related to injury in early life. Pain is that experience which we associate with actual or potential tissue damage. It is unquestionably a sensation in a 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) utilised 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), Gathigia (2014), Nyakoe (2014, 2015) and Mudogo (2019), the Conceptual Metaphor Theory has been utilized in analyzing metaphors that affect domains away from the health sector like love, fear, anger and sadness.

The present study on the other hand utilized Conceptual Metaphor Theory to analyse 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 these were anaysed using the Conceptual Metaphor. For these reason, this theory was utilized in the identification and categorization of metaphtonomies of pain as conceptualized by Lubukusu patients for objective one and two of the study.

### 2.4.2 The Image Schemas Theory (IST)

Image schemas are generally structural patterns used as source domains (Hurtienne & Blessing, 2007). According to the Image Schemas Theory (IST), *a trap* is a container in which one can get *in* as well as *out*. Therefore, that implies that the Source Domain in the metaphor above is one that expresses the CONTAINER image schema and specifically the IN and OUT subsidiary image schema.In our study, objective three employed the Image Schemas Theory. This theory was utilised during the description of image schemas of metaphtonomies of pain in Lubukusu. This description allowed the study to account for the embodied origins of human language and cognition in regard to metaphors of pain in Lubukusu. Image schemas are basic abstract structures that are preconceptual in origin (Johnson, 1987) and which recur in our construal of the world and play a fundamental role in various cognitive semantic processes (Lakoff & Johnson, 1980).

However, once the recurrent patterns of sensory information have been extracted and stored as an image schema, sensory experience gives rise to a conceptual representation (Mandler, 2004).

Image schemas are, therefore, the foundations of the conceptual system, because they are the first concepts to emerge in the human mind. The study set out in identifying schemas under the framework and tenets of this theory. The Image Schemas Theory is instrumental in providing the roadmap for the comprehension of abstract phenomena like fear, hate, anger, sadness, love and pain. Appropriate comprehension of emotions can be achieved through schematic representations of image schemas and their related image patterns. The IST, therefore, helps to ascertain the veracity of the claim that human beings use image schemas to make world around them comprehensible. According to Oakley (2007), image schemas allow us to map spatial information into a conceptual structure such that they are a kind of "distillers of spatial and temporal experiences" (p.215). Image Schema is "a mental pattern that recurrently provides structured understanding of various experiences, and is available for use in metaphor as a source domain to provide an understanding of yet other experiences". Pain in a corporeal experience which greatly affect individuals. Therefore, there was need to establish how patients use metaphors to provide us with a way of understanding their experiences.

Image-schema metaphor is a metaphor that is grounded on skeletal image schemas like the CONTAINER image schema, the FORCE schema, the PATH schema, etc. For instance, the CONTAINER image schema underlies container metaphors. Lakoff formulates The Invariance Principle in the following way (Lakoff, 1993: 215): Metaphorical mappings preserve the cognitive topology (that is, the image-schema structure) of the source domain, in a way consistent with the inherent structure of the target domain. In examining the phenomenon of metaphtonomies of pain the IST becomes very critical to the present study in two ways. First it helps in the description of the image schemas of metaphors of pain in Lubukusu. The description enables the study to account for the embodied origins of human language and cognition in regard to metaphors of pain in Lubukusu. On another level, the IST is integral in providing the roadmap for the comprehension of abstract phenomena like pain through schematic representations of image schemas and their subsidiary image patterns Gathigia (2014). IST, therefore, helps to ascertain the veracity of the claim that human beings use image schemas to make the world around them comprehensible.

In cognitive linguistics an image schema is defined as "a recurring, dynamic pattern of our perceptual interactions and motor programs that gives coherence and structure to our experience" (Johnson, 1987). Pain, in this study, is an everyday occurrence. Therefore, it has many forms of representation in language in terms of metaphtonomies. The container image schema is one of the most fundamental schemas used in abstract reasoning. Many conceptual metaphors that we use both in our everyday reasoning and academic conversation are motivated by the container image schema. There are also many emotion metaphors that are based on the container schema.

Here are some of them: THE EYES ARE CONTAINERS FOR THE EMOTIONS; THE EMOTIONS ARE FLUIDS IN A CONTAINER; HAPPINESS/JOY IS A FLUID IN A CONTAINER, Kövecses, 1991b: 31, 33-34) in Esenova (2011); ANGER IS THE HEAT OF A FLUID IN A CONTAINER (see, Lakoff, 1987: 383).

IST was critical to the study in two ways. Firstly, it helped in the description of the image schemas of metaphors of pain in Lubukusu under the framework of doctor patient consultation. This description allowed the study to account for the embodied origins of human language and cognition in regard to metaphors of pain in Lubukusu. Secondly, the IST was instrumental in providing the roadmap for the comprehension of abstract phenomena like pain through schematic representations of image schemas and their subsidiary image patterns. The IST, therefore, helped to ascertain the veracity of the claim that human beings use image schemas to make the world around them comprehensible (Evans & Green, 2006; Santibáñez, 2002). We applied this theory in accounting for metaphtonomies of pain in Lubukusu in the sense that linguistic images are culture bound schematics that oftentimes require native speaker intuition to be able to decipher them. In the absence of cultural knowledge miscommunication takes place which hampers cognition. In the event that a non-native doctor engages in consultation with a Lubukusu speaking patient the real gist of a patient's expression of pain may be lost because metaphtonomies harbour meanings beyond the surface. The foregoing discussion provides a roadmap in studying and analysing image schemas that are used in the conceptualisation of pain in Lubukusu during doctor-patient consultation.

## 2.5 Summary of Knowledge Gaps

The reviewed literature affirmed the fact that abstract concepts may be conceptualised differently even within the same speech community (Ansah 2011, Esenova 2011, Gatthigia 2014, Nyakoe 2014, Nyakoe 2015). Such conceptualisation may lead to miscommunication. However, there was need to establish how conceptualisation of pain by speakers of different speech communities will impact on health communication in line with the MDGs, Africa 2063 and the BIG FOUR AGENDA as outlined in the Kenya government's developmental blueprint. There is always a difference in conceptualizing concepts in varied languages. The emotions could be love, fear, anger, pain or sadness. This called for attention on what would happen when Lubukusu speaking patients seeking help from medical facilities encounter when they have to deal with a non-Lubukusu speaking health care provider.

Emotion concepts may not have a similar conceptualization in English or any other language with a culture far removed from the Bukusu circumstances. Mudogo (2019) asserts that cognitive linguistics research on mental representations of humans mostly relies on evidence from monolingual populations. Therefore, the present study analysed metaphoric conceptual representation in a multilingual setting. This study established whether or not there is mismatch in communication where Lubukusu patients seek medical care from non-native Lubukusu medical practitioners. Furthermore, it has been observed that 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 image schemas account for metaphoric conceptualization of concepts by speakers of a given language, Lubukusu in the study. The study was geared towards establishing what is unique in how Lubukusu speakers conceptualize the corporeal emotion of pain and how medical practitioners negotiate meaning.

# CHAPTER THREE

# METHODOLOGY

## 3.0 Introduction

This chapter focuses on the methodology that was applied during the study. The Chapter is divided into subsections that will deal with the research design, target population, sampling procedures, sample size, research instruments and data collection. It also gives attention to data presentation, data analysis and ethical considerations that guided this research.

## 3.1 Research Design

The current study on metaphoric conceptualization of pain utilized the analytical research design. Cresswell (2002) posits that the process of analytical design goes beyond mere collection and tabulation of data. Rather it involves the use of information sources to prove the hypothesis or support ideas under investigation. Nurses were engaged in a role-play of doctor-patient consultations in Lubukusu to bring out a reflection of their experiences with terminally ill Bukusu patients in their medical care. Bukusu medical practitioners were in a position to present better placed 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 presence of an investigator in a doctor consultation room will most definitely impair the conversation between doctor and client. This is more likely to result in a dialogue that is not natural because of fear of exposure given the stigma associated with some diseases. The fact that this study was only interested in finding out the how pain experiences were expressed by people suffering from terminal illness, cancer, diabetes and HIV & AIDS pandemic pointed to the fact that the information to be obtained would be quite sensitive. The patients would not be willing to share it with strangers. This scenario presented far reaching ethical implications.

### 3.2 Target Population

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 be the Simulated or Standardized Patients, all of whom were medical practitioners. Burns and Groove, (1997) view target population as "the entire aggregation of respondents that meet the designated set of criteria". In addition, scholars such as Polit and Beck (2004) argue that every target population must have an inclusion criterion which is understood as the features which the researcher wishes what is contained in the sample to have. This research will be carried out in Bungoma County where

Lubukusu is the predominant Luhya dialect. It will target Lubukusu speakers of varying age, gender, education and religious congregations.

A representative sample will be taken from the target population while considering the said social variables under examination since no study can include everything and a researcher cannot study everyone everywhere doing everything (Miles and Huberman,1994).

### 3.3 Sampling Procedures and Sample Size

To achieve its set out objectives the present study employed multistage sampling. The first stage involved purposive identification of key informants who played the role of Simulated or Standardized Patient (SP). The researcher therefore used 8 nurses and 1 doctor, who enacted the role of a patient, after undergoing some prior coaching, such that it appeared as natural as possible (Barrows, 1993:443-444). Basweti (2018) argued that the use of Simulated Patients can be made available at a time of convenience and protects the real patients from mistreatment because they are compensated for simulation purposes. Furthermore, since the researcher cannot be allowed in a consultation room, this design was deemed appropriate for eliciting desirable information from the doctor-patient consultation. This is attributed to the fact that confidentiality is one of the ethical codes of professional conduct which empowers the doctor(s) or medical practitioners to protect a patient's information (Republic of Kenya, 2012a; 2012b:38).

The study was a *case study* of doctor-patient communication in simulated consultations at Webuye County Hospital. Case study design provided an opportunity to assess health communication in the Bukusu medical doctor-patient consultation, was under investigation within one unit and in this case, an urban public hospital.

The study was also interested in the literal type of Kiswahili that was often used by Lubukusu speakers in formal contexts. Webuye Sub-County Hospital was be purposively sampled because of convenience to the researcher and the respondents. The number of medics was be dictated by exigencies of time and space. Most rural hospitals have very few doctors who are always under pressure to review numerous patients. The diseases dealt with were cancer, diabetes and HIV/AIDS because they are chronic and produced more narratives than short term diseases like malaria or flu.

Then again, diseases like malaria are episodic and only appear during certain seasons of the year. The simulated patients were also limited in number since we drew from among the few available nursing staff who are familiar with doctor patient discourse.Marshal (1996) argues that the underlying principle in purposive sampling involves identifying beforehand the cases that have the requisite characteristics. Researchers may purposefully and intentionally select respondents that can best assist them to understand their main phenomenon (Creswell, 2012).Since this study sought to establish sensitive information from private citizens and patients who are protected by the principle of patient confidentiality simulation was used.

Charmaz (2006) states that samples do not generally need to be greater than 60 participants for selecting qualitatively inclined sample sizes and a larger sample would not necessarily yield varied interesting data and would reach a level of saturation (Rubin,1987). Ritchie, Lewis and Elam (2003) assert that qualitatively inclined samples should “lie under 50”.

The study had utterances as units of analysis. This approach was employed by Basweti (2018) where long stretches of responses were collected and analyzed. The utterance may constitute between 3 to 15 words given that speech is normally more productive than the written word. These purposively sampled utterances were collected over a period of 3 weeks so as not to interfere with the work schedules of the simulated patients who were medical practitioners. The estimated figure of utterances ranged between 200 and 250. To arrive at a more manageable sample that elicited meaningful results systematic random sampling was utilized to select every third member so as to arrive at 150 units of analysis.

### 3.5 Research Instruments

This study employed audio-recording (that was to be played back and transcribed), interview and case study.

#### 3.5.2 Focus Group Discussions

The study relied on a method that made it possible for respondents to provide data in a free environment. This is the Focus Group Discussions or collective testimony (Madriz, 2000) data collection technique that allowed for in depth deliberations (Mugenda, 2013). Krueger (1988) defines Focus Group Discussion as a way of gathering information from people of similar background and experiences to discuss a specific topic of interest. This method is widely used in generating data when investigating homogeneous groups of participants.

In researching on metaphoric conceptualisation of pain in Lubukusu this design was the most ideal because it was used to elicit copious amounts of data that could not be generated in an environment where individualized investigation is carried out. This study was carried out at Webuye County Hospital, Bungoma County, where medical staff were grouped and encouraged to share experiences on doctor-patient communication. The researcher formed two Focus Group Discussions (FGDs). Two of the FGDs had 4 nurses each. The FDGs were coded as FGD A, and FGD B. They were guided by a structured guide as set out in the *Appendix.* This allowed flexibility in discussing and giving their opinions on the questions raised.

The researcher employed FGDs as a qualitative method to get in-depth information on the simulated patients' ideas, perceptions and understanding on Lubukusu doctor patient discourse. Furthermore, the FGD was considered appropriate to make the findings objective. The questions on the FGDs were discussed in Lubukusu in order for the respondents to elicit a considerable corpus of linguistic units to be analysed. This allowed for group dynamics and quality control in data collection. The information from the FGDs complemented data collected from the key informant's interviews through in-depth discussion of issues raised in the FGD guide. Information from the discussion served to bridge any gaps that may have been occasioned by the key informants' interviews. The respondents were also coded as Patient 1 to Patient 8. The audio collected all the utterances by the respondents and analysed later on. Key words and phrases were highlighted to draw attention to the key ideas as the focal points of the collected literature. The key ideas of each piece were put together under new headings and writing sections to illustrate the patients' understanding of the data.

Esterberg (2002) observes that group conversations are complex: people sometimes interrupt or talk over one another, and the conversation may move rapidly from one side of the room to the other. Audio tapes are useful, but they do not indicate who the speaker is- something that can cause problems in the analysis. Written notes are usually necessary to back up the audiotaped focus groups. This a matter that we implemented when the time for data collection came. Some focus group facilitators videotaped the discussion sessions. The tapes were transcribed immediately and meaning made using the additional notes taken.

### 3.7 Data Analysis

The data analysis employed the pragma-dialectic method of analysis and evaluation which entailed interpretation, analysis, evaluation and reconstruction of the transcripts of the argumentative discourse of the doctor-patient consultations (Basweti ,2018). This process involved evaluating the adequacy of the process of reasoning of the simulated doctors and simulated patients in the arguments they presented in fulfilling the goal of resolving the difference in opinion based on the rules of critical discussion. In doing so, the pragma-dialectical analysis examined the role of communication adjustment and the evaluative language use in strategically maneuvering by the simulated doctors and simulated patients.

Pragglejaz Group (2007) provides the Metaphor Identification Procedure (MIP) as a reliable method for selecting metaphors in varying modes of discourse. However, the method is not appropriate for the application to large textual corpora or poetic texts as it relies on knowledge of the entire text. Pragglejaz Group states that MIP is designed to identify metaphors in ‘natural discourse’ and not ‘metaphorical utterances’ or ‘conventional linguistic metaphors that may result from postulated conceptual metaphors’ (2007:2).The first duty of the researcher was to describe extracts from the data collected. This was followed by establishing the basic sense and the contextual sense. Gathigia (2014) used a binary analysis of the collected data to differentiate between Metaphor Related Words (MRW) and words Discarded from Metaphor Analysis (DFMA).

### 3.8 Validity

As observed by Rubin (1987), validity is the ability of an instrument to measure what it is supposed to measure. In the study, validity of the research instrument was tested by carrying out a pilot study. Nyakoe (2015) engaged in a pilot study where she established that it is useful for testing methodological and analytical tools. Saravanavel (1992) writes that 'pilot study enables the researcher to gain some systematic knowledge of the universe and its population on which would be based the main principal study' (p 35).

### 3.9 Reliability

Reliability is the degree to which an instrument gives similar results for the same respondents over a common issue at different times (Kothari 2004). The reliability of the instruments used in the study was established through a test-retest technique. The respondents were interviewed and subjected to Focus Group Discussions twice during the pilot study. The interviews and Focus Group Discussions were repeated after two weeks to establish consistency in the responses. The questions that were not clear were dully updated to meet the requirements. The items that yielded consistent results were used in collecting data during the study.

### 3.10 Ethical consideration

In order to be able to access research sites for data collection, initial clearance was sought from the relevant was obtained. All the necessary ethical review processes for the study from Masinde Muliro University of Science and Technology's Directorate of Post-graduate Studies were fulfilled. We obtained a research permit from the National Commission for Science Technology and Innovation of Kenya (NACOSTI).Thereafter the researcher secured clearance by the Department of Research, Webuye County Hospital, where the actual field study was conducted. This study aimed to maintain ethics by first seeking permission from relevant authorities before commencing research. All the rules of scholarly conduct were observed both in handling respondents and citing sources.

Since the interview schedule involving medical practitioners was used in this research it was important to pay keen attention to ethical concerns of those involved. McNabb (2004) posits that ethics in research play a critical role. Further, it is observed that the doctrine of informed consent is essential to any scientific investigation involving human respondents (McNabb, 2004). Similarly, Frunkfurt (1992) asserts that participants should know that their involvement is voluntary at all times, and they should receive a thorough explanation beforehand of the benefits, rights, and dangers involved as a consequence of their participation in the research. Creswell (2012) also shares a similar view as the above postulation and observes that researchers also need to strike a balance between burden of seeking the truth and safeguarding the freedom, rights, privacy and values of the respondents. This reality compounds the importance of informed consent. The researcher was aware that such permission was critical to this study and went ahead to obtain it from a select group of subjects.

The participants were also made aware of the objectives of the research and that their respective identities were to be private and confidential. All the participants were given ample time to say whether they would willingly take part in the focus group discussion or not without undue duress. It was required of the respondents to complete all the areas of concern in the FGD. The main reason behind informed consent was to make sure that participation was voluntary. In addition, the respondents were assured that the voice recordings would not be made available to anyone other than the researcher and his supervisors. Consequently, the responses were carefully kept by the researcher in case there would be a need for verification of results by respondents. The investigation kept within the framework of research ethics by making sure that the informants sign the informed consent forms for voluntary participation. An elaborate explanation was alos made to the informants on how confidentiality and anonymity were to be fulfilled at the time of the study and thereafter.

### 3.11. Chapter Summary

This chapter focused on the qualitative data research techniques and justifications for their application. The section also focused on the target population, sampling procedures, sample size, research instruments and data collection techniques adopted in the study. This research used an FGD schedule and the mapping of the source and target domains discussion schedules. The Metaphor Identification Procedure Vrije Universitet (MIPVU) was employed in the analysis of metaphors. Also, the ethical considerations for this study have been highlighted in the Chapter. The next Chapter presents the findings of this study and the relevant discussions.

# CHAPTER FOUR

# DATA ANALYSIS AND INTERPRETATION

## 4.1 Introduction

This chapter presents data, analysis and discussion of the research findings. The analysis uses illustrations of metaphors of pain from Lubukusu corpus with equivalent English glosses in relation to Lakoff and Johnson (1980), Conceptual Metaphor Theory (CMT) and the Image Schemas Theory (IST). Simulation was considered appropriate for elicitation of the naturally occurring data from patients. Basweti (2018) used doctor-patient simulations where Gusii doctors and Gusii nurses role-played the doctor patient consultations, respectively, in Ekegusii to mimic what would reflect the examination room environment with Gusii patients in their medical practice. This study elected to employ a similar approach in getting the patients in feelings about the pain situation of their disease. If properly examined and used in communication, metaphors help the patient caretaker, health providers respond not just to his or her ideas about a disease but also the patients' ideas about illness of patients in the dissemination of essential care and pain mitigation. The Lubukusu speaking nurses were the most ideal people to reenact the health and healthcare concerns and experiences of the everyday patients.

The nurses, also referred to as simulated patients, attempted to emulate their expectations in a similar way including the communication norms that occur during history taking and medical consultation (Miller *et al.*, 2010: 200). The data for each of the three objectives was analyzed in the sub-sections below.

### 4.2 Metaphtonomies of Pain as Conceptualized by Lubukusu Speaking Patients

The first objective of the study set out 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 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 in health communication. The analysis of the metaphonies was based on Lakoff and Johnson's (1980) Cognitive Theory of Metaphor 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 the concrete member.

The locus of the metaphor is not in the language at all but in the way we conceptualize one mental domain in terms of another. The general theory of metaphor is given by characterizing such cross-domain mappings. And in the process, everyday imaginary concepts like time, states, causation and purpose also emerge as metaphorical. (Lakoff, 1993) In essence, speakers always rely on concrete items perceived as the source that is used in mapping out the abstract phenomena. This happens metaphorically to assist the hearer or listener to conceptualize abstract notions. Sometimes when the meaning is not well communicated and conceptualized there occurs a mismatch hence incomprehensibility.

In the process of carrying out this study the researcher consolidated, listed and classified in order to make work easier. This was followed by an analysis of the metaphtonomies of pain as elicited during the FGDs (see Appendix A). This is a metaphor identification process that has been used over the years by linguists to ensure that what is analyzed is not merely ordinary lexical units normalized in speech. The tool used to undertake this process is called Metaphor Identification Procedure Vrije Universiteit (MIPVU). MIPVU is considered in terms of three stages that take place during the analysis of data. These are unitization of what we have referred to as consolidation. This step was followed by itemization that we have referred to as listing and categorization or classification. For the present study, unitization was utilized by the researcher to identify and break up the metaphors into smaller workable quantities for later analysis. This was followed by itemization whereby the metaphors were singled out from the corpus in order to be scrutinized for the qualities that make them fit in as metaphors or otherwise.

The process of itemization involves singling out on the basis of given key features and identifying all Metaphor Related Words (MRW). The metaphors that are categorized in our present study are ones that occur in the doctor patient consultation discourse in relation to pain as was the case during the FGD. Apart from MIPVU being a procedure that can be relied upon it is a method that can be replicated in order to identify instances of metaphor application in different discourse environments.

This method was discovered and advanced by language practitioners who engaged in metaphor research from Vrije Universiteit in Amsterdam (Steel et al. 2010 a, b). The Metaphor Identification Procedure Vrije Universiteit (MIPVU), which is an extended version of MIP developed by the Pragglejazz Group (2007), takes a keen interest in the metaphorical potential linguistic expressions used in conversations and isolates *metaphor related-words* on account of contrast and comparison between the context and basic sense of an expression. This is why our study also choose this category of metaphor related words for analysis. The tables provided in this study seek to present a binary unification, itemization and categorization of the metaphors as recorded in the FGD as either tangible or intangible. From the collected data, it was revealed that the following categories existed in the metaphors and metaphtonomies of pain in Lubukusu as discussed below.

### 4.2.1 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. Tangibility refers to the extent to which the senses can perceive an object, especially the sense of touch (Rundell & Fox, 2007). A tangible thing is concrete and has a physical presence that can be perceived by touch (Rundell & Fox, 2007). Therefore, the direct MRWs are easily identified and discerned by the sense of touch. The table below gives an outline of Lubukusu metaphors of pain basis of concreteness.

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

| **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 |
| 8 | *Buchuni chukuni* | Pain is a black ant |
| 9 | *Buchuni lubola lwe enjukhi* | Pain is a bee sting |
| 10 | *Buchuni lifumo* | Pain is a spear |

As revealed in Table 4.1 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 an accurate diagnostic equipment. The following data was 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* [ßutʃuni xukona 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. According to Gathigia (2014), the LOVE IS FIRE metaphorical mapping is where the ontology of fire was mapped on to the ontology of love and desire in a corresponding manner.

In our study the metaphor BUCHUNI IS SLEEPING IN A TERMITE NEST involves mapping the ontology of GIANT RED ANTS and their biting prowess the ontology of pain. The same scenario was related by Nurse when she compared 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* [ßutʃu:ni 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 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).

[ßutʃu:ni kumußano]

In PAIN IS A KNIFE the ontology of the cutting action of a knife is mapped onto target domain of PAIN. In the native Bukusu cultural set up a 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 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 is the horrifying experience of looking for an object in 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 to the medical expert in a 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 movement to a destination which, in this case, is the target domain LOVE.

### 4.2.2 Abstractness or non-tangibility Direct Metaphor Related Words (DMRW)

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:

**Table 2:The Intangibility of MRW**

| 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 |

**Example 11**

**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 Supernatural Being Source Domain. It is worth noting that supernatural being 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 SUPERNATURAL BEING source domain on to the sadness target domain.

**Example 12**

**Patient 3** *Buchuni siyungo* (Pain is loneliness).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Siyungo* ---------- *Buchuni* [ßutʃuni]

(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 13**

**Patient 4** *Buchuni eleso* (Pain is general body malaise).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Eleso* | ---------- | *Buchuni* [ßutʃuni] |
| (General body malaise) | | (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 linear or a 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, ever-changing.

**Example 14**

**Patient 5** *Buchuni esomisomi* (Pain is a piercing feeling as a result of uric acid).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Esomisomi* ---------- *Buchuni* [ßutʃuni].

(Piercing feeling) (Pain)

The pain experienced during sudden physical exhaustion without prior rigorous physical health practice is usually sharp and it renders the person involved immobile. It effectively reduces muscle activity, cause accumulation of uric acid and slows sown cardiac related functions. The lungs will have trouble generating enough oxygen because they are not used. The resultant oxygen debt causes severe pain. This metaphor is accumulation of dysfunction by various PARTS OF THE WHOLE schema. The roundabout manner in which this Lubukusu metaphor has been translated to English reveals the difficulty that ensues when it is applied. It is not a very straight forward type of pain the way one would say headache or backache. Various internal body organs plus their linking neurons come into play to spark the pain sensation in question. Esenova (2011) refers to the inherent linking features within a body of parts as the LINK SCHEMA.

### 4.2.3 Metaphor Related Words (MRWs)

The metaphor identification procedure named as 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 and 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; Yu, 2003). A conceptual metaphor thus consists of a set of physical resemblances that are also referred to as mappings which are called Source Domain (SD) and Target Domain (TD) in Cognitive Linguistics (Lakoff &Johnson 1999).

#### 4.2.3.1 Indirect Metaphor Related Words (MRWs)

Metaphor Identification Procedure *Vrije Univasiteit* (MIPVU) refers to words that are clearly related to metaphor as clear MRW. Words such as like, *as, less, more, more/less- than* usually alert the interlocutors that some kind of comparison is being applied (Goatly, 1997), thereby suggesting some MRW are in use. Pragglejazz Group, (2007) cited in Gathigia (2014) states that words are also characterized as MRW if the contextual meaning of a word is distinct from its basic meaning.

According to MIPVU a lexical unit is annotated as a metaphor related word if the contextual meaning contrasts with its basic meaning on the basis of concreteness, body-relatedness and preciseness -as opposed to vagueness. The contextual and basic meanings can be understood in comparison with each other. MIPVU does not take into consideration the historical aspect, that is it does not differentiate between older and newer meanings or look into the etymology of words, and treats all meanings from the standpoint of a contemporary average user (Steen et al,. 2010) as cited in Gathigia (2014). The three types of *Direct* MRW, *Indirect* MRW and *Possible Personification*.

#### 4.2.3.2 Direct MRWs

According to MIPVU classification method a word is marked as DRW when it is used directly and its use may be potentially explained by some form of cross domain mapping to a more basic referent or topic (Steen et al., 2010).

**Table3: Indirect Metaphor Related Words**

| 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 |

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. Yu (2003) reiterates the importance of culture in communication. 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 which 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 et al., 2010). It is a direct comparison between the Source Domain and the Target Domain. Example the indirect MRWs (10):

**Example 23**

**Patient 1**

(10) *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 a marriage comes into existence upon the sanction of either the law courts, church or any such other traditional ritual. Once a marriage is inaugurated it is 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.

**Patient 2**

*Buchuni sebuli no omwene ta* (Pain has no owner).

[ßutʃuni]

This metaphor underscores the fact that pain affects anyone howver 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.

**Patient 3**

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

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

**Patient 4**

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

[ßutʃuni ßuli nga sirumba]

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 intuition (Milroy 1982) 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. 2010a:26). 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 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 co-ordination, 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).

### 4.3 Categorization of Typologies of Metaphonies of Pain

The second objective was to categorize typologies of metaphonies of pain into conceptual domains as conceptualized by Lubukusu speaking patients in the framework of doctor-patient consultation in selected health facilities in Bungoma County. The data for this objective was analyzed using the Conceptual Metaphor Theory (CMT).

Esenova (2011) makes a case for emotions and their cultural pervasiveness. He states that disparate cultures describe emotions metaphorically in similar ways because some fundamental experiences that human beings undergo are generally universal. Human beings regardless of where they live are physiologically similar and possess a uniform body morphology which fact is responsible for the elicitation of uniform bodily metaphonies for emotions in typologically distinct languages.

Our assumption was that Lubukusu patients have a unique way of conceptualizing pain. Therefore, such uniqueness needs to be put into light for medical practitioners to understand how certain ailments may be conceptualize for effective prescriptions of the necessary drugs. From the data collected, five categories of metaphonies of pain emerged; metaphors of pain with the PLANT source domain, metaphors of pain with the ANIMAL source domain, metaphors of pain with BAD SMELL and BAD TASTE source domain.This also included metaphors of pain with SUPERNATURAL source domain and metaphors of pain with NON-LIVING THINGS AND EMOTION source domain. These categories are discussed in the sub sections below;

### 4.3.1 Metaphors of Pain with the PLANT Source Domain

In this section, the typologies of metaphtonomies of pain are categorized according to what they are associated with during elicitation. The first category are metaphors whose target domain includes plant Metaphors of Pain with the PLANT Source Domain. The results in Table 4.1 shows that there is a large stock of metaphtonomies of pain associated with plant life. Table 4.1 highlights the influence of plant life on the construction of metaphors of pain among Lubukusu speaking patients during doctor-patient consultation.

**Table4: Metaphors of Pain with the PLANT Source Domain**

| | **Lubukusu** | **Gloss** |
|---|---|---|
| **30** | *Buchuni embunyabubi/kumuturu* | Pain is stinkwood prunus africana |
| **31** | *Buchuni kamaambakhese* | Pain is forgetting me not (a type of weed plant) |
| **32** | *Buchuni makoe* | Pain is black jack<br>Bidens pilosa |
| **33** | *Buchuni kumusasio/jumping seed tree* | Pain is *jumping seed* tree. |
| **34** | *Buchuni lunani*<br>*Acacia ataxacantha* | Pain is a flame thorn. |
| **35** | *Buchuni kumuchanjasi*<br>*Euclea divinorum* | Pain is *diamond leaf tree* |
| **36** | *Buchuni namweumba* | Pain is *touch me not/ sleepy plant*<br>Mimosa pudica |

The data in Table 4.4 reveals that pain is compared to plant species as revealed in the analyses below;

**Example 24**

**Patient 2**

(94) Buchuni embunyabubi (Pain is the awful smelling plant)

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Embunyabubi* | ---------- | *Buchuni* [ßutʃuni] |
| (The awful smelling plant) | | (Pain) |

Embunyabubi is a plant with a pungent smell used for repelling both animals and evil spirits. It fiys well in the plant source domain. In this case the awful smelling plant is likened to a pain that makes a patient an outcast or someone whose company friends never enjoy. Pain in this case makes one a pariah. The most common use of this plant is for ritual purposes.

**Example 25**

**Patient 3**

(95) *Buchuni kamaambakhese* (Pain is ‘forget me not’, a type of weed plant)

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kamaambakhese* | …… | *Buchuni* [ ßutʃu:nɪ] |
| (Forget me not) | | (Pain) |

*Myositis sylvatica*

Kamaambakhese is a plant. It is also a type of plant characyerised as a weed. It prospers as other plant perish. It is extremely resistant. It cannot be destroyed by intense heat. During the dry season the plant basically goes into hibernation and only resurfaces during the rains. In this case it was applied by the patient to suggest how longlasting pain can be. Pain needs to be fought with all the tack in order to get rid of it. Sometimes, like the weed in question, pain has survival tactics.

**Example 26**

**Patient 4**

(96) *Buchuni makoe* (Pain is black jack).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Makoe* [makoe] ---------- *Buchuni* [ ßutʃu:nɪ]

(Black jack) (Pain)

*Makoe* is another weed that has existed on the farms of Bukusuland for a long time. It is used a vegetable too. As a weed it resists destruction by producing millions of seeds. The seeds have sticky bristles that assists them in various ways of dispersal. The commonest means of dispersal is by attatching themselves to animal skin and human garments. As a representative of pain they presnt a very effective image. The type of pain here is one that radiates from one corner of the body to all the nerve endings at the periphery. BUCHUNI MAKOE.

**Example 27**

**Patient 5**

(97) *Buchuni kumusasio* (Pain is a ritual tree)

[ßutʃuni kumusasio]

**SOURCE DOMAIN** **TARGET DOMAIN**

*Kumusasio* ---------- *Buchuni*

(Ritual tree) (Pain)

According to my informant *Kumusasio* is a totemic plant among the Bukusu people of the foothills of Mt. Elgon. It is a plant that is respected by the elderly but feared by the young. The most common use is to sprinkle its sap in places where evil schemers or any such group of people plan to hold their meetings. The resultant action is that the conniving schemers will instead end up disagreeing and fighting among themselves. For this study it fits in the plant source domain. The patient used it to mean that pain caused disunity in their body. It led to warring between body parts.

This kind of pain is extreme to the point of causing psychological disturbance to the patient. in most cases such pain is bets handled by a seer or soothsayer. It is a kind of pain that falls in the realm of the supernatural. BUCHUNI KUMUSASIO [ßutʃuni kumusasio]

### 4.3.2. Metaphors of Pain with the ANIMAL Source Domain

The metaphors to be discussed in this section are related to the attributes of various animals as seen in Table 4.5 below;

**Table5: Metaphors of Pain with the ANIMAL Source Domain**

| | **Lubukusu** | **Gloss** |
|---|---|---|
| 37 | *Buchuni sirenyakhu* | Pain is the firewood collector |
| 38 | *Buchuni lisa lisabulukhwe* | Pain is a bush haired caterpillar |
| 39 | *Buchuni wanakhamuna* | Pain is a hare |
| 40 | *Buchuni enjofu* | Pain is an elephant |
| 41 | *Buchuni emboko* | Pain is a buffalo |
| 42 | *Buchuni engwe* | Pain is a leopard |

Table 4.5 reveals metaphors of pain with ANIMAL source domain. Esenova (2011) gives subcategories of the general metaphors ANGER IS A DANGEROUS ANIMAL and ANGRY BEHAVIOUR IS AGGRESSIVE ANIMAL BEHAVIOUR. Conceptualizing pain as a DANGEROUS ANIMAL can also be revealed in the collected data. For instance, the conceptualization of pain as *Buchuni engwe* (pain is a leopard), conform to the DANGEROUS ANIMAL *engwe* (leopard).

**Example 31**

**Patient 2**

(102) *Buchuni lisa lisabulukhwe* (pain is a bush haired caterpilar).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Lisa lisabulukhwe* | ---------- | *Buchuni* |
| (Bush haired caterpillar) | | (Pain) |

Snakes and caterpillars are not talked about after nightfall in Bukusu culture. It is believed that once the two animals are mentioned they would miraculously surface in the bedding of the offending person while they are asleep. These animals are dangerous to the extent that a brush with them can cause death.

It is therefore a precaution, especially among children to avoid games with the above-mentioned animals. Caterpillars may not be as fierce as snakes but their fur has been known to cause serious health complications, especially blindness. The Bukusu community has, therefore, developed a warning system to keep its people safe. This heightened precautionary measures, when used in reference to pain, are used to reflect the seriousness of the pain experience of the patient. PAIN IS A BUSH HAIRED CATERPILLAR.Kovecses (1986), ANGER IS A DANGEROUS ANIMAL: He has a *fierce* temper. It's dangerous to *arouse* his anger. That *awakened* my ire. He *unleashed* his anger.

**Example 32**

**Patient 3**

(103) *Buchuni wanakhamuna* (pain is a hare).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Wanakhamuna* ---------- *Buchuni* [ßutʃuni]

(Hare) (Pain)

The pain experience in this instance is viewed in the frame of a trickster animal that is popular in Bukusu trickster folklore. The patient assumes that the doctor attending to him is familiar with the communal folklore. The source domain, HARE, is applied here to mirror the kind of pain that the patient is battling with. Most likely, the pain is not centralized in one particular location. It radiates from one end to the next, hence PAIN IS A HARE.

**Example 33**

**Patient 4**

(104) *Buchuni enjofu* (pain is an elephant)

**SOURCE DOMAIN** **TARGET DOMAIN**

*Enjofu [endzofu]* ---------- *Buchuni* [ßutʃuni]

(Elephant) (Pain)

The source domain, ELEPHANT, as an indomitable and humongous mammal is mapped on to the pain experience to shoe the crushing weight that the patient is under. An elephant is a common motif in Lubukusu language and culture. It is popular in proverbs like, *nandakambilwa kakona khu muanda kwe enjoli* (the one who could not heed to advice slept on an elephant track). Another proverb that shows the dangerous animal metaphor is *enjofu efutaranga nio bakikhoma mumania* (an elephant leaves before its unsightly buttocks are insulted). Lastly, it is also known that elephant come in different shades, there are some that are useless and cannot be taken as good examples. For instance, in the proverb *enjofu ye bubwayaya sekhusia kumusanga ta* (a restless elephant cannot grow it tusks*).*

**Example 34**

**Patient 5**

(105) *Buchuni emboko* (pain is a buffalo).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Emboko* | ---------- | *Buchuni* |
| (Buffalo) | | (Pain) |

The buffalo is a great animal, native to the foothills of Mt. Elgon. This is explained by the numerous idiomatic expressions found in Lubukusu language constructed with the use of the characteristics of a buffalo. One of the most interesting sayings is: *omundu wa bene ali nga enyama ya mboko, okinyolela khu sibumba* (a person is like buffalo meat, you find it in an earthen pot). The saying is a both educative and a warning. It basically means that only a fool can hunt down a buffalo. Its delicious meat should never be the reason you are driven by greed to find the meat. The saying cautions that one is safe if they find it cooked and served. Such and many other sayings make conversations of varying kinds involve this animal. An elderly patient will, therefore, refer to the fierce animal with the full knowledge that it mirrors a pain experience. For a medic who does not understand the Bukusu folklore involving the Buffalo it will be very difficult to understand the pain experience narrated by the patient. PAIN IS A BUFFALO.

### 4.3.3 Metaphors of Pain with BAD SMELL and BAD TASTE Source Domain

In this section the conceptual metaphors that will be scrutinized map the source domains of BAD SMELL and BAD TASTE on to the target domains of PAIN.

**Table6: Pain is a BAD SMELL and BAD TASTE Source Domain**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 43 | *Buchuni sisioki* | Pain is feaces |
| 44 | *Buchuni kamalasile* | Pain is animal blood |
| 45 | *Buchuni kamaarara* | Pain is hailstones |
| 46 | *Buchuni endurwe* | Pain is a gall bladder |
| 47 | *Buchuni embiye* | Pain is a smelly burp |
| 48 | *Buchuni liki libolo* | Pain is a rotten egg |
| 49 | *Buchuni bukekhe* | Pain is immature banana |

Table 4.6 above shows the results of metaphors PAIN IS A BAD SMELL in addition to PAIN IS A BAD TASTE. These metaphors are motivated by the day-to-day experience of smell and taste perception.

The pervasiveness of these metaphors is due to the underfunded nature of our healthcare system. Both senses are always in overdrive especially in wards that are in short supply of water and air conditioning. In this regard, the results in Table 4.3 show that there is a large stock of metaphonies of pain associated with Smell and Taste. The table highlights the influence of smell on the construction of metaphors of pain among Lubukusu speaking patients during doctor-patient consultation with BAD SMELL and BAD TASTE as source domains.

**Example 37**

**Patient 1**

*Buchuni sisioki* (pain is feaces).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Sisioki* **[sisioki]** ---------- *Buchuni* [ßutʃuni]

(Feaces) (Pain)

Pain is commonly conceptualized in terms of feaces because it is something despicable. *Buchuni sisioki* (pain is feaces). This is perhaps due to the excruciating nature of pain and the BAD feeling associated with it.

In addition the word used here to refer to feaces is a euphemism. Bukusu culture does not allow the careless mention of taboo words. In its plain was coined the word *sisioki* that literaly means the sharp one.

This linguistic expression manifests the metaphor of PAIN IS A BAD SMELL.

**Example 38**

**Patient 2**

(81) *Buchuni kamalasile* (pain is animal blood).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kamalasile* | ---------- | *Buchuni* [ßutʃuni] |
| (Animal blood) | | (Pain) |

In Bukusu culture blood is named depending on whether it is animal blood or human blood. Human blood bears the bukusu name *kamafuki*. On the other hand blood from domestic animals is called kamalasisle which is also edible. The fact that *kamalasile* is edible makes it a delicacy but at the same time it is used in rituals for cleansing. It is alo used widely as a libation during ancestor worship. During the time when blood is taken as an offering it takes on the role a supernatural medium for for sending messages between the livig and the dead. It also takes on a sacred dimension. In this case therefore stops being a delicacy and plays the role of a vehicle through which messages are conveyed. When the message is meant for cleansing then it takes on a bad taste. At this point when the person experiencing pain talks about it as animal blood then it means pain is used to clean an impure human body. This linguistic expression manifests the metaphor PAIN IS SOUR OR BAD TASTE.

**Example 39**

**Patient 3**

(82) *Buchuni kamaarara* (pain is hailstones).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Kamaarara* ---------- *Buchuni* [ßutʃuni]

(Hailstones) (Pain)

The Bukusu have various ways of mitigating the ravages of hailstones. This is normally carried out by specialized rain practitioners who use different kinds of supernatural powers to alleviate the harm that comes with hailstones. When they fall in large amounts hailstones destroy crops and they can also kill livestock and human beings. The feeling one gets when they are mentioned is one of destruction. In this metaphor the patient was relaying the kind of sharp taste left in the mouth when a hailstone is tasted. The feeling experienced by the tongue is a sharp sensation that is not good at all. The feeling also has a shock effect. This goes ahead to characterise the kind of pain experienced by the patient and the urgent need to be alleviated.

**Example 40**

**Patient 4**

(83) *Buchuni endurwe* (pain is a gall bladder).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Endurwe* | ---------- | *Buchuni* [ßutʃuni] |
| (Gall bladder) | | (Pain) |

This linguistic expression manifests the metaphor PAIN IS A BITTER TASTE. The Bukusu are animal keepers. This has made them adept at what to eat and what not to eat. During the slaughtering of animals, the gall bladder is that part of an animal that is treated with utmost care lest it ruins the whole meat. One of the most developed practices in the Bukusu traditional society is culinary art. The preoccupation with food and non-food items makes the elicitation of metaphors associated with TASTE extremely effortless. Sometimes the bitterness in the mouth is induced by drugs but a patient will easily link it to the TASTE Source Domain to the PAIN Target Domain.

### 4.3.4 Metaphors of Pain with the SUPERNATURAL BEING Source Domain

Like many cultures the Bukusu culture has a supernatural belief system that is associated with magical powers that go beyond human nature. Table 4.7 below shows data related to pain with the SUPERNATURAL BEING source domain.

**Table7: Pain with the SUPERNATURAL BEING Source Domain**

| | **Lubukusu** | **Gloss** |
|---|---|---|
| **50** | *Buchuni linani* | Pain is an ogre |
| **51** | *Buchuni ling'u* | Pain is a monster |
| **52** | *Buchuni sinaluya* | Pain is a ghost |
| **53** | *Buchuni omumakombe* | Pain is an ancestor |
| **54** | *Buchuni omusiku* | Pain is a devil |
| **55** | *Buchuni omukuka* | Pain is a spirit |
| **56** | *Buchuni sisinini* | Pain is a shadow |

***Source: Fiednotes (2021)***

From data in Table 4.7 some inferences on pain as SUPERNATURAL BEING source domain can be deduced. These powers are associated with gods, ogres, witches, spirits, ancestors, the living dead, animal and plant totems etc. the supernatural beings have been in existence for as long as the Bukusu civilization. It is common for Bukusu griots, harpists, seers, medicine men and soothsayers to invoke them during rituals and day to day life. It is more common among the elderly than youngsters. Oftentimes, these mercurial bodies are invoked during illness because it is believed that they are responsible for both ill omen and good omens. Kovecses (1990:76) has proven that the English conceptual system has the general source concept of SUPERNATURAL BEING. Z, Kovecses goes ahead to prove that this concept applies to the target concept of FEAR. Illness is described as having a connection with the supernatural world which involves one's soul. The soul metaphor used by the participants is the study reveals that folk theories are still relevant to the Bukusu community. When talking about illnesses caused by supernatural entities, the participants commented on the relationship between illness and the soul. Without the soul a person will eventually die. Supernatural beings like ogres are commonplace in the Bukusu world view. They are ubiquitous in their daily folklore and marketplace banter. They are part of Bukusu culture.

Esenova (2011) defines an ogre as a large and hideous humanoid monster, a mythical creature often found in fairy tales and folklore. While commonly depicted as an unintelligent and clumsy enemy, it is dangerous in that it feeds on human victims.

The idea of ogre has been used as a method of instilling good behavior by suggesting that bad behavior attracted and excited ogres, who the attack, kidnap or even eat the perpetrator.

**Example 45**

**Patient 1**

*(87) Buchuni linani and buchuni ling'u* (pain is an ogre/monster).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Linani / ling'u* …… *buchuni* [ßutʃuni]

(Ogre) (Pain)

Among the Bukusu an ogre is also called *linani* or *ling'u*. *Kamanani* (pl.) and *kamang'u* (pl.) are often characterized by large disproportionate body features. *Linani* can be several times the size of human being or just slightly taller. They are usually solidly built, with round heads, bung multiple eyes that can see from all angles, a large stomach and abundant and hirsute hair and beard. They often have three or four large mouths full of humongous stick out teeth. They are distinguishable by their ugliness and are accompanied by a horrendous smell. The description above clearly indicates that while ogres are not necessarily a pain evoking they are fear inspiring. It is this fear that accompanies the pain experienced by a patient to the point of likening it to *linani or ling'u*.

This causes the source domain SUPERNATURAL BEING get mapped onto the objects or sources of fear and pain in the natural world. This gives us a MIXED SUBSTANCE Source Domain too.

**Example 46**

**Patient 2**

(89) *Buchuni sinaluya* (pain is a ghost).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Sinaluya* [sinaluja] ---------- *Buchuni* [ßutʃuni]

(Ghost) (Pain)

In Bukusu folklore a ghost is the soul of a dead person that can appear to the living. Descriptions of ghosts vary widely from invisible presence to translucent or barely visible wispy shapes, to realistic life like forms. Cultures all around the world believe in ghosts that survive or reincarnate to live in another realm. The bukusu believe that ghosts are bad characters that should never have left their abode of doom. Oftentimes ghosts include supernatural people who died by committing suicide, died by drowning or died from terrible causes like lightning. The burial rituals involving such characters are usually performed at night with no ceremony.

After their interment a black lamb is slaughtered to banish them from existence. If they ever reappear it would be by bad luck and similar banishing rituals will be performed by experienced seers. Children are not named after such people. Nobody talks about them. They are completely obliterated from living memory.

**Example 47**

**Patient 3**

(90) *Buchuni omumakombe* (pain is an ancestor).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Omumakombe* [omumakombe] ---------- *Buchuni* [ßutʃuni]

(Ancestor) (Pain)

Among the Bukusu, ancestors are good people, members of the family, from whom one can trace their ancestry, who died of understandable natural causes. They were buried normally with all the requisite send-off rituals. They transfigured into the netherworld and are objects of ancestor worship. Their names are invoked during good times and bad times. They are called upon to intercede on behalf of the suffering living. They are usually welcome where they came from.

Their living relatives are allowed to make sacrifices and pour libations in their honor. Their names form part of the community folklore. Villages, streams, creeks, wells and landmarks are named after them. In the event that a patient likens pain to ancestors it is because it is mysterious. The difference between an ancestor and a ghost is that one of them can be understood and tamed much as it is a long-lasting pain associated with terminal illness. This conceptual metaphor has a SUPERNATURAL Source Domain mapped onto the Target of pain.

**Example 48**

**Patient 4**

(91) *Buchuni omusiku* (pain is a devil).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Omusiku* [omusiku] ---------- *buchuni* [ßutʃuni]

(Devil) (Pain)

The word devil is more common in Christian and Jewish belief as the supreme spirit of evil; Satan. The word devil derives from the Greek diabolos, meaning adversary. In Jewish, Christian, and Muslim traditions, the term applies to a single spirit whose function is to oppose the will of the god God.

According to Bukusu narrative theology the word *omusiku*, devil, means the one that goes contrary to *Wele Khakaba*, God the Giver and Creator. He is also called *Wele Mukhobe*, the God of Bloodletting. This conceptual metaphor has a SUPERNATURAL Source Domain.

### 4.3.5 Metaphors of Pain with NON-LIVING THING and MIXED EMOTION Source Domain

It is possible to conceptualize pain as pure, plain and unadulterated in Lubukusu going by the data collected during the focus group discussion and the native speaker intuition that guided this research. However, it is also common to experience mixed emotions. Pain can be experienced alongside *hurt, sadness, anger* and *fear*. This therefore projects the possibility of mixed emotion conceptual metaphor. When it is pure and unipolar it points to intensity dimension of pain.

**Table8: Metaphors of pain with NON-LIVING and MIXED EMOTION Source Domain**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 57 | *Buchuni esindani* | Pain is a needle |
| 58 | *Buchuni kumubano* | Pain is a knife |
| 59 | *Buchuni lifumo* | Pain is a spear |
| 60 | *Buchuni liwa* | Pain is a thorn |
| 61 | *Buchuni kumusakhu* | Pain is a metal rod in the anus |
| 62 | *Buchuni sikenga* | Pain is a hot faggot |

The PHYSICAL and MIXED EMOTION source domain is the most commonly available parameter which patients make use of in understanding pain and other emotions like hate, fear, sadness and anger. In the olden day's sickness was only considered cured if the injection was used a major intervention. Hospital therefore became synonymous with the prick of a needle. Many people avoid going to hospital because of the fear of being injected. To some it is even a phobia.

When a patient uses the word needle during a discussion involving their pain it should be conceptualized from the standpoint of a person who resists, detests and fears an injection. For them therefore pain is a needle which passes off as a PHYSICAL and MIXED EMOTION source domain.

**Example 51**

**Patient 7**

*Buchuni kumubano*. (Pain is a knife).[ ßutʃu:nɪ kumußano]

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kumubano* | ……. | *Buchuni* [ ßutʃu:nɪ] |
| (Knife) | | (Pain) |

The knife is the second most common physical domain in Bukusu world view. Apart from being a cutting tool the sight of it evokes fear. Fear is an embodied emotion. Once anyone sees knife different kinds of possibilities emerge. It could be something that can cause injury by cutting and spilling blood. Therefore, when a patient laments that pain is a knife both the emption of pain and fear come to mind making it a NON-LIVING and MIXED EMOTION source domain.

**Example 52**

**Patient 1**

*Buchuni lifumo*. (Pain is a spear).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Lifumo* | …… | *Buchuni* [ ßutʃu:nɪ] |
| (Spear) | | (Pain) |

A spear is a physical embodiment that was used in the olden days among the Bukusu as a weapon of war alongside the shield. Most households still keep it for sentimental reasons as well as a handy weapon in case of an attack. In the current days it is only used for ornamental as well as ritual purposes yet it still remains a contraption that evokes a wide range of emotions. A patient who refers to a spear to discuss their pain experience is likely to be assailed by PHYSICAL and MIXED EMOTIONS that include pain, fear, hate, dare and bravado, sadness and nostalgia.

**Example 53**

**Patient 2**

*Buchuni liwa*. (Pain is a thorn).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Liwa* | …… | *Buchuni* [ ßutʃu:nɪ] |
| (Thorn) | | (Pain) |

The day-to-day life of the Bukusu of the countryside involves working in the fields for a livelihood where different kinds of hazards are encountered, including being pricked by thorns. Thorns are therefore popular motifs in the Bukusu idiom. It is therefore common to have patients discuss their pain experiences in the light of thorns. Since thorns are tangible, they constitute the PHYSICAL and MIXED EMOTION source domain because of evoking various emotions like pain, fear, sadness and disdain.

**Example 54**

**Patient 3**

*Buchuni kumusakhu*. (Pain is a hot metal rod in the anus).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kumusakhu* | …… | *Buchuni* [ ßutʃu:nɪ] |
| (Hot metal rod in the anus) | | (Pain) |

*Kumusakhu* is a Bukusu customary punishment meted on people who commit crimes like arson, robbery with violence, night running with intent to cause bodily harm through sorcery, raiding cattle bomas among other heinous crimes. It is achieved by stripping the culprit naked, pinning him on the ground, face down, and pushing a red-hot metallic rod into his stomach through the anus! The most famous incident ever recorded in Bukusu folklore is of one man called Mwongongi the Wizard.

*Mwongongi kacha khubina mwangelekha.* (Mwongongi went on a night running mission across the ridge.
*Lila busa mukhasimbula Mwongongi!* Mourn Mwongongi without removing the blanket.
*Mwongongi oli bubi wase.* (Mwongongi you are in bad shape).

*Mwongongi oli bubi wase.* (Mwongongi you are in bad shape).

*Bona wafwa oli esang'i.* (Look you have died like an animal).

This reason for piercing the innards of a criminal with a hot metal rod is to have them die a slow but extremely painful death which would serve as a punishment and deterrent for other criminals. The mere mention of *kumusakhu* or *Mwongongi* evokes mixed emotions that range from acute and long-lasting pain to fear, sadness, hate, agony and anger. This expression embodies a NON-LIVING and MIXED EMOTION source domain.

**Example 55**

**Patient 4**

*Buchuni sikenga*. (Pain is a hot faggot).

| **SOURCE DOMAIN** | **TARGET DOMAIN** |
|---|---|
| *Sikenga*[sikenga] …….. | *Buchuni* [ ßutʃu:nɪ] |
| (Hot faggot) | (Pain) |

The Bukusu usually feel a deep connection with nature where tales of gods and ancestors abound. The meeting point for the living and dead is usually the fireplace where food is prepared, eaten and libations are poured. It is, for instance, customary to have a smoldering log of wood in every kitchen because it is believed that ancestors are always on the prowl seeking a place to keep warm. A fire, therefore, will always flicker from the fireplace in any kitchen found in the homestead of a Bukusu. Sometimes it would be some light smoke achieved by burying *sikenga* under the ash.

The cone shaped hut with a sharp wooden aerial at the apex is a common sight in Bukusu homesteads. It signifies a subsiding male phallus which means that the man of the home is still alive. On the other hand, the different states of burning firewood are *khuburukha, khukhwiseng'eng'a, khukhwerika*, that constitute the vocabulary of the kitchen. These can also be used to mirror the different levels of pain. Whenever one wishes to cook on a low fire or to warm themselves during the cold season, *khukwoora*, they use what is called *bikenga* or smoldering faggots. *Bikenga* are actually dry tree stumps that burn with a low flame but emit a considerable amount of heat, enough to keep the house and the occupants warm. Sometimes the flame flares up and it would be whispered that the ancestors are fanning it. When a patient conceptualizes pain in the light of *bikenga* it is suggestive of both the action of SUPERNATURAL CAUSE source domain, NON-LIVING, MIXED CAUSE source domain, pain intensity and pain duration. It is universally agreed that THE BODY IS A CONTAINER FOR EMOTIONS.

The fact that related languages have a common ancestor explain the reason why we have similarities in metaphorical patterns. Kovecses (2000a: 37) posits that near universal metaphors can be found in numerous genetically unrelated languages of the world. In this study, therefore we analyze pain emotion typologies that exist in our language of study, Lubukusu, as well as other languages.

### 4.4 How Image Schemas Theory Accounted for Metaphonies of Pain

The third objective in this study analysed how image schemas accounted for metaphtonomies of pain among Lubukusu speaking patients at Webuye County Referral Hospital in Bungoma. For the present case, there was need to establish how recurring structures within the Lubukusu patient's cognitive processes establishes patterns of understanding and reasoning about the concept of pain in relation to their health. This is because, as observed by Lakoff (1978), image schematics are directly meaningful, experiential and embodied pre-conceptual structures that emanate from human repetitive movements through space, perceptions, and ways of manipulating objects (Lakoff, 1978). In addition, it is a way of making metaphorical projections from concrete to abstract domains (Lakoff, 1978).

From the analyzed data, six schematic conceptualizations were revealed; CONTAINER image schemas, BLOCKAGE image schema, FULL-EMPTY image schema, FORCE image schema, PATH image schema and PART-WHOLE image schemas. They are analyzed in the following sub-sections;

### 4.4.1 The CONTAINER Image Schemas

The third objective was to describe how image schemas account for conceptualization of pain in Lubukusu. A container has boundaries, an interior and exterior and a base and sometimes a lid or cover.

The CONTAINMENT image schema is made up of different parts namely an interior, boundary and exterior elements (Johnson, 1987). Pena (2009) contends that CONTAINMENT image schema is a basic one that provides a systematic guide for mental spaces. Following the FGD a wide range of conceptual metaphors were collected that depict CONTAINMENT image schema. Body parts like head, mouth, ears, chest, stomach, nose, buttocks and genitalia are considered as containers among Lubukusu speakers. This is especially if they are CONTAINERS

**Table9: Metaphors of Pain in Lubukusu Conceptualizing the CONTAINER Image Schema.**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 63 | *Buchuni luongwa* | Pain is a precipice |
| 64 | *Buchuni liloo* | Pain is a hole |
| 65 | *Buchuni kamawaa* | Pain is inside thorns |
| 66 | *Buchuni enyanja* | Pain is a lake |
| 67 | *Buchuni silongo* | Pain is a place where initiates are smeared. |
| 68 | *Buchuni lurimba* | Pain is a wild animal trap |

As observed from Table above, pain in conceptualized in terms of CONTAINER image schemas. The example below, elicited by the programmed patients, nurses, and their analysis shows how a CONTAINER schema can be used to talk about a pain experience. For instance, the conceptual metaphor *Buchuni liloo* (Pain is a hole) PAIN IS A HOLE as used by patient 3 can attest to this.

**Example 56**

**Patient 5**

*Buchuni luongwa* (pain is a precipice)

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Luongwa* | …….. | *Buchuni* [ ßutʃu:nɪ] |
| (Precipice) | | (Pain) |

*Luongwa* is usually a deep gorge where sharp stones and tree stumps are found. The conceptual metaphor *buchuni luongwa* (pain is a precipice) gives the feeling of pain and its intensity. It can be mapped onto someone standing on the edge of a cliff or a precipice facing the danger of falling to a painful death. The downward fall constantly awaits the victim of pain. The victim in this case is the patient experiencing pain. Therefore, in using this metaphor the patient forewarns the medical practitioner about the impending doom. Doom in this case could mean a deteriorating state of health or death. The intervention should, therefore, be prompt and appropriate.

**Example 57**

**Patient 6**

*Buchuni liloo* (pain is a hole).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Liloo* | …….. | *Buchuni* [ ßutʃu:nɪ] |
| Hole | | (Pain) |

*BUCHUNI LILOO* is a container image schema because a hole has an interior and can be covered by a lid. Someone suffering from pain undergoes a sensation that seems like being kept in a deep hole. Such a hole a vulnerable patient cannot escape without the help of other people found outside the hole. The metaphor mirrors urgency. A hole is a container. In this instance, therefore, pain is understood to be some sort of pit where an ailing patient drops and has to depend on someone else to rescue them. This metaphor fits in as a container image schema.

**Example 58**

**Patient 7**

*Buchuni kamawaa* (pain is thorns).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kamawaa* | …… | *Buchuni* [ ßutʃu:nɪ] |
| (Thorns) | | (Pain) |

The conceptual metaphor *Buchuni kamawaa* (pain is like falling inside a heap of thorns). This is a scary and hair-raising scenario where the patient appears to be telling the doctor that they are pricked form all sides of their body. There are different types of thorns that form the flora and fauna of rural Bukusuland. Most folk in the village walk around barefoot. Therefore, thorn pricks are commonplace. Some of the thorns are poisonous while others are not. Most of them usually heal by the application of common herbal cures. Some thorn pricks from certain poisonous plants may require a specialist's attention to have forested rural villages.

**Example 59**

**Patient 1**

*Buchuni enyanja* (pain is a lake).

| **SOURCE DOMAIN** | **TARGET DOMAIN** |
|---|---|
| *Enyanja* …….. | *Buchuni* [ ßutʃu:nɪ] |
| (Lake) | (Pain) |

According to the Oxford Advanced Learners Dictionary (OALD), 10$^{TH}$ Edition, the lake is an inland body of relatively still, fresh or salt water of considerable size, surrounded by land. The most famous lake among the Bukusu is *Enyanja ya Walule or Lake Victoria* that is famous for swallowing all the evil schemes of sorcerers, witches and enemies. Most Bukusus of have only encountered this lake in the rich folklore of the community. During prayer time they normally close with the refrain that all the evil may end up in *Enyanja ya Walule*. This points to the fact that a lake is therefore a repository for all the evil. When a Lubukusu speaking patient talks about pain but at the same time mentions the lake, *enyanja*, they are basically alluding to the multifaceted manifestations of a lake as a store of evil, the devil and outcasts. This further tells the doctor about the kind of pain being experienced. In this case the pain is also a function of the SUPERNTURAL source domain.

According to Anudo (2018), Luo culture and Dholuo, there are various body parts that are considered containers, namely; mouth, head, chest, ears, eyes and nose. This is a parallel we draw with the current study. This approach was also used in conceptualizing culturally embedded notions Luo culture and Dholuo. We found it necessary for this study too. In addition, the present study drew lessons from the work of Johnson (1987) on image schemas. The key tenets of Image Schemas Theory were utilized alongside methodological approaches to the comprehension of image schemas exhibited in Lubukusu conceptual metaphors of pain. However, the present study on pain differs from what is set out in Johnson in the sense that while Johnson (1987) gives a description of image schemas and their structural components, this study was interested in finding out functions that image schemas play in the construction of meaning in pain conceptual metaphors in Lubukusu doctor-patient consultation.

Anudo (2018) notes that image schemas account for conceptual metaphors. She sets out to explain the schematic patterns that are instrumental for the comprehension of conceptual metaphors in Dholuo and to explain the socio-cultural implications of the images used in conceptual metaphors in Dholuo. While Anudo (2018) talks about the general field of conceptual metaphors the present study is concerned with metaphors of pain in Lubukusu. The current study examines the doctor-patient discourse in a bilingual environment while Anudo discusses conceptual metaphors in a Dholuo monolingual situation.

Gathigia (2014) holds that the CONTAINER image schema is guided by the Invariance Principle which states that interiors will be mapped onto interiors, exteriors onto exteriors, and boundaries onto boundaries. In cognitive linguistics an image schema is defined as "a recurring, dynamic pattern of our perceptual interactions and motor programs that gives coherence and structure to our experience" (Johnson, 1987: xiv). The container image schema is one of the most fundamental schemas used in abstract reasoning. Many conceptual metaphors that we use both in our everyday reasoning and academic conversation are motivated by the container image schema. There are also many emotion metaphors that are based on the container schema. Here are some of them: THE EYES ARE CONTAINERS FOR THE EMOTIONS; THE EMOTIONS ARE FLUIDS IN A CONTAINER; HAPPINESS/JOY IS a FLUID IN a CONTAINER (see, Kövecses, 1991b: 31, 33-34); ANGER IS THE HEAT OF A FLUID IN A CONTAINER (see, Lakoff, 1987: 383).

The container image schema has three different structural elements: an *interior*, an *exterior* and a *boundary*. The schema is a gestalt structure where parts are comprehended within the framework of a larger whole. For instance, one cannot have one of the structural elements of the container image schema without the other: an interior does not exist without an exterior and boundary; an exterior does not exist without an interior and boundary; and a boundary does not exist without an interior and exterior. Our recurring, kinaesthetic experiences of bodily containment give rise to the container image schema (Johnson, 1987: 21). Our data also revealed a subsidiary of CONTAINER image schema as analysed below;

#### 4.4.1.1 IN and OUT CONTAINER image schema

From the Conceptual metaphor PAIN IS A CONTAINER get various subsidiary schematic patterns which were instantiated namely IN and OUT.

**Table10: Metaphors of Pain in Lubukusu Conceptualizing IN and OUT CONTAINER Image Schema**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 69 | *Buchuni enungilo* | Pain is a cooking pot |
| 70 | *Buchuni liruburu* | Pain is a dung-beetle hill |
| 71 | *Buchuni khatubi khe etala* | Pain is a small reed basket |
| 72 | *Buchuni namwima* | Pain is a shrine |
| 73 | *Buchuni khasoa* | Pain is a small basket used for planting millet |
| 74 | *Buchuni esibero* | Pain is a hearth |
| 75 | *Buchuni mwirumbi* | Pain is where iron smelting takes place |

The IN and OUT image schema is visualized when pain is conceptualized as a container in which one can get in and out. A boiling pot is an artefact of Bukusu culture that is used for cooking delicacies like animal hooves. It is therefore covered by a stopper on a lid that is made of banana leaves that leaves no room for steam to escape. This just goes to tell how the pain experiences is excruciating. This ordeal calls for urgency in mitigating pain. It points to the fact that the patient is in dire need of an intervention. Lakoff and Johnson (1980) explain that the container has boundaries just like the cooking pot referred to by the patient.

Since the patient is in a helpless condition, he is not in a potion to even shatter the earthen pot and escape. The patient solely depends on the doctor's prescription. In case of the clinician or doctor has no idea of how a cooking pot works then it may be difficult to appreciate the intensity of pain experienced by the speaker. The CONTAINER image schema is guided by the Invariance Principle which guarantees that, for CONTAINER schemas, interiors will be mapped onto interiors, exteriors onto exteriors, and boundaries onto boundaries.

**Example 62**

**Patient 1**

*Buchuni enungilo* (Pain is a cooking pot).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Enungilo* | …… | *Buchuni* [ ßutʃu:nɪ] |
| (Cooking pot) | | (Pain) |

A cooking pot is an earthen container used for cooking. The Bukusu having practiced pottery for many years, they have different kinds of pots. There are pots used for storing grains, brewing and taking beer, preparing medicine, ritual purposes and for cooking. *Enungilo* is specially made for cooking. It normally has an airtight stopper made of banana fibres. The stopper ensures that no steam leaves the pot until the meal is properly cooked. This makes the pot a high pressure cooker. The patient who talked about the cooking pot like kind of pain was expressing dire need for assistance. Depending on the body part this kind of pain seems like it is about to explode. The patient, therefore, needs urgent attention.

**Example 63**

**Patient 2**

*Buchuni liruburu* (Pain is a dung-beetle hill).

| **SOURCE DOMAIN** | **TARGET DOMAIN** |
|---|---|
| *Liruburu* [liruβuru]…… | *Buchuni* [βutʃuni] |
| (Dung beetle hill) | (Pain) |

Dung beetles, in their adult stage, are generally considered dirty. Therefore, this instantiation points to the disgusting experience of the speaker-patient. The patient feels defiled by the PAIN which is equated to the soil that make up the dung-beetle hill.

This schema points to how urgently the patient is supposed to be helped to come out and be cleansed at the same time so as to recover the lost purity brought on by the pain.

**Example 64**

**Patient 3**

*Buchuni khatubi khe etala* (pain is a reed basket).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Khatubi khe etala* | …… | *Buchuni* |
| [xatuβi xe etala] | | [ βutʃu:nɪ] |
| (A reed basket) | | (Pain) |

This is a small basket used for carrying gifts. The general meaning is that gifts belong to those who also give gifts. It is used here to mean that once a body part experiences pain it is likely to distribute it to the neighbouring body parts. For instance, if one has a headache the neck is likely to suffer the same pain.

**Example 65**

**Patient 4**

*Buchuni namwima* (pain is a shrine).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Namwima* | …….. | *Buchuni* |
| [namwi:ma] | | [ ßutʃu:nɪ] |
| (A shrine) | | (Pain) |

A shrine is a traditional Bukusu altar used to venerate and worship ancestors. It is a site where sacrifices are carried out and libations poured. Being a miniature hut, it also acts as a container that houses the supernatural. The kind of pain being referred to in this case is the elusive kind; the patient cannot point out its particular location. The pain behaves like the beings of the spirit world.

**Example 66**

**Patient 5**

*Buchuni khasoa* (Pain is a small basket for planting millet).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Khasoa* | …… | *Buchuni* |
| [xasoa] | | [ ßutʃu:nɪ] |
| (A small basket for planting millet) | | (Pain) |

*Khasoa* is a small basket used for broadcasting small sized seeds like millet. It is a small container that holds numerous and uncountable seeds. The kind of image it gives is where pain appears to be distributed all over the body. It is a stubborn kind of pain.Culturally,elderly patients are supposed to handle their pain with care. The experience of going IN and OUT is a manifestation of the subsidiarity of the CONTAINER image schema. Activities undertaken in a sacred shrine sometimes involves doing so with utmost care so as not to annoy the spirits. The same way one navigates the topic of pain. Some shrines have an entrance and an exit. This means that we experience pain and relief at the same time. Some shrines are too small and activities are conducted from outside pointing to the fact that only a doctor's intervention can alleviate pain.

In addition, not everyone can go near or enter a shrine, there are various protocols to be observed like when one is pouring a libation or chanting incantations. An excruciating pain experience leaves a patient without any sense of dignity. It is therefore common for patients to see themselves inside a shrine where the doctor should help them come outside.

### 4.4.2 The BLOCKAGE Image Schema

A BLOCKAGE image schema occurs when there is an impediment in the path of a moving projectile. In this research the BLOCKAGE Image schema is instantiated in seven metaphors of pain. The source domain is mapped on the target domain is applied to the first conceptual metaphor *Buchuni siboe* (Pain is a prison which is bondage). This conceptual metaphor is exemplified by the BLOCKAGE image schema in imprisonment. What can be visualized is a situation where a patient is restrained from operating normally by being put under lockdown and the curtailment of movement. Pain has a way of disempowering as well as making the sufferer vulnerable just like incarceration. Among the bukusu the worst punishment is where a person who is a parent at the same time being jailed alongside other jailbirds like those on death row. It is interpreted that this jailhouse is a way of defiling a person's good nature. Since parents feed children and undertake rituals that make the family prosper, upon discharge a Bukusu prisoner must be cleansed by washing their hands in the innards of the small intestines of a sheep. The offal is another schematic representation for washing away the dirt that was handled while in prison.

The prison in this case is a BLOCKAGE, *siboe*. The BLOCKAGE image schema is further exemplified by the instantiation *Buchuni khasoa* (Pain is a small basket used for planting millet). Our bodies can be viewed as containers or as objects in containers (Pena, 2008). The source domain *khasoa*/basket portrays pain as something where a patient is immersed. This particular basket is used for millet broadcasting. It signals that pain in the human body radiates from one end to the next the way millet, a MASS COUNT noun, would be moved around the small basket during broadcasting. This is unsystematic pain. It does not affect one part of the body. In addition, it also puts paid to the IN and OUT image schema too.

**Table11: Metaphors of pain in Lubukusu conceptualizing The BLOCKAGE Image Schema**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 76 | *Buchuni siboe* | Pain is a prison |
| 77 | *Buchuni mulumale* | Pain is a sentence |
| 78 | *Buchuni litaala* | Pain is an animal pen |
| 79 | *Buchuni mwitekeyi* | Pain is between the roof and the wall |
| 80 | *Buchuni kwa ndiangu* | Pain is a door for the impotent |
| 81 | *Buchuni khukenda mumulilo* | Pain is walking through fire |

The conceptual metaphor *Buchuni esibero* (pain is a hearth) is a CONTAINER metaphor that gives the term or name *esibero* /hearth as a holding area for useless matter or refuse awaiting disposal. The patient from whom this metaphor was elicited used it as an expression of the pain he was undergoing. According to the nurse the patient had been abandoned by close family members and therefore felt like rubbish. The pain had made them a bother to the immediate family hence the abandonment. Esibero has both an interior and exterior. Therefore, occupying the interior is the act of being in pain. Those ones on the exterior, the doctor, nurse and caretaker occupy a controlling stake in his life and therefore capable of mitigating his pain.

According to Gathigia (2014) this conceptual metaphor is ordered under the CONTAINER schema as an IN OUT subsidiary image schema. Whiling holding on to the assertion that there is no unanimity of any type of image schema his study used the parameters proposed by other scholars on levels of subsidiarity between image schemas (Pena 2000; Deane, 1992; Lakoff and Johnson 1980; Johnson, 1987; Cienki, 1997; Mandler, 2004, 2005). A hearth is a repository for ash in a traditional cooking place. Oftentimes a patient can go for days without a bath thereby looking ashen, like a wild animal. This instantiation points to the hopelessness of the patient who is residing in the same place, metaphorically, IN and OUT ash. The schematic pattern created helps the caretaker understand the predicament of the patient. The onset of pain is a signal of going IN while its end, brought about by the doctor's intervention is coming OUT. This metaphor also talks about the financial situation of the patient.

Well to do patients who attend high end health facilities are very unlikely to use this kind of imagery. This imagery talks about squalor. Therefore, of the doctor attending to the patient does not comprehend this then the patient is likely to be denied service. Most health systems are pegged on financing. If a patient does not have a comprehensive medical cover they will continue existing IN, in the inside of this schematic pattern as opposed to OUT.

**Example 69**

**Pateint 1**

*Buchuni mwirumbi* (Pain is where iron smelting takes place).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Mwirumbi* | …… | *Buchuni* |
| [mwɪrumbɪ] | | [ ßutʃu:nɪ] |
| (Iron smelting chamber) | | (Pain) |

According to Bukusu folklore the iron smelting hut is entered naked. A patient therefore does not need to hide private or intimate information. There is no shame in baring it all. As the Swahili saying goes, *Mficha uchi hazai*, he who hides nakedness cannot give birth. Nakedness is the ritual regalia that participants wear to the arena of pain. The pain in this case can be psychological considering that some patients, apart from battling physical pain, they also have other matters to contend with. This includes the hospital bill and the state of the family or dependents. This is a reality because most of the patients suffering from the illnesses under scrutiny, diabetes and cancer, have afflicted a demographic that is advanced in age. These people are continuously engaged in providing for the family which is a constant pain in addition to their painful illness. Hence *Buchuni mwirumbi*, pain is where iron smelting takes place. IN and OUT image schema manifests itself in the action. Esenova (2011) discusses metaphors of sadness with CONTAINER source domain. He gives us the notion of the underlying conceptual metaphor SADNESS IS A SUBSTANCE IN A CONTAINER. In his case the CONTAINER conveyed is the head.

**Patient 2**

*Buchuni mulumale* (Pain is a sentence).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Mulumale* | ---------- | *Buchuni* [ ßutʃu:nɪ] |
| (Sentence) | | (Pain) |

This metaphor exemplifies the IN and OUT that occurs when one is jailed. It is hoped that once they finish serving their time and having undergone the process of rehabilitation the former prisoner will be set free. The pain experience in this case is equated to serving a prison sentence.

**Patient 3**

*Buchuni litaala* (pain is an animal pen).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Litaala* | ---------- | *Buchuni* |
| [lita:la] | | [ ßutʃu:nɪ] |
| (Animal pen) | | (Pain) |

This is another metaphor that shows the notion of going IN with the expectation of coming out. Howver the picture created by an animal pen is one of dirt and discomfort. An animal pen is in most cases filled with dung and urine. The general feeling expressed by this metaphor is the kind of humiliation one endures during the period under pain.

**Patient 4**

*Buchuni mwitekeyi* (Pain is between the roof and the wall).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Mwitekeyi* | ---------- | *Buchuni* |
| [mwɪtekejɪ] | | [ ßutʃu:nɪ] |
| (Between the roof and the wall) | | (Pain) |

This metaphor expresses the discormfort that a person in pain endures. It is not easy to enter a house through the space mentioned in the metaphor. By the time a person gets it they would have suffered painful bruises. However, there is hope of coming OUT.Esenova (2011) in gives a wide range of conceptual metaphors that give the notion of SADNESS with the CONTAINER source domain. A container acts as a BLOCKAGE too. A blockage subsidiary image schema is occasioned by the placement of obstacles on the path of a projectile in motion. The said obstacles inhibit the ample movement of the moving object from reaching the destination.

According to Gathigia (2014) the BLOCKAGE image schema is made up of the following systematic entities: a path, directionality, a destination which is not reached, many moments not defined, an entity in motion and another one which is usually static and obstructs pressure of the element in motion. Gathigia (2014) in Anudo (2018) states that the internal logic of the schema activates a negative axiology because the subject is normally placed in a situation where progress is curtailed.

### 4.4.3 The FULL-EMPTY Image Schema

The instantiation my head is FULL-EMPTY signals the notion of CONTAINMENT. The human head or any other part can be a container but pain or sickness prompts the feeling of emptiness.

**Table12: Metaphors of Pain in Lubukusu Conceptualizing the FULL-EMPTY Image Schema**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 82 | *Kumubili kwangue* | The body is light |
| 83 | *Buchuni enju etamba bakeni* | Pain is a house without visitors |
| 84 | *Buchuni kamayila katamba enganga* | Pain is useless pus |
| 85 | *Buchuni siyubuyubu* | Pain is unnecessary games |

| | | |
|---|---|---|
| 86 | *Buchuni kumwendo kumung'ara* | Pain is an empty gourd |
| 87 | *Buchuni esesi engumba* | Pain is a barren calabash |
| 88 | *Buchuni lutelu lutamba bibialila* | Pain is reed tray without gifts |

**Example 70**

**Patient 2**

*Kumubili kwangue* (the body is light).

| **SOURCE DOMAIN** | **TARGET DOMAIN** |
|---|---|
| *Kumubili kwangue* | *Buchuni* |
| [kumuβılı kwangue] | [βutʃuni] |
| (The body is light) | (Pain) |

This metaphor can be used to demonstrate the FULL-EMPTY Image schema. Usually when the body is without illness it seems like full of the weight maintaining the balance during movement. But when one is sick, they feel EMPTY and light hence the schema FULL-EMPTY.

**Example 71**

**Patient 3**

*Buchuni enju etamba bakeni* (pain is a house without visitors).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Enju etamba bakeni* | ---------- | *Buchuni* |
| [endʒu etamba ßakenɪ] | | [ ßutʃu:nɪ] |
| (A house without visitors) | | (Pain) |

The nature of pain is that it is endured at individual level. The pain is aggravated when the patient feels lonely. The metaphoe seems to imply that company alleviates pain.

**Example 72**

**Patient 4**

*Buchuni kamayila katamba enganga* (Pain is useless pus).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kamayila katamba enganga* | ---------- | *Buchuni* |
| [kamajıla katamba enganga] | | [ ßutʃu:nı] |
| (Useless pus) | | (Pain) |

**Example 73**

**Patient 5**

*Buchuni siyububyubu* (Pain is unnecessary games).

| **SOURCE DOMAIN** | **TARGET DOMAIN** |
|---|---|
| *Siyubuyubu* | *Buchuni* |
| [sijußuyußu] | [ ßutʃu:nɪ] |
| (Unnecessary games) | (Pain) |

**Example 74**

**Patient 6**

*Buchuni kumwendo kumung'ara* (Pain is an empty gourd).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kumwendo kumung'ara* | ---------- | *Buchuni* |
| [kumwendo kumuŋara] | | [ ßutʃu:nɪ] |
| (Empty calabash) | | (Pain) |

A gourd is a vessel used for storing milk or seeds. An empty gourd on the other hand served no purpose. Pain in this instance is the target domain represented by an empty gourd source domain.

**Example 75**

**Patient 7**

*Buchuni esesi engumba* (Pain is a barren calabash).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Esesi engumba* | ……. ……. | *Buchuni* |
| [esesɪ engumba] | | [ ßutʃu:nɪ] |
| *(Barren clabash)* | | *(Pain)* |

A calabash was used traditionally as a vessel for drawing clean drinking water from a shallow well or for serving beer. Everytime it was seen it conveyed the message of plentifulness. *Esesi engumba* is a calabash without anything in it. As a reference to pain, it implies that pain adds no value to human life; pain is a barren thing.

Hamper (2003), posits that the concept of image schemas results from the knowledge that the human mind is concretized in structures of perception and bodily movement. According to Tayabeh (2013), humans have access to a common collection of image schemas such as CONTAINMENT, PATH and FORCE based on their unique characteristics. Nonetheless, the representation of these schemas culturally differs from language to language. Image schemas are recurrent designs that appear as significant compositions mainly at the position of our bodily motions through space.

Once the human skin is pierced or injured blood spills out. This points to the fact that the skin plays the role of a container that carries, not just blood but, flesh too. Therefore, our encounter with containment and boundedness is one of the most pervasive features of our bodily experience. We are aware of our bodies as three-dimensional containers into which we put certain things (food, water, air, beer, cigar smoke) and out of which other things emerge (food and water wastes, air, blood, faecal matter, words etc.). It is common to hear it said in some circles that ‘our body is a temple that should not be desecrated’ or that ‘God abides in our bodies’. From the beginning, we experience constant physical containment in our surroundings.

### 4.4.4 The FORCE Image Schema

This is the fourth category of image schemas analyzed. The FORCE image schema is known as one of the primary image schemas underlying conceptual metaphors (Johnson, 1987; Lakoff, 1987; Talmy, 1988). The interaction of entities with respect to force is force dynamics and includes 'the exertion of force, resistance to such a force, the overcoming of such a resistance, blockage of the expression of force, removal of such blockage, and the like' (Talmy, 1988, p.49). The present study on conceptualization of pain in doctor patient discourse considers the FORCE schema as an independent schema (Santibanez, 2002), but not as a subsidiary to the PATH schema as argued by Pena (1999). Pena posits that the FORCE schema, rather simply interact the PATH schema, is but a conceptual dependency of the PATH image-schema. Gathigia (2014), argues that the FORCE image-schema only interacts with the PATH schema. This study therefore discusses the metaphors of pain in Lubukusu with regard to the FORCE image-schema and its subsidiary schemas which are highlighted in the figure below

The Advanced Learners Oxford Dictionary defines force as An English expression like *'the car hit the table with great force*' exemplifies the aftermath of what force can achieve. One can visualize what a car, driven at a high speed, can do to a wooden contraption like a table. Lakoff, 1987; Talmy, 1988). Schemas are dynamic, they develop and change based on new information and experiences. The following metaphorical expressions provide platforms in which the BLOCKAGE image schema is exemplified.

**Table13: Metaphors of Pain in Lubukusu Conceptualizing The FORCE Image Schema**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 89 | *Buchuni lisasi* | Pain is bullet. |
| 90 | *Buchuni efandiri* | Pain is a catapult |
| 91 | *Buchuni lifumo* | Pain is a spear |
| 92 | *Buchuni lukembe* | Pain is surgeon's knife |
| 93 | *Buchuni lukhoroto* | Pain is a clay projectile |
| 94 | *Buchuni kumusuni* | Pain is a flying twig |
| 95 | *Buchuni embale* | Pain is a pebble |

**Example 77**

**Patient 2**

*Buchuni lisasi* (Pain is a bullet).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Lisasi* …….. *Buchuni* [ ßutʃu:nɪ]

(Bullet) (Pain)

*Lisasi* is a projectile that kills. If a patient says that the kind of pain they are experiencing is represented by ammunition then the medical practitioner must appreciate that the pain needs urgent intervention because it is a deadly. The patuient means to say that they are under siege by a very forceful enemy. The pain involved here is devastating. The pain is also deadly. This metaphor falls within the FORCE image schema.

**Example 78**

**Patient 3**

*Buchuni efandiri* (Pain is a catapault).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Efandiri* | …… | *Buchuni* |
| [efandırı] | | [ßutʃu:nı] |
| (Catapult) | | (Pain) |

This one is a projectile that lands with a lot of force. This is a weapon used by teenage boys for killing birds. A pebble held by a leather strapping is normally propelled by rubber bands tied to a V-shapped wooden stick. This metaphor falls within the FORCE image schema.

**Example 79**

**Patient 4**

*Buchuni lifumo* (Pain is a spear).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Lifumo* | …… | *Buchuni* |
| [lifumo] | | [ ßutʃu:nɪ] |
| (Spear) | | (Pain) |

*Lifumo* is an age old Bukusu weapon. It is common in most households owned by the elderly as an object of sentimental heritage. It is also used for flaying livestock from close range. For a spear to inflict injury the thrower must take aim and release it towards the target with maximum force. As a metaphtonomy of pain it falls under the FORCE image schema.

**Example 80**

**Patient 5**

*Buchuni lukembe* (Pain is a surgeon's knife).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Lukembe* …… *Buchuni*

[likembe] [ ßutʃu:nɪ]

(Surgeon's knife) (Pain)

During the sacred ritual of circumcision the first cut administered by the surgeon involves a forceful downward stroke beacause the foreskin is known to be a tough and difficult to cut yet less painfull. The subsequent cuts involving the inner layers of the skin are more painful. The surgeon is more methodical and careful because any miss can damge the phallus irreparably. This slow surgery without anaesthesia is normally extremely painful yet it is the reason why boys have to undergo circumcision. It is used as a way of establishing and enhancing the pain threshold of the initiates.

When a patient talks about their pain being *lukembe* (a surgeon's knife) they imply that it is calculated, intentional and torturous at the same time hitting them with phenomenal force. This is in line with the FORCE image schema.

**Table14: ENABLEMENT Schema**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 96 | *Buchuni litoka* | Pain is a vehicle |
| 97 | *Buchuni eboda boda* | Pain is motorbike transport |
| 98 | *Buchuni endika etamba kumuya* | Pain is a bicycle with flat wheels |
| 99 | *Buchuni ekorokocho* | Pain is an ox-cart |
| 100 | *Buchuni ewiliparo* | Pain is a wheelbarrow |
| 101 | *Buchuni esereyi* | Pain is a draw ledge |
| 102 | *Buchuni omulebesi* | Pain is a porter |

**Example 84**

**Patient 1**

*Buchuni litoka* (Pain is a vehicle)

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Litoka* | ---------- | *Buchuni* |
| [litoka] | | [ ßutʃu:nɪ] |
| (Vehicle) | | (Pain) |

Going by the definition given on the ENABLEMENT image schema the source domain *litoka*, car, is mapped on to the target domain buchuni because a car once powered can find its own path. In this instance the accelerator pressed by the driver is what determines the speed at which the vehicle travels. This schematic representation shows that the patient believes that their pain if fueled or enabled by some force. For as long as there is REMOVAL OF RESTRAINT, the pain will fester.

**Example 85**

**Patient 2**

*Buchuni epikipiki* (pain is a motorbike).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Epikipiki* | ---------- | *Buchuni* |
| [epıkıpıkı] | | [ ßutʃu:nı] |
| (Motorbike) | | (Pain) |

Just like in the conceptual metaphor Pain is a car, *buchuni epikipiki*, manifests during the REMOVAL OF RESTRAINT. Once the motorbike is ignited and powered, it takes on a life of its own. The ENABLEMENT image schema the source domain *epikipiki,* motorbike, is mapped on to the target domain *buchuni,* pain, since a motorbike once powered can hurtle on and on. The speed depends on acceleration and the braking action of the rider. The doctor or medical practitioner could infer the pain intensity and duration by studying how a boda boda operates.

The *epikipiki* is not an ordinary motorbike in its ordinary sense. As an economic activity it has engendered its own culture and value chain. Without understanding the evolving culture around this means of transport it will be difficult to use it to interpret the pain experience of the patient.

**Example 86**

**Patient 3**

*Buchuni endika etambamo kumuuya (*Pain is a bicycle with a flat tyre).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Endika etambamo kumuuya* | ---------- | *Buchuni* |
| [endıka etambamo kumu:ja] | | [ ßutʃu:nı] |
| (Bicycle with flat tyre) | | (Pain) |

The bicycle has been part of Bukusu culture since the coming of the British and Arabs. It is associated with interesting anecdotes. They range from how the Wanga Kingdom that administered Bukusuland on behalf of the British colonial masters treated its subjects to the present day use as a means of earning a living.

It is said that a flat tire was a source of agony for any Bukusu man hosting a Wanga trader because it meant that apart from parting with his wares for free or money, an animal had to be taken from him to repair the flat tire. The truth is that once the fines were paid the owner of the bicycle would inflate it using a handheld pressure pump and wheel it away. The action of deflating a tire would set into motion other actions. It would be ENABLEMENT or REMOVAL OF RESTRAINT. A patient likening this to his pain experience brought back memories of colonial domination. PAIN IS A BICYCLE WITH A FLAT TYRE.

**Example 87**

**Patient 4**

*Buchuni ekorokocho* (pain is an ox cart).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Ekorokocho* | ---------- | *Buchuni* |
| [ekorokotʃo] | | [ ßutʃu:nɪ] |
| *(Ox cart)* | | *(Pain)* |

*Ekorokocho* ‘cart’ is a traditional Bukusu farm implement. It is used to haul loads from one end of the farm to the next. Like a donkey cart it has to be drawn by oxen. It involves drawing and blocking the cart. The blocking action occurs when the animals are going downhill. When this occurs, there is LACK OF RESTRAINT, the machine is under ENABLEMENT to roll and even crush the oxen. Sometimes the load is too heavy that drawing it becomes an ordeal. It is common to see oxen in the village with necks covered in open wounds. This happens as a result of being overworked on not taking good care of the yokes. From this experience, therefore, the pain experience is mirrored by how the animals heave and puff under the weight of the cart. The cart as a source domain tells the doctor that the amount of pain experienced.

**Example 88**

**Patient 5**

*Buchuni ewiliparo* (pain is a wheelbarrow).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Ewiliparo* | ---------- | *Buchuni* |
| [ewiliparo] | | [ ßutʃu:nɪ] |

(Wheelbarrow) (Pain)

This is a dragged or pushed contraption. It cannot gain motion on its own without the action of a pusher. It is used in this sense to mirror pain by implying that pain of whatever magnitude must have a causative agent. A wheelbarrow functions well when its movable parts are properly oiled. The absence of oiling causes rusting which is detrimental to the life of the simple machine. The human body operates in much the same way. The body needs careful care, repair and maintenance. The absence of any of the routine activities and checks causes depreciation and may cause eventual writing off. This expression therefore aims to tell the doctor that the pain experienced may have been caused by long days of neglect and therefore fast action is expected.

### 4.4.6 The PATH Image Schema

Gathigia (2014) observes that the PATH image schema is both widespread and commonplace. Its comprehension arises from the experience of bodily functions. This schema is composed of a source which is also a starting point followed by a series of intermediate points, a direction, from start to end a destination. This position is also held by Lakoff (1987), Johnson (1987) and Pena (2000).

Pẽna (1998), in Anundo (2018), posits that PATH Image schema exhibits structural elements akin to an initial location and a final location or destination a sequence.


***Figure 1: The PATH Image Schema***

Gathigia (2014) observes that there are three orientations of the PATH Image schema. These are horizontal, circular and vertical. It is observed that the horizontal path entails FRONT BACK and LEFT-RIGHT orientations. Pena (2000) goes ahead to posit that the VERTICAL orientation entails the UP-DOWN while the circular orientation entails CYCLICAL orientations. These orientations cumulatively give forth to image schemas with the following nomenclature: FRONT-BACK, RIGHT-LEFT, UP-DOWN, CIRCLE.The metaphorical instantiations for pain in Lubukusu acquiesce to the PATH Image scheme can be realized as THE VERTICALITY image schema as illustrated in section 4.4.3.1.

**Table15: Metaphors of Pain in Lubukusu Conceptualizing The PATH Image Schema**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 103 | *Buchuni butututuba* | Pain boils |
| 104 | *Buchuni bukenda* | Pain walks |
| 105 | *Buchuni buyukhililа* | Pain goes round in a circular motion |
| 106 | *Buchuni bunina nebwikha* | Pain is going up and down |
| 107 | *Buchuni lilisi* | Pain is smoke |
| 108 | *Buchuni kumoyo khusiukha* | Pain is nauseating |
| 109 | *Buchuni khurusia* | Pain is vomiting |

**Example 91**

**Patient 1**

*Buchuni bututuba* (Pain boils).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Bututuba* | …… | *Buchuni* |
| [ ßututußa] | | [ ßutʃu:nɪ] |
| (Boils) | | (Pain) |

This is a visualization of a substance that is boiling over. It could be a liquid like milk. Pain has the nature of starting from a mild point and going up to reach considerable severity. This gives us the notion of a substance, though abstract, taking a path towards a destination. Lakoff (1987) states that it is the asymmetry of the human vertical axis that prompts us to pick fallen objects. Johnson (1987) adds that VERTICALITY image schema manifests as a result of the human interaction with the environment. As we do so we look in the downwards direction of the objects the go back upwards. Hence the UP-DOWN orientation.

This schematic representation shows movement from one location to the next. The same pain can reduce as exemplified by pain relief that portrays an UP—DOWN trajectory.

**Example 92**

**Patient 2**

*Buchuni bukenda* (Pain walks).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Bukenda* | …… | *Buchuni* |
| [ ßukenda] | | [ ßutʃu:nɪ] |
| (Walks) | | (Pain) |

The idea of pain walking is a common sensation among patients. It is common to have a patient complain of localized pain one minute then the next minute report a movement to another location. This gives us the conceptual metaphor of the PATH Image schema. There is a source that causes the pain before it travels to other parts of the body. If it's a headache it will take the left-right orientation hence the LEFT-RIGHT Image schema.

**Example 93**

**Patient 3**

*Buchuni buyukhilila (*Pain goes round).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Buyukhilila* | …….. | *Buchuni* |
| [ßujuxılıla] | | [ßutʃu:nı] |
| (Goes round) | | (Pain) |

This instantiation gives the notion of pain as an immobile object that takes a trajectory. This time around the schema being portrayed is one of a circular motion. The patient is in a position to feel the pain set out on a journey from one end of the body to the other.

This visual effect mirrors what happens when an animal is tethered to a peg. The animal will only be able to graze to the extent of the length of the leash. What emerges is that as the animal moves round it tramples on the grass to a point of causing a hard pan. What is left is the effect of overgrazing. This is bad for soil conservation. One needs to have been a cattle herder to accurately visualize the kind of pain the patient is undergoing. This movement could be represented by a LEFT-RIGHT or a RIGHT LEFT image schema. The metaphor under consideration also signals the CYCLE image schema. This suggests that pain is a cyclical entity. Johnson (1987) posits that we experience different kinds of cycles in relation to our bodily functions such as pulse, breathing, ingestion and digestion. We also experience now and then the cycle from sickness to recovery and then back to the normal healthy state. Other cyclic processes we experience include hot and cold, windy and calm, wet and dry, the recurrence of day and night, dry season to rain season, morning and evening and rags to riches and back again. These embodied experiences of a periodic rise and fall form the basis of the CYCLE schema.

**Example 94**

**Patient 4**

*Buchuni bunina nebwikha* (Pain is going up and down).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Bunina nebwikha* | …… | *Buchuni* |
| [ ßunɪ:na nebwɪ:xa] | | [ ßutʃu:nɪ] |
| (Goes up and down) | | (Pain) |

When a patient feels that pain is mobile, they will most definitely say the direction it is taking. In this case pain behaves like a climber from a low level to a higher level. This gives us the UP-DOWN image schema. The UP-DOWN schema is derived from our embodied experience of seeing an increase or decrease in the level of an entity when its quantity increases or decreases. The correlation of quantity with VERTICALITY has formed the basis of the primary metaphors, MORE IS UP and LESS IS DOWN. This movement can also be seen during the harvesting of fruits where energetic people climb up and must certainly climb down.

The climbing down is as laborious as going up because the climber would certainly be carrying some load on their way down. This goes to tell about the intensity and duration of pain. However, in most cases climbing down is more difficult than climbing up.

### 4.5.7 The PART-WHOLE Image Schema

Lakoff (1987) posits that the PART-WHOLE Image schema is 'a gestalt structure that consists of a whole, parts, and configuration'. Gathigia (2014) posits that the PART-WHOLE Image schema is closely linked to the LINK Image schema. This is because a collection of parts can only make sense jointly if they are properly linked together (Lakoff & Johnson, 1980). In the present study the PART-WHOLE Image schema is instantiated in seven metaphors of pain n Lubukusu as illustrated in Table 4.16 below.

**Table16: Metaphors of Pain in Lubukusu Conceptualizing (The PART-WHOLE Image Schema)**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 110 | *Buchuni kamawaa* | Pain is thorns |
| 111 | *Buchuni kamaambakhese* | Pain is the weed that attaches to sheep |
| 112 | *Buchuni buchuni makoe* | Pain is black jack |

| | | |
|---|---|---|
| 113 | *Kumubili kumanya mwene* | The body knows the owner |
| 114 | *Kumubili kwabene* | The body belongs to someone else |
| 115 | *Kumubili sekuli kukwase tawe* | The body is not mine |
| 116 | *Buchuni sirumba* | Pain is a hunchback |

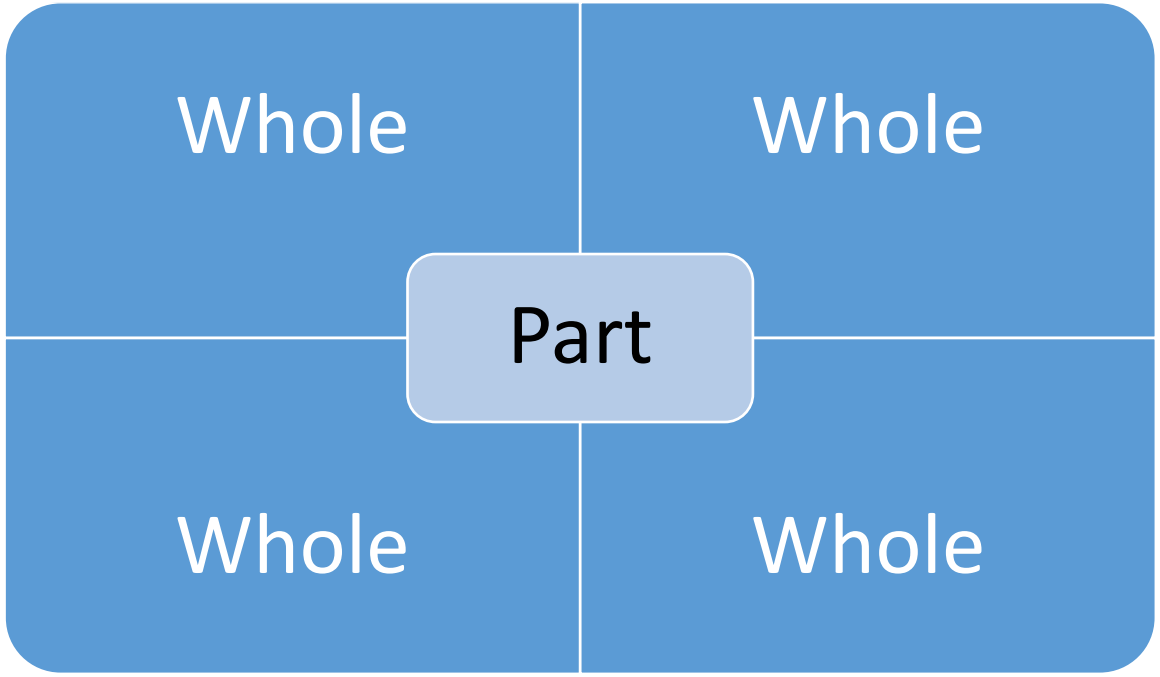



*Figure 2: A figure representing the PART-WHOLE Image schema*

**Example 98**

**Patient 1**

*() Buchuni kamawaa* (Pain is thorns).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kamawaa* | ---------- | *Buchuni* |
| [ kamawa] | | [ ßutʃu:nɪ] |
| (Thorns) | | (Pain) |

This metaphor is an instantiation of the PART-WHOLE Image schema. A thorn is a part of a tree. When a thorn or thorns prick any part of the body the pain radiates elsewhere. Most thorns are poisonous too. Once a thorn pierces the body it leaves it with a scar that continues causing pain at the particular spot. If the wound is not well taken care of pus forms and continues causing more and more pain.

**Example 99**

**Patient 2**

*() Buchuni kamaambakhese* (Pain is weed that attaches to sheep).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kamaambakhese* | ---------- | *Buchuni* |
| [ kama:mbaxese] | | [ ßutʃu:nɪ] |
| (The one that stiks on sheep) | | (Pain) |

This is a stubborn hairy and sticky seed. It sticks on the garment of the wearer. In an attempt to remove it gets to stick wherever it is dropped. This instantiation also reflects a PART-WHOLE image schema given that it is an appendage of a tree. It is efficacy depends on sticking onto something. When a patient says that pain is kamaambakhese they mean to say that it has stuck to them despite all the mitigation efforts undertaken. This particular pain has the behavior of the said seed. Weeds are known to be extremely resistant to destruction. Their means of dispersal are also extremely efficient. If a pain behaves in this manner, then a doctor needs to take a keen look at the cultural meaning and the physical characteristics of the weed.

**Example 100**

**Patient 3**

*() Buchuni makoe* (Pain is black jack).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Makoe* | ---------- | *Buchuni* |
| [makoe] | | [ ßutʃu:nɪ] |
| (Blackjack) | | (Pain) |

*Bidens pilosa* is an annual herb with an erect habit that grows to 1.5 meters. It is easily recognized by the elongated fruits that bear hooked bristles or burrs that embed themselves in peoples clothing as they brush past stems. Seeds are widely dispersed through the fruits hook-like bristles that embed themselves in clothing and the fur of mammals and feathers of birds. They are also spread by wind and soil. Just like *kaambakhese*, *makoe* is an equally stubborn. It reduces the growth of crops like beans. The burrs are also seed contaminants. It is a nuisance to sheep and goats. They are managed by consistent mowing, hoeing and hand pulling in order to prevent seed production. This instantiation is another PART-WHOLE image schema.

This weed has physical features that make its dispersal very easy. It is hairy and light meaning it can be blown by wind. It can also be carried around by attaching itself to any moving object. Apart from being a weed it is also used as a vegetable among the Bukusu during difficult times. But it is not anything prestigious. It is used by the lowly class of people. This shows the attitude of the patient towards the pain experience bothering them. This kind of pain is not very intense, but it is a bother to the patient who cannot engage in any other meaningful activity.

**Example 101**

**Patient 4**

*Kumubili kumanya mwene* (the body knows the owner).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kumubili kumanya mwene* | …….. | *Buchuni* [ ßutʃu:nɪ] |
| (The body knows the owner) | | (Pain). |

This expression implies that other than the owner of the body no one can claim to understand it better. These goes to say how anyone seeking to understand the condition of a patient should first of all listen to the personal narrative.

The patient is the foremost expert when it comes to managing their own body. This means that whatever intervention a doctor introduces should be done in concurrence with the patient or the person experiencing the pain. There are numerous cases of negligence in health facilities but some could be forestalled by talking and listening to the patient keenly. It is wrong to have a medical practitioner who is all knowing. Patients, if they are in a conscious state, should be involved in making decisions about their bodies. In cases where it is not possible their next of kin should be consulted.

**Example 102**

**Patient 5**

*Kumubili kwabene* (the body belongs to someone else).

| **SOURCE DOMAIN** | | **TARGET DOMAIN** |
|---|---|---|
| *Kumubili kwabene* | ---------- | *Buchuni* |
| [ kumuβılı] | | [ βutʃu:nı] |
| (The body belongs to someone else) | | (Pain) |

A body that belongs to someone else must be handled with care is the meaning of this pain expression idiom. It seems to echo the requirement that before a medic does anything significant of the patient, he must seek informed content. This goes hand in hand with the Bukusu proverb, *mundu wabene ali nga nyama ya mboko, okinyolela khu sibumba* (A person is like buffalo meat, find it on the serving bowl). In this context, no matter how well-meaning a medic maybe any decision on the body of patient must be consultative.

### 4.6 Mental Representations and the Cognitive Causal Chains in Lubukusu

The purspose of this study was to investigate the metaphoric conceptualisation of pain in Lubukusu during doctor-patient discourse. The discussion undertaken in this chapter has been able to show how the Bukusu speech community uses their cognitive faculties and the embodied experiences during discusssions on pain. It was established during the study that the Bukusu as a cultural group conceives and perceives bodily experiences through the immediate environment.

## 4.7 Conclusion

This section discussed different kinds of image schemas. They include ENABLEMENT image schema, PART-WHOLE image schema, and the PATH image schema. Lakoff and Johnson 1980showed that metaphors are ubiquitous in everyday life. It is therefore safe on the basisi of the evidence provided tho conclude that metaphors are in abundance in Lubukusu edical dscourse. Lakoff and Johnson (1980) further hold that our cocepts contribute in structuring what is perceived in the cognitive domain. This means that the human conceptual system assists in perceiving the world.

This chapter provided responses to the three objectives and three research questions that were meant to be investigated in the course of this study. The discussions undertaken were conducted within the tenets of the both the Conceptual Metaphor Theory and the Image Schemas Theory. The discussion revealed that Lubukusu language has metaphtonomies of pain which can also be grouped into various typologies. Using the Image schemas theory the discussions revealed that we can account for mage schemas.

# CHAPTER FIVE

# ENHANCING EFFICACY IN PATIENT-DOCTOR COMMUNICATION ACROSS LANGUAGE BARRIERS.

## 5.1 Introduction

## 5.2 Metaphors in health discourse

Different kinds of metaphors have been used in doctor-patient communication in the present study. Chapter four of this study demonstrates how various metaphors were applied in the conceptualisation of pain in a health discourse situation. The framing power of metaphors is particularly essential when they are used in relation with illness. This points to the fact that metaphors help us to express ourselves and also make sense of what is happening around us. Mataphors also contribute to negative feelings, shame and anxiety. In the current study various metaphorical framings were made with regard to how patients conceptualise pain.Metaphors analyzed in the present case were those that were used by Lubukusu speaking patients to facilitate communication with healthcare professionals. Tailor and McLaughlin (2011) characterise the use of mtaphors as a means of engaging with the requisite tools for resolving the particular problem of conceptualisation of pain. Various kinds of metaphor sampled in the present study help the patients to come to terms with the kind of pain being battled. The findings reveal the need for an exhaustive study that will provide necessary intervensions to esure efficacy in health communication.

Hauser and Schwartz (2015) posit how metaphors may impact peoples' behavior in relation to wellness and disease. The metaphorical framing of cancer as an enemy played a big role in stopping patients from limiting themselves but instead going all out to fight it with all the available arsenal including enrolling in routine physical activity and exercising. In the same vein in this study pain is portrayed as something worth confronting. This indicates that metaphors can be used to encourage positive behaviour. However, lack of understanding of metaphors might lead to poor communication between patients and doctors. Krieger et al. (2010) concluded that some metaphors may encourage people to take part in a study depending on metaphor choice and the value system of the people involved. Therefore, culturally derived metaphors had more traction amd appealed to differnt kinds of publics differently. Therefore, one had to be careful when using some kinds of metaphors. For the case of Lubukusu metaphors, there was need to establish how mutual communication in patient doctor discourse could be maintained.

Further metaphor use was demonstrated by Schwabe et al. (2008) concerning different kinds of siezures conducted in Germany. Some of the siezures were epileptic and other less serious ones in addition to the implications for their treatment and management regimes. Schwabe et al. established that epileptic patients were wont to consistently apply a single metaphor in talking about their health difficulties during consultations with their health provider. This was contrasted with the non metaphoric use by patients with non epileptic siezures.

The literature therefore reveals the great extend to which metaphors are applied in health discourse.

The analyzed data in chapter four has revealed that failure by the non-native Lubukusu doctors to comprehend the metaphors used by the Lubukusu speaking patients had the potential to impede communication in patient-doctor consultation. In this regard, there was need for applicable and relevant interventions to bridge this communication gap and enhance efficacy in such health-related communication.

### 5.3.1 Need for Trained Interpreters

Lack of interpretation and translation services curtails the administration of healthcare services in hospitals that are staffed by multi-culturally diverse employees. Adequate language support enhances a smooth provider-patient encounter, generates high empathic responses, increased rapport, high patient satisfaction and reduced medical error (Asgary and Segar, 2011). Poor communication strategies and failure to navigate language barriers negatively affects affects the quality of health care assessment and health outcomes (Jonzon et al. 2015). They further state that refugees in foreign lands with new host languages experience difficulties in making clinical appointments because of their compromised proficiency in the language of the host community. Low comprehension of written instructions of follow up healthcare services and informed consent forms to be signed were also identified as significant barriers and deterrents to accessing health care services by refugees and medical personnel (Cheng et al. 2015).

The difficulty of handling and providing solutions to socio cultural and linguistic barriers in healthcare is a major impediment to health provision in the framework of universal health care as outlined in the Big Four Agenda. The matter of culture, for instance, affects how elderly Bukusu male patients are handled in hospital. Most Bukusu males find it difficult to be served by young female nurses. Some of the procedures like shaving of private parts for invalids or extremely vulnerable patients is an abominable act. To them it comes off as cursing their own children. The business of interpreting in healthcare environments is a complicated affair that aims to achieve ‘a workable interpretation which has use in the clinical setting

### 5.3.5 Bridging the Language Gap

Kiswahili and English are not the primary languages of most patients in Bungoma. In most third world countries patients do not have the luxury of getting assistance from an interpreter. But for us to achieve universal health care it is proposed that hospitals hire interpreters to act as a link between the non native doctor and the patient with limited proficiency of both Kiswahili and English.It is also important to make consultation in a quiet room with evident privacy in order to promote patient confidentiality.

# CHAPTER SIX

# SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

## 6.1 Introduction

This study set out to investigate the metaphoric conceptualisation of pain in Doctor-Patient consultation discourseLubukusu. This chapter gives a summary of the study based on the findings of the research as discussed in the previous chapter. The first objective set out was to establish metaphtonomies of pain as conceptualized by Lubukusu speaking patients in the framework of doctor-patient consultation in selected health facilities in Bungoma County. The second objective was to categorize typologies of metaphtonomies of pain into conceptual domains as conceptualized by Lubukusu speaking patients in the framework of doctor patient consultation in selected health facilities in Bungoma County. The third objective was to analyze how image schemas account for metaphtonomies of pain among Lubukusu speaking patients in selected health facilities in Bungoma County. The study also sought to develop a proposed framework which could be used as an intervention to bridge potential communication gaps in heath discour ses. This chapter provides a summary of the findings of the discussions undertaken in the course of this research. This study goes ahead to propose recommendations in line with Lubukusu doctor-patient discourse. The conclusions drawn in this study that encompass possible areas of further engagement are also laid down in this chapter.

## 6.2 Summary of the Findings

After discussing the findings of the study in chapter four, this section outlines the summary of the findings in line with the research questions and objectives set out in chapter one.

For the first objective, the findings indicate that Lubukusu language has a considerable amount of metaphtonomies of pain and an evolving word stock that can adequately express patients' emotions during hospital visits. The study established that there are metaphtonomies of pain in Lubukusu. From the data collected, two categories of metaphtonomies of pain emerged. These were: DMRW based on tangible and DMRW based non-tangible metaphtonomies. However, there was also need to include metaphor related words used by the patients in medical discourse. The three categories were analyzed in details based on their implications in health communication. The analysis of the metaphtonomies was based on Lakoff and Johnson's (1980) Cognitive Theory of Metaphor which is a conceptual phenomenon that involves a mapping relation between two domains that are identified as Source Domain (SD) and the Target Domain (TD).

For the first category of categorization of DMRW based on the sense of touch or tangibility, it was revealed in the data that pain was correlated with tangible Source Domain by appropriately using the clinical signs presented by the party in pain or through the application of an accurate diagnostic equipment. In this regard, pain was correlatd with tangible objects such as *kumubano* (knife), *omuliro* (fire), *esindani* (needle) among other objects.

The study also revealed the relationship between the metaphors and the objects that those metaphors refered to. For instance, in the conceptual meataphor BUCHUNI LIYALE (PAIN IS SOOT) it was established that there is a conceptual link between SOOT, a form of DIRT and PAIN which is an emotion that has to be conceptualised by the medical practitioner during the taking of history in order to determine accurately how to mitigate pain. In the folklore of the Bukusu soot was applied on the face of a mourning widow to show that grieving is a matter of extreme pain. This led to the person grieving being isolated from the rest and could not take part in communal activities. PAIN has the same conceptual frame as soot. Soot is unpleasant and objectionable. Therefore, the othology of soot is mapped onto the ontology of pain. If concurrence between the two speakers is not established then there shall be a mismatch in communication. The findings corroborate Gathigia's (2014) study which correlates metaphors of LOVE in Gikuyu with tangible object FIRE in the conceptual metaphor LOVE IS FIRE. The LOVE IS FIRE metaphorical mapping ANGER IS FIRE, SEXUAL DESIRE IS FIRE, ENERGY IS FIRE (Lakoff and Turner 1989; Kovecses and Szabo 1996 and Kovecses 2002).

The second category was based on DMRWs based on Abstractness or Non-tangibility. Such as loneliness and poverty.Loneliness, for instance, is an abstract concept and therefore intangible. In the cited metaphor it is used as if it were tangible to be able to express how the sensation of pain feels like. The metaphor is applied to suggest that the patient is of the view that loneliness is a common thing to the extent of being easily understandable and therefore possesses a degree of tangibility. The conceptual mapping occurs by structuring it as a concrete object. Similarly, a patient who considers pain as poverty is most likely express a need beyond just what the body feels.

Chances are that the pain is chronic and has led to the consumption of a large number of resources. Most of the time what stands between a patient and pain mitigation is money. The availability of money means acquisition of high potency pain relievers and better nursing care most likely available in an expensive hospital. This metaphor talks to the segregation that obtains in the health care system where private hospitals are synonymous with wealth while public hospitals represent poverty. Oftentimes pain is aggravated by the squalid conditions obtaining in a hospital.

The second objective sought to categorize of the metaphtonomies of pain in Lubukusu. The conclusion was that that there are numerous categories of metaphtonomies of Lubukusu. The data revealed that metaphors of pain can be grouped using the tenets of the Conceptual Metaphor Theory. The first category was characerised as **Metaphors of Pain with the PLANT Source Domain.** According to results of the study the idea of pain is conceptualised in terms of plants that are found in agrarian practices of the Bukusu people and their culture.The data associated with this typology was presented in Table 4.4 Metaphors of Pain with the PLANT Source Domain. These plants map different stages of plant growth on to the emotional development and expression of the patient. Both plants and emotion come into existence develop and go away depending on how the medical expert deals with them. The comparison between the plants and the emotions is possible because both are living things. The plant metaphors analysed reflect different levels, duration and intensity of pain. An example of the discussion carried out under this category appears in example 24 instantiated by Patient 2 *Buchuni embunyabubi* (Pain is the awful smelling plant). The source domain was *embunyabubi* (the awful smelling plant) target domain was *buchuni* (pain).

**Metaphors of Pain with the ANIMAL Source Domain**. From the discussions carried out in the study this source domain is not restricted to pain alone. It can be used to represent other emotions like anger, fear and sadness as observed in Esenova (2011). This source domain has a very broad spectrum application. This outcome is supported by Z. Kovecses hypothesis that most source domains that occur with emotions are not specific emotions but have a wider scope of application. In addition the Bukusu cultural folklore shows that they have a long history with animals, some as venerable totemic symbols. It is therefore possible that the same animal characteristics can be used to talk about different kinds of experiences. It is the reason why the animal source domain can be used to simplify various target concepts. Metaphors of Pain with the ANIMAL Source Domain reveals various representations of animals with the specific target of pain.

For instance, the conceptualization of pain as *Buchuni engwe* (pain is a leopard), conform to the DANGEROUS ANIMAL *engwe* (leopard). Another one is Example 31 Patient 2 *Buchuni lisa lisabulukhwe* (pain is a bush haired caterpillar). The bush haired caterpillar is source domain representing target domain *buchuni (pain).* Although Snakes and caterpillars form part of the commonest tropes in Bukusu folklore they are not talked about after nightfall. It is believed that once the two animals are mentioned they would miraculously surface in the bedding of the offending person while they are asleep. These to animals are dangerous to the extent that a brush with them can cause death. However, some people have domesticated snakes which means that their reverence varies from home to home and from one person to another. It is therefore a precaution, especially among children to avoid games with the above-mentioned animals. Caterpillars may not be as fierce as snakes but their fur has been known to cause serious health complications, especially blindness.

Metaphors of Pain with BAD SMELL and BAD TASTE Source Domain this category captures the negative characterisation that is associated with pain. These two are unpleasant to most human beings with a sense of smell and taste. The two senses though seem to recede during sickness. Ordinarily, a good smell would represent something edible or delicious the same way a good taste would stand for a delicacy. In metaphorical terms bad smell and bad taste would be interpreted as a painful experience. The SMELL and TASTE metaphors are the foundation of human experience of smell and taste. These metaphors can be classified as smell perception metaphors or taste perception metaphors. We can therefore draw the conclusion that BAD SMELL IS PAIN or BAD TASTE IS PAIN.

**Metaphors of Pain with the SUPERNATURAL BEING Source Domain**

THE STUDY has established that there is a conceptual link between the SUPERNATURAL BEING source domain and the Target Domain PAIN. IN THE BUKUSU supernatural belief system various imaginary tropes are used to represent scary imaginary emotional concepts that cannot be verified scientifically but are very strong in the Bukusu belief system. Like many cultures the Bukusu culture has a supernatural belief system that is associated with mystical powers that go beyond human nature. Table 4.7 below show data related to pain with the SUPERNATURAL BEING source domain. This category shows that even imaginary non-tangible abstract concepts can be mapped on emotion concepts.

As shown from data in Table 4.7 some inferences on pain as SUPERNATURAL BEING source domain can be deduced. The SUERNATURAL BEING SOURCE DOMAIN is associated with gods, ogres, witches, spirits, ancestors, the living dead, animal and plant totems etc. The supernatural beings have been in existence for as long as the Bukusu civilization. It is common for Bukusu griots, harpists, seers, medicine men and soothsayers to invoke them during rituals like child birth, naming, circumcision and death.

Various scholars have also used the SUPER- NATURAL BEING Source Domain. Esenova (2011) lists some of the abstract beings that are pervasive in conceptual metaphor studies to include witches, goblins, bogeymen, bugaboos, demons and bugbears. Most of the mentioned do not exist in the Bukusu belief system. Ogres and witches are considered supernatunal among the Bukusu.

Esenova (2011) defines an ogre as a large and hideous humanoid monster, a mythical creature often found in fairy tales and folklore. While commonly depicted as an unintelligent and clumsy enemy, it is dangerous in that it feeds on human victims. The idea of ogre has been used as a method of instilling good behavior by suggesting that bad behavior attracted and excited ogres, who then attack, kidnap or even eat the perpetrator. Example 45 Patient 1 *Buchuni linani and buchuni ling'u* (pain is an ogre/monster). The source domain *linani* is mapped on to the target domain *buchuni* (pain). *Linani* can be several times the size of human being or just slightly taller. They are usually solidly built, with round heads, big multiple eyes that can see from all angles, a large stomach and abundant and hirsute hair and beard. They often have three or four large mouths full of humongous stick out teeth.

**Metaphors of Pain with NON-LIVING THING and MIXED EMOTION Source Domain**

This metaphor is mapped on to the target domains of humans. But it is also right to observe that the scope of this metaphor goes beyond the target domain of pain**.** The NON-LIVING THNG Source Domain is common during the expression of emotions, for instance *buchuni kumubano* (pain is a knife). This is a statement that can only be understood by someone who is culturally competent. The patient in this case is not talking about a penknife of kitchen knife. The MIXED EMOTION Source Domain points to the fact that pain can be experienced simultaneously with emotions like FEAR and SADNESS. This is common in times of sickness.

The data presented in Table 4.8 showed Metaphors of pain with NON-LIVING and MIXED EMOTION Source Domain further clarifies what this typology is all about. Example 51, Patient 7 *Buchuni kumubano*. (Pain is a knife). The SOURCE DOMAIN is kumubano (knife) while the TARGET DOMAIN is buchuni (pain).

The third objective was concerned with describing how image schemas account for conceptualization of pain in Lubukusu. The conclusion was that there are various image schemas that are used to account for pain in Lubukusu. The data revealed various image schemas according to the worldview of the patient as relayed by the nurse. For instance, when a patient used a container in their expression of pain they were referring to a container has boundaries that include an interior and exterior and a base and sometimes a lid or cover. In essence the CONTAINMENT image schema is made up of different parts namely an interior, boundary and exterior elements (Johnson, 1987).

Pena (2009) contends that CONTAINMENT image schema is a basic one that provides a systematic guide for mental spaces. Following the FGD a wide range of conceptual metaphors were collected that depict CONTAINMENT image schema. Body parts like head, mouth ears, chest, stomach, nose, buttocks and genitalia are considered as containers among Lubukusu speakers. There are various geographical features that can be likened to pain as conceptualised in Bukusu culture. This is especially if they are CONTAINERS.

The conceptual metaphor *buchuni luongwa* (pain is a precipice) gives the notion that the feeling of pain and its intensity can be likened to someone standing on the edge of a cliff or a precipice facing the danger of falling to a painful death.It was established that an image schema is a recurring, dynamic pattern of our perceptual experiences. It assists in undesrstanding the abstract world around us. Metaphtonomies that were established during the discusson under objective one have enabled this study to interrogate and ubderstand data. The container image schema is one of the most important schemas used in abstract reasoning. A good number of metaphors that we use both in our everyday reasoning and academic conversation are motivated by the container image schema. There are also many emotion metaphors that are based on the container schema as shown by many cognitive linguistics studies. Some of the most common studies are: THE EYES ARE CONTAINERS FOR THE EMOTIONS (Kövecses, 1991).

The container image schema has three different structural elements: an *interior*, an *exterior* and a *boundary*. The schema is a gestalt structure where parts are comprehended within the framework of a larger whole. The interior does not exist without an exterior and boundary; an exterior does not exist without an interior and boundary; and a boundary does not exist without an interior and exterior. Our recurring experiences of bodily containment give rise to the container image schema, (Johnson, 1987: 21). Esenova (2011) discusses the metaphors of ANGER with the CONTAINER SOURCE DOMAIN. This assertion follows the western tradition where people believe that anger is a fluid that is kept somewhere and if disturbed it can boil over.

A common example for this kind of representation is, *seething with rage or boiling with anger*. Seething and boiling point to the fact that anger is held in a CONTAINER. Similarly, in our study, the attributes of the source domain PUS are mapped on to PAIN hence the conceptual metaphor PAIN IS PUS. From the Conceptual metaphor PAIN IS A CONTAINER get various subsidiary schematic patterns which were instantiated namely IN and OUT. The IN and OUT image schema is visualized when pain is conceptualized as a container in which one can get in and out. A boiling pot is an artifact of Bukusu culture that is used for cooking delicacies like animal hooves. It is therefore covered by a stopper on a lid that is made of banana leaves that leaves no room for steam to escape. This just goes to tell how the pain experiences is excruciating. This ordeal calls for urgency in mitigating pain. It points to the fact that the patient is in urgent need of an intervention. Lakoff and Johnson (1980) explain that the container has boundaries just like the cooking pot referred to by the patient. Since the patient is vulnerable, he is not in a position to even break the earthen pot and find freedom from torment.

Help will have to come from OUT and in this case the patient depends on the doctor's ability to prescribe the most effective pain mitigation drug. In case the clinician or doctor does not have the cultural competence associated with cooking pots and how they work then it may be difficult to appreciate the intensity of pain experienced by the speaker.

Example 62, Patient 1 said *Buchuni enungilo* (Pain is a cooking pot). The source domain in this case was *enungilo* (cooking pot) while *buchuni* (pain) the target domain. *Enungilo* is specially made for cooking. It normally has an airtight stopper made of banana fibres. The stopper ensures that no steam leaves the pot until the meal is properly cooked. This makes the pot a high pressure cooker. The patient who talked about the cooking pot kind of pain was expressing a need for assistance but drawing with his culture to pass the message.

The BLOCKAGE image schema was invoked at a point where the patient appeared to be experiencing some restraint. A blockage or an impediment normally occurs when there is barrier in the path of a moving substance. This kind of feeling is common during sickness and a patient will always look for the most favourable way to communicate it to the doctor. In *Buchuni siboe* (Pain is a prison which is bondage) the source domain was mapped on to the target. The conceptual metaphor is exemplified by the BLOCKAGE image schema in imprisonment. What can be visualized is a situation where a patient is restrained from operating normally by being put under confinement. Pain has a way of disempowering as well as making the person experiencing it to feel vulnerable. The prison in this case is a BLOCKAGE, *siboe*. The BLOCKAGE image schema is further exemplified by the instantiation another image schema *Buchuni khasoa* (Pain is a small basket used for planting millet). The source domain *khasoa* (basket) portrays pain as something where a patient is immersed.

Metaphors of pain in Lubukusu conceptualizing The BLOCKAGE Image Schema used the responses found in Table 4.11. One of the responses was discussed in example 69, Patient 1, *Buchuni mwirumbi* (Pain is where iron smelting takes place). Much as patient confidentiality is very important a patient should not hide essential information that a doctor may need in order to assist. This was reiterated by the Swahili saying *Mficha uchi hazai*, (he who hides nakedness cannot give birth).

The FULL-EMPTY Image Schema signals the notion of CONTAINMENT or the lack of it. The human head or any other part can be a container but pain or sickness prompts the feeling of emptiness. Table 4.12 contained examples of elicitation of the FULL-EMPTY Image Schema**.** In example 70, patient 2 said: *Kumubili kwangue* (the body is light). *Kumubili* (body) is the source domain while *kwangue* (is light) is the target domain. This metaphor was used to demonstrate the FULL-EMPTY Image schema. Usually when the body is without illness it seems like full with the weight maintaining the balance during movement. But when one is sick, they feel EMPTY and therefore light hence the schema FULL-EMPTY.

The fourth category of image schemas to be analyzed was the FORCE image schema. According to Johnson (1988) it is known as one of the primary image schemas underlying conceptual metaphors. It is concerned with exertion of force, resistance to such a force, the overcoming of such a resistance, blockage of the expression of force, removal of such blockage. The current study on conceptualization of pain in doctor patient discourse considered the FORCE schema as an independent schema.Schemas develop and change based on new information and experiences. The metaphors of pain in Lubukusu conceptualizing the FORCE were captured in table 4.13. One example was discussed as follows:

Example 77, Patient 2 said, *Buchuni lisasi* (Pain is a catridge). Lisasi (catridge) was the source domain while buchuni (pain) the target domain. *Lisasi* is a projectile that kills. If a patient says that the kind of pain they are experiencing is represented by ammunition then the medical practitioner must appreciate that the pain needs urgent intervention because it is deadly. The patient means to say that they are under siege by a very forceful enemy.

The ENABLEMENT image schema was discussed in example 84 as elicited by patient 1:*Buchuni litoka* (Pain is a vehicle). *Litoka* (car) was source domain while *buchuni* (pain) was the target domain. The source domain *litoka*, (car), was mapped on to the target domain *buchuni* (pain) because a car once powered can find its own path. In this instance the accelerator pressed by the driver is what determines the speed at which the vehicle travels. This schematic representation shows that the patient believes that their pain if fueled or enabled by some force. For as long as there is no blockage or REMOVAL OF RESTRAINT the pain will continue to fester.

In addition, the comprehension of the PATH Image Schema arises from the experience of bodily functions. This schema is composed of a source which is also a starting point followed by a series of intermediate points, a direction, from start to end a destination. The PATH Image schema exhibits structural elements that are similar to an initial location and a final location or destination a sequence.

It manifests from FRONT-BACK, RIGHT-LEFT, UP-DOWN, or in a CIRCULAR motion. The data elicited for this schema was presented in Table 4.15, Example 91, Patient 1 who said: *Buchuni bututuba* (Pain boils). The Source Domain was *bututuba* (boiling) while the Target Domain was *buchuni* (pain). This metaphorical instantiation refers to a visualization of a substance that is boiling over. It could be a liquid like milk. Pain has the nature of starting from a mild point and going up to reach considerable severity. This gives us the notion of a substance, though abstract, taking a path towards a destination. Lakoff (1987) states that it is the asymmetry of the human vertical axis that prompts us to pick fallen objects. Johnson (1987) on the other hand observes that VERTICALITY image schema manifests as a result of the human interaction with the environment. While doing so we look in the downwards direction of the objects the go back upwards. This explains the UP-DOWN orientation.

The PART-WHOLE Image Schema is closely linked to the LINK Image schema. The data for this schema was presented in table 4.16 in Example 98, Patient 1 who said *Buchuni kamawaa* (Pain is thorns). The source domain was *kamawaa* (thorns) with the target domain as *buchuni* (pain). A thorn is a part of a tree. When a thorn prick any part of the body the pain radiates elsewhere. Most thorns are poisonous too. Once a thorn pierces the body it leaves it with a scar that continues causing pain at the particular spot that can develop into a wound. If the wound is not well taken care of pus forms and continues causing more and more pain.

The present study noted that schemas are dynamic, they develop and change based on new information, environments and experiences and thereby support the notion of creativity, innovation in development. Schemas also guide how we interpret new information and may be quite powerful in their influence. Image schemas play a big role in the comprehension of the world around us in order to be able to communicate to other people who do not necessarily share our language and culture. Metaphtonomies have been found to enable people understand how to conceptualize their environment in relation to their emotional experiences.

Since we use symbols every day to understand ourselves and the world around us the schema theory is very relevant in the contemporary world. Schema helps us to exercise economy during communication. In the fied of health communication this study has demonstrated that schemas are very essential in summarizing what it is that a patient may want to communicate. Sometimes long narratives can be an impediment in a busy work environment therefore the brevity and clatity provided by these framing divices can be very beneficial. All that medical personnel require is empathy and cultural competence to be able to grasp metaphtonomies of pain.

Many other fields apart from health have been found to make use of schemas. In the field of education where students and teachers have to contend with large volumes of information it is beneficial to employ the use of schemas. It is an essential tool during information processing. Once a common set of schemas have been established it becomes easy to decode the messages being conveyed.For people in the advertising world it is also essential to understand the customers' schema in order to caft favourable messages. The schemas help in recognition of various brands of products that compete in the market. An example in advertising is what the Coca COLA soft drink says Be More than One Flavour or for Sprite FREEDOM FROM THIRSTthe Liverpool FC motto: *You Never Walk Alone.* For those in religion it is common to come across various tropes that are repeated over and over during the communication of messages of hope and salvation. Once they are spoted anywhere it is easy to draw a conclusion what the intended message would be. The schema theory therefore cuts across various fields of human endeavor.During childhood we used to develop a schema for foe a dog. A dog walks on four legs so when they visit the countryside and see anything on fours thye will easily think it is a dog.Schemas, or schemata, store both declarative 'what' and procedural 'how' information. Declarative knowledge is knowing facts, knowing that something is the case; procedural knowledge is knowledge on how to do something- perhaps no conscious ability to describe how it is done (Hampson and Morris, 1996).

## 6.3 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 of addressing communication gaps in health inter-cultural mediators related discourses.

The conclusion to objective two is that there are various categories of pain metaphors can be 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.

The conclusion to objective three is that image schemas can be used to account for metaphtonomies of pain which can be used by health practitioners interested in meaningful health communication involving some of their clients who have trouble speaking in the speacialised languages of medicine.

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 for 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 framework would bridge the communication mismatches in patient-doctor discourses.

### 6.4 Recommendations

This study has investigated the metaphoric conceptualisation of pain in Lubukusu, a doctor-patient consultation.

For objective one, the study identified different metaphtonomies of pain in Lubukusu within the framework of doctor patient consultations. This identification has enabled us to make recommendations that would assist in future metaphor studies that include a recommendation that the metaphors of pain and their cognitive mappings in Lubukusu be codified so as to form a comprehensive corpus of what can be referred to as: A Comprehensive Dictionary of Metaphors and Mappings of Pain in Lubukusu within a Cognitive Linguistics Perspective. Such a dictionary would be an integral reference of metaphtonomies and mappings of pain in Lubukusu available to primry health providers and other interested stakeholders.

For objective two, the categorization of the metaphtonomies of pain in Lubukusu calls for the need for linguists to employ the Metaphor Identification Procedure *Vrije Universiteit* (MIPVU) in metaphor studies since MIPVU does not rely on unilateral introspection in identifying both linguistic and conceptual metaphors (Ansah, 2010).

The third objective concluded that image schemas account for pain. Various image schemas were discovered from the data collected. Different categories were arrived at under various domains. It was established that we have the CONTAINER, BLOCKAGE, and FULL-EMPTY, FORCE, PATH and PART-WHOLE image schemas.

This study recommends that the county governments, national government, students, linguists, researchers and scholars of metonymy studies in Luhya languages and Lubukusu in particular in collaboration with various international agencies like, the Association of Editors and Publishers in National Languages, PEN International, the African Academy of Languages (ACALAN) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), should develop programmes that will revive and assist the development of Lubukusu. A deliberate effort must be made to enhance metaphor use and appreciation which will lead to the revitalization of the rich linguistic and cultural diversity of the Luhya cluster of languages.

In addition to the foregoing recommendations, this study has proposed a commmunicative framework that will fill the gaps occasioned by communication breakdown in doctor patient consultations. This research should also form a basis for research in other disciplines like psycholinguistics, culture, anthropology, history, African Narrative Theology, Herbal and Alternative Medicine, Religious Studies, Community Development, Disaster Management, Criminology and Health Education.

Further, the findings of the present study would enable researchers, philosophers, cognitive linguists, metaphor theorists, scholars and readers of general interest to further engage in studying anger, pain, sadness, fear, love within Conceptual Metaphor Theory and Image Schemas Theory. These studies would be an educative endeavour aimed not only at helping psychologists, linguists, counsellors, researchers but also other interested stakeholders in comprehending the cognitive processes within a patient's mind.

Health is defined by the WHO, as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmary' (Naughton, 2018). The wellbeing of a person is influenced by many factors. These factors are known as determinants of health that are categorised into five major categories: clinical health care, genetic vulnerability; socioeconomic characteristics, environmental and physical influences and individual health behaviours such as tobacco use, diet and exercise, and alcohol and drug use. Social determinants of health are the prevailing conditions in which people are born, grow, live, work and age.

Communication refers to the exchange of information with the assistance of varied channels that include speaking, writing and body language (Hornby, 2015). Communication is a very vital accessory in the field of medicine. Effective doctor-patient engagement through speech is essential as it often leads to positive health outcomes that include compliance to treatment regimens, patient satisfaction and the general health wellness. Barlett G et al. 2008 posited that communication difficulties with patients lead to unnecessary and avoidable adverse effects that are in most instances drug related. It is estimated that 27% of medical malpractice comes about because of communication discordance. This means that proper communication can minimize medical related errors and patient injuries (CDC, 2017).

This therefore means that a concerted effort should be made to improve doctor-patient communication thrugh relevant and applicable mediation strategies.

Mediation in medical discourse is occasioned by language barriers which may have a huge influence on the general cost and efficacy of quality health care. According to Hilal Al Shamsi eta al. (2020), these barriers occur between health practitioners and their clients. The present study has revealed the barriers that occur between Lubukusu speaking patients and non-native doctors in health discourse. When the two parties do not share a native language a mismatch in communication occurs. Effective communication is a key factor in medical practice. It is the primary way of information exchange between the service provider and the patient. Good health communication enables the parties involved to make sound treatment decisions, establish and maintain a favourable doctor-patient relationship.

However extensive research demonstrates that health communication problems are commonplace in the medical field and this can lead to adverse repercussions. In addition, miscommunication is identified as the most prevalent reason for patient medical complaints .Language barriers pose enormous challenges in terms of achieving high levels of satisfaction and contentment among medical professionals and the sick, providing high quality healthcare and maintaining patient safety (Hussey N., 2013). In order to tackle these challenges, well established healthcare facilities provide interpreters in order to enhance access to healthcare, patient satisfaction and establishing ample communication channels. This is only possible in developed countries but in Africa where health care is expensive and beyond reach for most citizens provision of interpreter services seems like a luxury that only increases the cost of healthcare (Hilal Al Shamsi *et al.,* 2020).

In places where health communication is not taken into consideration miscommunication between the medical professional and patient takes place. This results in lowering the quality of healthcare, reducing mutual satisfaction and compromising the safety of the patients. Health disparities such as preferential treatment on grounds of language often lead to unfair access to quality healthcare and disparate health outcomes 3. In Europe patients who do not speak the dominant local language are at a disadvantage in terms of accessing quality healthcare. 4. Similarly, numerous studies have demonstrated that patients who have problems with language experience poor health outcomes compared with those who are proficient in the language of the catchment area.

Kenya is a multi-cultural as well as a heteroglossic society just like India, South Africa, Tanzania, Uganda and Nigeria. South Africa has 44 living languages of which eleven have official status and is also home to refugees from Congo, Somalia, Eritrea, Ethiopia, South Sudan and Burundi. Kenya scores 18$^{th}$ highest worldwide on Greenberg's language diversity index which implies that the chances of two people meeting at random and sharing the same language is slim. Although language practices are continuously changing around the country with more and more people speaking Kiswahili, Lubukusu still remains the most common home language in Bungoma County.

English is rarely used in rural Bungoma with most of it being confined to schools and offices. Even though Kiswahili is the most preferred even for the highly educated. However, English is the most favoured language in healthcare circles given that most of the personnel undertake their training in a predominantly English environment. The medium of instruction across the Kenyan school system is English. English is also a medical language that has remained so for many years given the British colonial heritage.

During history taking from patients across cultures the most preferred language is Kiswahili.The present study explored language as a barrier to individualised healthcare among diabetic, HIV aids and cancer patients at Webuye County Referral Hospital. The home language in the catchment area of the hospital is Lubukusu but it was established that none of the medical interviews are conducted in this home language despite the patient's preference for Lubukusu. The right to use ones indigenous language is enshrined in the Constitution of Kenya 2010 although Kenya does not have a regional language policy to cater for the smaller language interests.

It is however a basic right for patients to be informed or where possible use translator or interpreter services. For the case of South Africa Williams and Bekker established that knowledge and information about public-language policy in the country is vague and inadequate resulting in constrained accommodation for users who prefer using their mother tongue.In South Africa medical interviews are conducted in the patient's second or third language. In a study carried out called Levins study it was established that language came out as a barrier. It has been established internationally that language is one of the barriers that inhibit healthcare access especially among the immigrant population. For the case of South Africa the most disadvantaged segment of the population belongs not only the minority immigrants but the multilingual population at large which makes the country a monolingual health service regime in a multilingual society.

Swartz et al. have demonstrated in their study that the issue of language diversity is greater in most low-income countries. Common practices to address barriers in healthcare include code switching, the use of few key terms in the healthcare users language and ad hoc arrangement s involving use of family members, hospital security guards, nurses or house helps as informal interpreters. There is a lot of research on strategies to manage linguistic diversity in healthcare in high income countries with high numbers of refugees. Health is a devolved function in Kenya. The effects of language barrier in Kenya are widespread but the true impact of this effect is oftentimes disregarded by health practitioners' administrators and policy framers. In this regard it is suggested that health institutions engage the services of inter-cultural mediators

**Inter-Cultural Mediators**

According to the World Health Organization (2019) intercultural mediators are people charged with the responsibility of resolving linguistic and cultural barriers in a variety of healthcare contexts. Studies have shown that health provision is curtailed by financial, legal, cultural and linguistic barriers. The main task of intercultural mediators is linguistic mediation. They perform by explaining and contextualising messages and situations for both the non-native doctor and the Lubukusu speaking patient. They are also charged with the responsibility of explaining and giving clarity on the strongly held values and norms of the host culture.

Various policy considerations have been laid out by WHO to improve the environment of healthcare practice and equality of health care services for refugees and migrants by host nations. These guidelines are relevant in the context of the present study. The guidelines include establishment of clear and coherent meanings of the duties and obligations of intercultural mediators working in the health sector, lay out proper guidelines, standards and quality assurance protocols to support operationalization of intercultural mediation.

For Bungoma County it is important to develop and implement strategies to maximize the contributions and effectiveness of intercultural mediators in the health sector and encourage the administrators and healthcare providers to develop a comprehensive approach to the management and integration of intercultural mediators. In addition, the health facilities should provide training for medical personnel in the application of intercultural knowledge and mediation.

Lastly, formulate a standardized training manual and accreditation process to facilitate the deployment of intercultural mediators in health facilities where health personnel are not familiar with the cultural and linguistic barriers that impede smooth dissemination of healthcare services.There is a lot of evidence on the negative impact of unresolved linguistic and cultural inhibitions on health. Poor provider-patient communication is responsible for low participation in the health promotion and prevention activities because of poor linguistic proficiency and cultural competence. Some culturally embedded beliefs, traditions, religious convictions and traditional rituals and practices lead to low uptake of essential healthcare services.

Problems in doctor-patient communication are hardly addressed as a leading cause of most health hazards especially when it comes to the diagnosis of the pain emotion. Communication between medical personnel and patients play a major role in creating a favourable health outcome that includes drug adherence and future decision making. Poor communication may lead to life threatening complications for patients. For better practice proper communication to healthcare professionals including pharmacists is essential. Universal health care re-engineering is based on health promotion, prevention and community involvement. These cannot be achieved by accepting that indigenous African languages have a role to play in health promotion and prevention.

The drastic steps of ensuring that health access is achieved can only take place in a free environment with extensive dialogue on the role to be played by languages like Lubukusu. The institutional silencing of patients and communities non-English voices inhibit communal involvement in creating friendly solutions. A frank dialogue must be encouraged by. In South Africa the Patients Rights Charter and the National Health Act (Act 6 of 2003)18 mention that services must be in a language that is understandable but this mention is only available in the statutes but hardly enforced. There exists a policy implementation gap.

A directed and focused policy framework should be developed by the county government as a devolved unit that provides an avenue for developing methods of surmounting the language barrier menace. There should be increased awareness and conversations around the language problem. Finally, these interventions must be properly packaged and be disseminated to all stakeholders in the healthcare sector. Establishing a Patients' Rights Charter.

The Bill of Rights in COK 2010 provides that everyone has the right to have uninterrupted access to healthcare services and also states that language barrier is simply that: a barrier to accessing healthcare. The most important solution to overcoming the problem of language barrier is by first of all accepting its existence and strong political will to remedy the situation. It is incumbent upon sector players to provide a multilingual society with a multilingual healthcare systems.

Doctor-patient consultation is not subordinate or accessory in the identification of pain and required intervention. On the one hand, medical reasoning needs patients' description of symptoms in the phase of diagnosis and feedbacks on the ongoing therapy. In addition, patients are expected to understand the kind of pain afflicting them as well as the corresponding therapeutic measures. It is also incumbent upon doctors to suspend their everyday register and specialist mien to be able to break down into simple understandable segments a language that would otherwise be opaque to explain diagnosis and prognosis. This will not only make the patient comfortable and receptive but it will also increase the chances of compliance. This is notable when the patient feels that the expert is emphatic and coming down to their level by way of language.  It is important to point out that a failure in communication strategy might lead to blockage, missed or failed compliance, with adverse effects for pain management.

In the perspective of shared decision making, we propose that metaphors should form part of a doctor's linguistic toolbox, in order to clarify, to the patient, complex entities (diseases) and processes (diagnosis/therapies) by resorting to simple terms, known entities, and processes. Thus, for instance, in order to ensure understanding, pain might be imagined as a container filled with pollutants or pain relief might be seen as an exhaust pipe, a path, a drain pipe of a grass-thatched roof letting out smoke. In this communicative process, the experience of pain is framed and seen under a specific perspective which might turn out to be positive or negative for patients' perception of pain and feelings of themselves.

However, deliberate metaphors, in the context of health communication, might also act as perspective changers to achieve patient compliance. Doctors might use a deliberate metaphor to urge a patient for a belief change, thus revealing her/his previous structure of beliefs in pain and approach to pain alleviation. When it comes to the case of chronic diseases such as diabetes, HIV/AIDS, Cancer, carefully selected metaphors might help patients to understand the reasons for a particular treatment regimen and cultivate considerable know-how towards self-management. Metaphor as a framing device is indeed able to shed light on the diseases in a way that it becomes easy for the patient to conceptualize. It is also proposed that metaphors are allowed to play a bigger role in the communication of emotions rather just being viewed as ornaments in communication. Metaphor as perspective changer might then not only support patient's motivation to undertake and continue the therapy, but also give them another angle from which to approach their disease.

In the new perspective achieved, in the interaction with the doctor, metaphors might change patients' experience of illness, as well as their self-perception.

**Cultural Competence**

Extensive research shows that language is a barrier to the application of prevention health services. Many studies have shown that migrant women have fewer mammograms, screening and pap smear tests (Saadi, 2012). Studies carried out in the Middle East have shown that of healthcare providers do not have enough cultural competence the uptake of health services becomes very low.Gender concordance, trusting relationships and using the same person to interpret at each visit is considered as a positive patient-provider health communication (Bovier, 2008).

Socio cultural barriers are known to lead to a breakdown in communication just like linguistic barriers. These two constitute the biggest obstacles in providing universal and quality healthcare to refugees and minorities. It is therefore proposed that a large number of professional interpreters as well as intercultural mediators is necessary. Easy access to practical support for minority, immigrant and refugee patients to undergo registration, make appointments and take part in related healthcare services by engaging interpreters to ensure that simple and clear explanations about unfamiliar clinical processes and treatments has proved to be effective when it comes to enhancing access to essential healthcare services.

## 6.5 Suggestions for Further Research

Despite the limitations encountered in the course of this study it is prudent for continuous research to be undertaken in the field of Cognitive Linguistics. The present study examined the metaphoric conceptualisation of pain in Lubukusu, a doctor-patient discourse. We go ahead to propose a study on how best to attend to native speakers of Lubukusu seeking medication in health facilities so as to avoid meaning mismatches and misinterpretation of culturally embedded nuances during the treatment process in hospitals.

The first objective of this study was to establish metaphtonomies of pain as conceptualized by Lubukusu speaking patients in the framework of doctor-patient consultation at Webuye County Referral Hospital, Bungoma County. The study therefore suggests that a database of important terms concerning the different facets of pain, pain duration and pain duration be established. Another study using the Conceptual Metaphor Theory could be done to establish how other emotions like anger, fear, sadness affects livelihoods of patients or any other social demographic in the Bukusu community. This will contribute to patient centred medical practice and the intellectualization of the language.

The second objective categorized typologies of metaphtonomies of pain into conceptual domains as conceptualized by Lubukusu speaking patients in the framework of doctor-patient consultation in selected health facilities in Bungoma County. In line with this objective, we recommend that indigenous language practitioners make hospital discourse friendlier to both the patient and the doctor by enabling the use of mother languages so that treatment is not carried out in vain.

The third and last objective was to analyze how image schemas account for metaphtonomies of pain among Lubukusu speaking patients in selected health facilities in Bungoma County. This objective causes the researcher to recommend that hospitals embrace the language of the catchment area to be able to serve patients appropriately and dequately.A further study could be undertaken of other indigenous Luhya Langauges to establish whether similar mismatches occur during doctor patient-discourse, teacher-learner discourse, and *foreman-fundi* converstaions on construction sites.

This study investigated the conceptual metaphors of Lubukusu with the aid of a theoretical framework that encompassed the Conceptual Metaphor Theory (Lakoff and Johnson, 1980) and Schemas Theory (Johnson, 1987). The study examined metaphorical expressions that were used to develop conceptual metaphors of PAIN in Lubukusu. Findings indicate that there are numerous metaphtonomies of pain inspired by various schemas in the catchment area. We also examined the cross domain mappings that take place and which facilitate abstract conceptualisation of various concepts of cultural and physical realms of Bukusu speech communities.

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**Appendix I: Metaphors of Pain in Lubukusu**

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 1 | [ßutʃu:nı esındanı | Pain is a needle |
| 2 | [ßutʃu:nı kumulılo] | Pain is fire |
| 3 | [ßutʃu:nı ßuli ne ßukusı] | Pain is expensive |
| 4 | [ßutʃu:nı lısa] | Pain is a caterpillar |
| 5 | [ßutʃu:nı omuejı] | Pain is a prostitute |
| 6 | [ßutʃu:nı kumußano] | Pain is a knife |
| 7 | [ßutʃu:nı kama:rara] | Pain is hailstones |
| 8 | [ßutʃu:nı chukunı] | Pain is a black ant |
| 9 | [ßutʃu:nı lußola lwe endʒuxi] | Pain is a bee sting |

| | | |
|---|---|---|
| 10 | [ßutʃu:nɪ lɪfumo] | Pain is a spear |
| 11 | [ßutʃu:nɪ lɪwa] | Pain is a thorn |
| 12 | [ßutʃu:nɪ kumusaxu] | Pain is a metal rod in the anus |
| 13 | *Buchuni lilianda* | Pain is a hot faggot |
| 14 | [ßutʃu:nɪ *buli khuenja kungu mwikhuyi]* | Pain is searching for nothing in ash |
| 15 | [ßutʃu:nɪ *kumusimari munyama]* | Pain is a nail in the flesh |
| 16 | [ßutʃu:nɪ *libimba]* | Pain is a boil |
| 17 | [ßutʃu:nɪ *kamayila]* | Pain is pus |
| 18 | [ßutʃu:nɪ *enyende]* | Pain is a jigger |
| 19 | [ßutʃu:nɪ *sichinji]* | Pain is a flea |

| | | |
|---|---|---|
| 20 | [ßutʃu:nı *kumutelende]* | Pain is the sap of kumutelende tree |
| 21 | [ßutʃu:nı *embilo]* | Pain is soot |
| 22 | [ßutʃu:nı *kamalasile]* | Pain is animal blood |
| 23 | [ßutʃu:nı *sibero]* | Pain is an ash collector |
| 24 | [ßutʃu:nı *kamaambaxese]* | Pain is stick-to-sheep weed |
| 25 | [ßutʃu:nı *sirere]* | Pain is twisted a bracelet |
| 26 | [ßutʃu:nı *liyale]* | Pain is soot black cobweb |
| 27 | [ßutʃu:nı *enyuli]* | Pain is an anvil |
| 28 | [ßutʃu:nı *lususi]* | Pain is a grinding stone |
| 29 | [ßutʃu:nı *enyonyi /eng'unda]* | Pain is weeds |
| 30 | [ßutʃu:nı *lilia lie kumunanio]* | Pain is a troublesome marriage |

| | | |
|---|---|---|
| 31 | [ßutʃu:nı *sıyungo]* | Pain is loneliness |
| 32 | [ßutʃu:nı *kumunanıo]* | Pain is troubles |
| 33 | [ßutʃu:nı *embelekeu]* | Pain is bad manners |
| 34 | [ßutʃu:nı *lırrma]* | Pain is anger |
| 35 | [ßutʃu:nı *embembesı]* | Pain is a rainstorm |
| 36 | [ßutʃu:nı *exungu]* | Pain is strong wind |
| 37 | [ßutʃu:nı *xulwana]* | Pain is a struggle |
| 38 | [ßutʃu:nı *buxoli]* | Pain is slavery |
| 39 | [ßutʃu:nı *kama:ya]* | Pain is causing trouble |
| 40 | [ßutʃu:nı *enduxulı]* | Pain is a stubborn itch |
| 41 | [ßutʃu:nı *sifußa siangalala]* | Pain is an ending cough |

| | | |
|---|---|---|
| 42 | *Buchuni kamakelecho* | Pain is a trial |
| 43 | [ßutʃu:nı *sisilima]* | Pain is darkness |
| 44 | [ßutʃu:nı *siyingwa]* | Pain is dunderhead |
| 45 | [ßutʃu:nı *kamang'anyu]* | Pain is creepy |
| 46 | [ßutʃu:nı *kamaya]* | Pain is magic |
| 47 | [ßutʃu:nı *endiri]* | Pain is an echo |
| 48 | [ßutʃu:nı *sisiosi]* | Pain is a heartburn |
| 49 | [ßutʃu:nı *eleso]* | Pain is general body malaise |
| 50 | [ßutʃu:nı *esomisomi]* | Pain is a piercing feeling as a result of uric acid |
| 51 | [ßutʃu:nı *embiye]* | Pain is burp |
| 52 | [ßutʃu:nı *ßunyalu]* | Pain is a mess |

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|---|---|---|
| 53 | [ßutʃu:nɪ *kamarɪarɪani]* | Pain is fright |
| 54 | [ßutʃu:nɪ *sisinini]* | Pain is a shadow |
| 55 | [ßutʃu:nɪ *lifumbi]* | Pain is a cloud |
| 56 | [ßutʃu:nɪ *ßuchunju]* | Pain is uncountable |
| 57 | [ßutʃu:nɪ *namufweli]* | Pain is fog |
| 58 | [ßutʃu:nɪ *engunyi]* | Pain is poverty |

| **NO** | **LUBUKUSU** | **GLOSS** |
|---|---|---|
| 59 | [ßutʃu:nɪ *lisasi]* | Pain is a bullet |
| 60 | [ßutʃu:nɪ *efandiri]* | Pain is a catapult |
| 61 | [ßutʃu:nɪ *lifumo]* | Pain is a spear |

| | | |
|---|---|---|
| 62 | [ßutʃu:nɪ *lukembe]* | Pain is surgeon's knife |
| 63 | [ßutʃu:nɪ *luxoroto]* | Pain is a clay projectile |
| 64 | [ßutʃu:nɪ *kumusuni]* | Pain is an aimed twig |
| 65 | [ßutʃu:nɪ *embale* | Pain is a pebble |

| **NO** | **LUBUKUSU** | **GLOSS** |
|---|---|---|
| 66 | [ßutʃu:nɪ *enungilo]* | Pain is a cooking pot |
| 67 | [ßutʃu:nɪ *lirußuru]* | Pain is a dung-beetle hill |
| 68 | [ßutʃu:nɪ *xatubi xe etala]* | Pain is a small reed basket |
| 69 | [ßutʃu:nɪ *namwima]* | Pain is a shrine |
| 70 | [ßutʃu:nɪ *xasoa]* | Pain is a small basket used for planting millet |

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|---|---|---|
| 71 | [ßutʃu:nɪ *esißero]* | Pain is a hearth |
| 72 | [ßutʃu:nɪ *mwirumbi]* | Pain is where iron smelting takes place |

| **NO** | **LUBUKUSU** | **GLOSS** |
|---|---|---|
| 73 | [ßutʃu:nɪ *sißoe]* | Pain is a prison |
| 74 | [ßutʃu:nɪ *mulumale]* | Pain is a sentence |
| 75 | [ßutʃu:nɪ *lɪta:la]* | Pain is an animal pen |
| 76 | [ßutʃu:nɪ *mwitekeyi]* | Pain is between the roof and the wall |
| 77 | [ßutʃu:nɪ *kwa ndiangu]* | Pain is a door for the impotent |
| 78 | [ßutʃu:nɪ *xukenda mumulilo]* | Pain is walking through fire |
| 79 | [ßutʃu:nɪ *xukona mwiresi]* | Pain is sleeping in a termite mound |

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 80 | [ßutʃu:nɪ *sisioki]* | Pain is feaces |
| 81 | [ßutʃu:nɪ *kamalasile]* | Pain is animal blood |
| 82 | [ßutʃu:nɪ *kamaarara]* | Pain is hailstones |
| 83 | [ßutʃu:nɪ *endurwe]* | Pain is a gall bladder |
| 84 | [ßutʃu:nɪ *embiye]* | Pain is a smelly burp |
| 85 | [ßutʃu:nɪ *liki lißolo]* | Pain is a rotten egg |
| 86 | [ßutʃu:nɪ *bukexe]* | Pain is an immature banana |

| NO | LUBUKUSU | GLOSS |
|---|---|---|

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|---|---|---|
| 87 | [ßutʃu:nɪ *linani]* | Pain is an ogre |
| 88 | [ßutʃu:nɪ *lɪŋu]* | Pain is a monster |
| 89 | [ßutʃu:nɪ *sɪnaluja]* | Pain is a ghost |
| 90 | [ßutʃu:nɪ *omumakombe]* | Pain is an ancestor |
| 91 | [ßutʃu:nɪ *omusɪku]* | Pain is the devil |
| 92 | [ßutʃu:nɪ *omukuka]* | Pain is a spirit |
| 93 | [ßutʃu:nɪ *xurusia]* | Pain is vomiting |

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 94 | [ßutʃu:nɪ *embunya bubi]* | Pain is the bad smelling herb |
| 94 | [ßutʃu:nɪ *kamaambakhese]* | Pain is the weed that attaches to sheep |
| 96 | [ßutʃu:nɪ *makoe]* | Pain is black jack |
| 97 | [ßutʃu:nɪ *kumusasio]* | Pain is the kumusasio tree |
| 98 | [ßutʃu:nɪ *lukenukenu]* | Pain is the biting herb |
| 99 | [ßutʃu:nɪ *kumuchanjasi]* | Pain is the kumuchanjasi tree |
| 100 | [ßutʃu:nɪ *namweumba]* | Pain is namweumba |

| NO | LUBUKUSU | GLOSS |
|---|---|---|
| 101 | [ßutʃu:nɪ *sirenyakhu]* | Pain is the firewood collector |
| 102 | [ßutʃu:nɪ *lisa lisabulukhwe]* | Pain is a bush haired caterpillar |
| 103 | [ßutʃu:nɪ *wanakhamuna]* | Pain is a hare |
| 104 | [ßutʃu:nɪ *enjofu]* | Pain is a elephant |
| 105 | [ßutʃu:nɪ *emboko]* | Pain is a buffalo |
| 106 | [ßutʃu:nɪ *engwe]* | Pain is a leopard |
| 107 | [ßutʃu:nɪ esixixi] | Pain is an owl |
| **NO** | ***LUBUKUSU*** | **GLOSS** |
| 108 | [ßutʃu:nɪ *seßuli no omwene ta]* | Pain has no owner |

| | | |
|---|---|---|
| 109 | *[otʃunwa sakisa sißuno ta]* | The one who is in pain does not hide the buttocks |
| 110 | [ßutʃu:nɪ *ßuli nembelekeu]* | Pain is ill-mannered |
| 111 | [ßutʃu:nɪ *ßukila ßaxulanga omwana]* | Pain can make one be called a child |
| 112 | [ßutʃu:nɪ *ßukila walemala]* | Pain can make one a cripple |
| 113 | [ßutʃu:nɪ *ßuli nga sirumba]* | Pain is like hunchback |
| 114 | *Kumußili kuno sekuli kukwase ta]* | This body is not mine |
| 115 | [ßutʃu:nɪ *kama:mba]* | Pain is what cannot be touched |
| 115 | [ßutʃu:nɪ *ßuli nga omuxasi oesisie]* | Pain is like an pregnant woman |
| 116 | [ßutʃu:nɪ *ßuli nga litungu]* | Pain is like litungu harp |
| 117 | [ßutʃu:nɪ *ßukila ßaxutiuxa lisina]* | Pain can make you be given names |

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|---|---|---|
| 118 | [ßutʃu:nɪ *ßuli nende tʃimoni ne kamaru]* | Pain has eyes and ears |
| 119 | [ßutʃu:nɪ *bwabelekea* | Pain has no shame |
| 120 | *Eyitanga na ebira* | Dark clouds form but it does not rain |

**APPENDIX II: Focus Group Discussion Guide for Lubukusu Respondents**

*Lisiana liange bali Makarios Wanjala Wakoko, esomanga Muyunivasiti ya Masinde Muliro. Ndaenjanga khumanya lulomo nilwo basilikhi nende balwale barumiKhilanga khulomaloma khu buchuni. Nakhekombile mwinosiekho embakha embakha yino. Kamachibu kenywe kalaba nende enganga engali khu abo bali basomesia nende basomi be lulomo lwefwe lwe Lubukusu.*

My name is Mr. Makarios Wanjala Wakoko, a researcher at Masinde **Muliro** University. I would like to find out some facts about the conceptualization of pain in Lubukusu; a doctor patient discourse. Please give your opinions the following questions. This discussion will provide invaluable information about the how patients communicate their pain emotions during consultation.

Question 1. *Yiku, olomalomangakho nende balwale bali nende bukhatatafu bwe khulomaloma lusungu namwe Luswaili?*

(Do you ever talk to patients who are in pain but cannot speak English and Kiswahili?)

Question 2. *Balwale nebaulila buchuni balomalomangakho makhuwa sina?*

(What are some of the expressions that your patients use to express pain in Lubukusu?)

Question 3. *Balomanga bali sina khukhwaukhasia sikelo sie buchuni bwabwe?*

(What do the patients say to differentiate between high pain intensity and low pain intensity?)

Question 4. *Chindalo chichicha oparangakho oli basilikhi nabeika luloma lwo omulwale linyala liaba likhuwa lie enganga?*

(Do you think it will be beneficial for medical practitioners to learn the language of the patient?)

Thank you for your participation.

**Appendix iii: Permission For Data Collection At Webuye County Hospital**

Masinde Muliro University of Science and Technology,
Department of Language and Literature Education,
P.O Box 190-50100,
Kakamega.

7th June, 2021.

Email: wakokowanjala@gmail.com

To
The Medical Superintendent of Health,
Webuye County Hospital,
P O Box 25- 50205,
Webuye.

Dear Sir,

RE: **Inquiry on a Proposed Study of Metaphoric Conceptualisation of Pain: A Doctor-Patient Communication in Lubukusu**

This is to inquire about the possibility of working with the doctors and nurses at Webuye County Hospital for my doctoral study whose proposal has been approved by Post Graduate School (Letter attached).

I am a Kenyan enrolled for a PhD program in Applied Linguistics at Masinde Muliro University of Science and Technology in the Department of Language and Literature Education. My registration number is **LAL/H/01-53251/2018**. I have proposed Webuye County Hospital as my research site.

The proposed is a linguistic study which shall employ both the Metaphor Conceptual Theory and Image Schemas Theory theory in assessing the use of Lubukusu in the consultations involving Lubukusu speaking medical personnel and patients (to be represented by nurses in the simulation). Specifically, the study design may involve i) simulations of shared doctor - patient consultation about alleviation of pain, and interviews with Bukusu nurses about their communication with Bukusu patients using Lubukusu. The study will involve mainly Lubukusu speaking personnel: one doctor and 8-10 nurses during the actual field study and/or data collection sometime in June 2021.

This inquiry serves as a starting point as we conceptualise the study with my supervisors, Dr. Bernard Angatia Mudogo and Dr. John Kirimi M'Raiji. We promise to adhere to the required procedures.

Thanks.

Yours faithfully,

Wakoko Makarios Wanjala.

**Appendix IV: Respondents' Bio Data**

Simulated Patient Nurse Nurse 1.

Bio

Simulated Patient Nurse Nurse 2.

Bio

Simulated Patient Nurse Nurse 3.

Bio

Simulated Patient Nurse Nurse 4.

Bio

Simulated Patient Nurse Nurse 5.

Bio

Simulated Patient Nurse Nurse 6

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Simulated Patient Nurse Nurse 7

Bio

Simulated Patient Nurse Nurse 8

Bio

Simulated Patient Nurse Nurse 9

Bio

Simulated Patient Nurse Nurse 10

Bio

**Appendix V: Extracted Data for Analysis**

| Buchuni esindani |
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| *Esese ndikho mbulila busa kumulilo nekwosia. Buchuni kumulilo. Kwerika lundi kuyenjela nekukeleao kwisengeng'a busa oli nabalikho nebabwana. Nga kukelao batasamo bisanju na kwirika busa bulayi bwene oli kamasakari.* (I am feeling fire burn me up. Pain is fire. It burns with rigour and recedes sometimes. Sometimes it seems like someone is fanning it, adding firewood, stoking it). |
| *Koo buchuni buno buli ne bukusi bwe angaki. Omundu busa ari ari sabunyala tawe.* (This pain is very expensive. A riff raff cannot afford it). |
| *Esese ndikho embulila busa buchuni oli liisa nalikenda. Liama anano na liniina, nalikobola.* (The kind of pain I am feeling is like when a caterpillar is walking. From one end to the top, then back). |
| *Bwama anano bucha eyiyi. Sabusisibasia abundu alala tawe. Kumurwe, likosi, enda, chindukhu, kasiiso. Sisiosi. Nende omusecha omueyi baiukhanila sina? Buchuni omueyi.* (It begins from here towards this end. It does not stay calm. The head, neck, stomach, legs. Heartburn. It is not different from a philandering man. Pain is a prostitute). |

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| *Mwana wefwe, bukhala busa. Munda mukhaa busa. Oli lukhayilo bulayi bwene namwe kumusiameno omundu nachokora munda muno. Buchuni kumubano.* (Our child, it cuts. The stomach feels like a sickle cutting grass or a saw being pushed in and out of the stomach.) |
| *Alala oulila busa kumubili nekunyira busa chii! Kamaarara munyuma. Buchuni kamaarara.* (Sometimes the pain walks ans the body goes cold. Hailstones. Pain is hailstones). |
| *Bulumilila busa buli chi chi chi oli chukuni bulayi bwene. Luno senarerekho asi luliki tawe. Buchuni chukuni.* (It bites chi chi chi, like the black ant. Today I haven't put my upper body down. Pain is a black ant). |
| *Mala lubeka luno lwolooma busa oli enjukhi nekhulumile. Oli luboola nelulimo. Buchuni lubola lwe enjukhi.* (This side is painful as if a bee sting is stuck in there. Pain is a bee sting). |
| *Yaya wange, esese ouka busa oli bachonwake nabechile nende kamafumo banja khuunaka. Barusia besiamo. Burafu tu. Buchuni lifumo.* (My kinsman, you would imagine thugs attacked me with spears. They put in and remove. It is painful. Pain is a spear). |
| *Liwa lilemba munyuma. Obuno bwasitoe busa buri. Buchiba busa oli bwe liwa lilemba. Buchuni liwa*. (This one is the big lilemba thorn. This side is heavy. The poison is one of the lilemba thorn. Pain s a thorn). |

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| *Koo, kumukhoba kwolooma busa oli nebambunile kumusakhu bulayi bwene. Lulwikhala ta. Ouka oli nenikhale khwifumo. Buchuni kumusakhu.* (The rectum is hot as if it has been pierced. You cannot sit comfortably. Pain is a spear in the rectum). |
| *Ouka busa oli nebarereo lilianda lie sikenga khabuoselela busa ata sotilao tawe. Buchuni lilianda.* (You imagine someone has put a smouldering faggot inside and it is burning endlessly. Pain is a burning faggot). |
| *Bakhakile khukhupa kamalesi nekhali sebuambikha tawe. Bulayi bwene nga noenja kungu mwikhuyi. Buchuni buli khuenja kungu mwikhuyi.* (They have tried to inject medicine but the pain cannot be arrested. Just like when you look for a small insect in a heap of chaff). |
| *Khabusekesa busa oli kumusa namwe kumusumari. Yani ouka oli omundu alaunanga narusiamo. Buchuni kumusimari munyama.* (It is drilling like a drilling hoe or a nail. It feels like someone is driving it in and removing it. Pain is a nail in the mucsles). |
| *Bwabisialile busa oli libimba. Khabukula busa. Buchuni libimba*. (It is swollen, languid and wobbly. A boil. It is cutting. Pain is a boil). |
| *Ouka oli kamayila, sikele siela busa bulayi bwene oli omundu. Oli wakana norundura kamayila nekachirikha. Buchuni kamayila.* (You would think it is pus, the leg is breathing like a human being. If you prick the boil a jet of pus would issue. Pain is pus). |

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| *Buchuni bulafukunyanga busa bulayi bwene oli enyende nefukunya. Buchuni enyende*. (The pain is crawling up and down the way a jigger/maggot does. Pain is a jigger/maggot). |
| *Nabuchuna wikomba okhale sikele namwe lulwala omwateyo. Bufukunya, bwoselela busa oli sichinji. Khakhandu khatiti mala ouka oli wetiukhile lususi. Buchuni sichinji.* (Whan the pain sets in one wishes that the painful part could be chopped off. It wriggles. It is hot like the bite of a flea. Pain is a jigger). |
| *Khuchunjuna bulayi bwene oli lusongofwa mumoni namwe kumutelende. Buchuni kumutelende.* (Its bitter in the eye like the sap of a cactus plant. Pain is cactus sap). |
| *Buchuni sebukhururakho ta. Wakheyeya buandao busa tatata. Bulayi bwene nga embilo. Bukhufwanisia bubi ata socha ebandu tawe. Ofululukha busa. Olabukha busa oli lukhalangilo. Buchuni embilo.* (Pain cannot leave you alone. However much you wipe it remains stuck *tatata*. It behaves like soot, the more you wipe the more it sticks on you. It makes you look unkempt. Pain cannot accompany you on a journey. You will resemble a defeathered hen. You will be dirty like the pan used for roasting busaa porridge.<br><br>Pain is soot ) |

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| *Buchuni burisia. Buchuni bukhuwa kamang'anyu. Sifuki sirisia. Bukelao buba busa oli nebasinjile esang'i. Khusalasala busa mala ata wamwene wibebee kumubili kwoo. Buchuni kamalasile.* (Pain gives you goose bumps. It is a heartrenching bloodbath. The blood spills until you forget about your own body. Pain is scary. Pain is animal blood). |
| *Yani koo, bulayi bwene nga okhuyanga likokhe noyila esibero mala khane lilanda libiriremo nono bukelao na lilianda libuuya, lisengang'a na lilisi liboela. Mala yani oli wenya otileo mala sonyala ta. Ata kumukhono khukhwolao butinyu. Buchuni sibero.* (Look, in the same way you clean remove ash from the hearth but a live faggot also gets moved along with the ash and a while later it starts smouldering. Smoke billows. You long to stretch the hand and remove it but can't. The hand is too short to get there. Pain is the ash chamber). |

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| *Sifuba sino sianjunile mala wola abundu opara oli kamaambakhese nakakhwipatikhilekho. Nawenya khurusiakho werusila elala. Omula ano nalo nibio ora asi bilao. Buchuni kamaambakhese.* (This chest has remained extremely painful. You get to a place and think that forget me not weed is hanging on you. Removing the weed is an ordeal. You remove one side yet it keeps sprouting elsewhere. Pain is forget me not). |
| *Obuno bwanjiboakho busa oli sirere siborore. Sabucha tawe. Ngona nabwo ninyokha nabwo. Buchuni sirere.* (This one has stuck on me like a twisted bracelet. It does not go away. It keeps me company in bed and out of bed). |
| *Obuno bwayikela liyale. Ngeba onine khu ngasi. Buchuni liyale*. (This one is the sooty cobwebs that hand down from the roof). |
| *Eeh buchuni buno sebuli bubwangu tawe. Sibuyi buba busa bunyifu po. Mala oulila busa busiro. Buchuni enyuli.* (This pain is heavy. In the morning it gets exceedingly cold. And you experience the weight of it. Pain is an anvil). |

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| *Esino sisiondo. Sikufu nisio. Yani wetiukha mala ata sobolela omundu oli sutilekho mala sonyala ta. Buchuni lususi.* (This one is an incurable wound. I am now a hunchback. It is a load you bear without telling anyone. Pain is a grinding stone.) |
| *Buchuni bumayanu nibwo, burera bunyalu. Alala wikomba oli obanule embako mala wake orusiemo. Buchuni enyonyi /eng'unda.* (Pain is bad. It brings rubbish. Sometimes you long to take a hoe and dig it out. Pain is a weed). |
| *Khemenye ndinde babana. Abanga bakhwa andi khwafukulula namwe nabolela bakhwe base babolola mala nela ewefwe. Buchuni lilia lie kumunanio.* (Let me live and look after my children. If I had paid dowry for this pain I would have told my in laws to take back their animals so that I go back to my village. Pain is a troublesome marriage). |
| *Alala bukelao busa oli warama weng'ene nebwanja. Oli fwana andi omundu abeleo kandilakho namwe khwayetana. Buchuni siyungo.* (Sometimes it waits until you are alone then it starts. You wish that there was someone to help you in the struggle. Pain is loniliness). |

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| *Yani nochunwa winana po. Oli okhole si, ta. Okhole si, ta. Winanakho tu. Buchuni kumunanio.* (When you experience pain it is like hard work. You do this and that. It is hard work. Pain is demanding). |
| *Buchuni buli nende embelekeu. Bumbambia busa chisoni mu bechule balebe. Buchuni embelekeu.* (Pain has no manners. It ashames me before many people. Pain is ill mannered). |
| *Yani bukuta busa buchiba mala bwakhukana nende lirima likhali lirima ta. Sawimayo wanyala ta. Buchuni lirima.* (It is like a mouthful of poison mi xed with anger. You cannot stand in its way. Pain is anger). |
| *Nga efula ye luucho nende embembesi. Sawimayo tawe. Ewulukusa busa mala yakhuyusia neyipa ewe khwisisi. Buchuni embembesi.* (The way a downpour presents itself. You cannot stand in its way. It can turn you upside down and slam you against a wall. Pain is a storm). |
| *Nga nobonanga ekhungu neyicha nekhunga engunda, kamasafu, nende lufumbi. Buchuni ekhungu.* (The same way you witness strong wind blowing and gathering all manner of litter, dry leaves and dust. Pain is a strong wind). |
| *Okhuno khunyakhana. Siulukho twa. Wirekekha nende bulwani ngelo na ngelo mala sonyala ta. Buchuni khulwana.* (This is hardwork. No rest. You have to get ready will all manner of weapons but you still get overwhelmed. Buchuni is a struggle). |

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| *Ewe werao busa khukhalabana. Kumusiara ata twa. Socha mu ofu namwe elifu ta.ekino kilinga kimilimo kia kirimiti. Buchuni bukholi.* (You resign yourself to hardwork. No salary. Neither off duty nor going on leave. Pain is slavery). |
| *Wupana busa buli busiele. Oli wikaane kamaya wakana khalo khakhuyula ne lundi bwanja. Witelembesia oli wakana buyenjela. Buchuni kamaaya.* (You fight daily. Even when you do not want to fight so that you can sleep for a while it will still jolt you out of sleep. Pain is a fight). |
| *Nga bulayi bwene nawitikhula paka sikhoba sikhunyukhe mala ekhumalilikha wanje khukhwibena. Buchuni endukhuli.* (The same way you scratch an itch violently until the skin starts peeling. This leads to bleeding of the scratched area. Pain is the one-year itch). |
| *Yani buyinga busa lubeka luno mala bwanja khukhonya busa. Chimbafu chino chimemea busa sotilakho ta. Sawiyusia tawe. Buchuni sifuba siangalala.* (It stretches one side of the bod and begins to kill slowly. The ribs get attacked with unbearable pain, no touching no turning. Pain is whooping cough). |

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| *Esese ndabonanga butinyu bukali po khubirira mubulwale buno. Nyakhakhana. Aba omundu omanya oliulukha namwe ta. Buchuni kamakelecho.* (I am experiencing a lot of trouble during this sickness. It is a duel. There is no hope for relief. Pain is tribulations). |
| *Engila erura sengibona tawe. Enje bwatimbile. Sendikho nende chimoni ta. Buchuni sisilima.* (I cannot see the path anymore. Outside appears dark even when it is daytime. I no longer have eyes. Pain is darkness). |
| *Yiku. Buchuni buno buulila ku wakhaboola. Khaba oli omundu kakhwakanisia kumukhomwa wabulandula. Buchuni siyingwa.* (Let me ask. Does this pain have ears? It is deaf. I wish someone gave me a cane. I would beat it up. Pain in craziness). |
| *Kumubili kung'anyulukha. Notilao soulila buchuni tawe. Bulayi bwene oli lisa nelikhurasisie. Buchuni kamang'anyu.* (The body develops goose bumps. When you feel it there is no pain. It seems like when a caterpillar has crawled on your skin. Pain is creepiness). |
| *Ese semanya ta. Ata ngorwa mbelesia ndiena tawe. Ndi busa mwiye. Khupana silo ne kumuusi. Ata nakheombelesiakho ndi khalo khanjule nobona busa bunjanja busa khaba siene ta. Ata nawireba oli andi sebumbelele nafunyikhakho? Sonyola lichibu ta. Nono obao busa orio khulwana, khurekana, khukhupana asi kiminyikha. Buchuni kamaya.* (I do not know. I do |

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| not know how to explain. I am at war. I fight day and night. However much I try to fall asleep I cannot. I ask myself, whu cnat the pain give me some reprieve so that I sleep a wink? No answer. I remain helpless, battling, struggling, and wrestling. Pain is a war). |
| *Oulilila busa atayi nabwicha. Endiri ekhali endiri tawe. Mala nga buola sebusisibasia tawe lundi bwanja busa khukhutula. Khulala khulala. Buchuni endiri.* (Pain is the footfalls of a fat person. It does not give you a chance. Back to back. Pain is the footfalls of a fat person). |
| *Anano oselelela busa wikomba ochukheo kamechi mala sonyala tawe sikila mukari nimwo. Khukhwoloma khubwene oli manya bichukuni nebilumileo mala omundu alasirirangao. Buchuni sisiosi.* (Here. The pain is hot hot. You want to sprinkle the spot with water but it cannot help because it is deep inside. It is a burning sensation. Pain is a heartburn). |
| *Ndaulilanga anano eleso. Oli lisoso oli ta. Bwayingile busa ata senjukha tawe. Nenjukha buchichukha busa eneno. Buchuni eleso.* (I am feeling a general body malaise. It feels like bloat but not bloat. It has made me stiff I can't turn. Pain is general body malaise.) |

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| *Oli notimile chimbilo nga emaili mala kumubili kwaluiilila sio na lufu luyingila busa abundu alala. Esomi bulayi bwene. Buchuni esomisomi.* (The same way someone who has been running a marathon feels. The body is completely finished and diseased. Pain is a side stitch stabbing abdominal pain). |
| *Oli sisindu sibolo nesiunya. Mala sichela mukokopilo muno mala siyinga busa ata sonyala nga wibechakala tawe. Kumoyo kubiyilila busa bulayi bwene oli nolile mala wasimbwa. Buchuni embiye.* (The way a rotten thing smells. It comes through the throat. But it cannot be expelled trugh burping. I am nauseated like someone who has overfed. Pain is a burp). |
| *Onyakhana busa oli owing'eniela litaala. Okhuya keleao. Okhuya kelao. Lutabatia lwe chikhafu lukhanyukhakho. Ekhumalilikha onyalutikha busa po. Buchuni bunyalu.* (You suffer like one who cleans a cattle pen. You clean and over but the pen remains covered in cowdung. Pain is messy). |
| *Kumubili kuriariana busa po po po! Khung'anyulukha nende alala khubisiala busa. Buchuni kamariariani.* (The body is creepy with goose bumps. It keeps crawling with invisible insects. It is bloated too. Pain is goose bumps). |
| *Yani ndi busa abundu oli musilima oli ta. Yani sobona enyanga tawe. Buchuni sisinini.* (I am in a dark hole. I cannot see the sun. Pain is a shadow). |

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| *Yani kumubili kufumba busa oli namufweli. Tawe oli lifumbi. Wikomba khakhemu khabonekhe na lundi liruna lifumao. Buchuni lifumbi.* (The body is forlon. It seems like a kind of mist. Pain is a cloud). |

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| *Busalanikha busa eyi nende eyi. Nga bufu, nga lipukhulu namwe nga buchunju. Buchuni buchunju.* (It is scattered here and there. It is like flour, like dust in plenty. Pain is plentifulness). |
| *Kumubili kufumba busa. Bulayi bwene nga enje nenyisianga bisse bia namufweli. Buchuni namufweli.* (The body is forlon. It is like the time when day is covered in mist. Pain is mist). |
| *Sawisinga engunyi ta. Kimiaka ne kimiaka. Buchuni engunyi.* (You cannot clean poverty with a shower. Pain is extreme poverty). |

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| *Alala buchuni burundukha busa oli lisasi mala kumubili kwerika busa nende kumulilo. Na kukelao kusisibasia. Buchuni lisasi.* (Sometimes pain breaks out in the same maner as a gunshot. Then it subsides. Pain is a cartridge). |
| *Bulayi bwene nga omwana nayinga efandiri mala alase. Na sisindu sikitukha busa mumubili lulala lwong'ene. Buchuni efandiri.* (The same way a child aims to shoot with a catapult. And something snaps cut. Pain is a catapult). |
| *Busekesa busa oli nabakhuunile lifumo. Lipa busa lulala lwong'ene na kumubili kufwa busa lulala lwomg'ene.Buchuni lifumo.* (It drills like a spear. It pierces in one fell swoop. Pain isa a spear). |
| Embalu yakananga nende ebaalo. Wirerakho elelala. Buchuni lukembe. |
| Yani buchuni bwiulukusa busa mala bwalasa busa kumubili oli lukhoroto munyuma. Buchuni lukhoroto. |

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| Bwicha busa nabwilikicha mala nga bukhwolakho nabulandula busa lulala twaa! Buchuni kumusuni. It comes hopping |
| *Oli manya omundu nakhulasa embale. Oli wakana nakhupile embale. Burafu tu. Lulala busa rwa! Buchuni embale.* (It is like when someone aims a stone at you. It is painful. One time. Pain is a pebble.) |

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| *Bali ekhayilila ta yosi eyisia. Aba barerekho lifundo kumuya sekurura ta. Etutuba busa kalaa kalaa. Buchuni enungilo.* (A cooking pot does not have to bubble in order to cook. Pain is a cooking pot). |
| Nga kunamasisie nakwingilanga mulitelesi mala nakwombakhamo enju. Ekhumalilikha kwisiikhe mwiloba mala kwanje khusukuma liloba khungaki. Buchuni liruburu. |

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| *Oyo kaloma ali khatubi khe etala khacha khakhandi. Kumurwe nekwanja khutanya nobona busa sikanga siosi sibele nesisibasie ne mala sianja khchuna khukhali khuchuna ta. Wipekhoo, bilakananga namwe si? Buchuni khatubi khe etala.* (Pain is a visiting basket). |
| *Abwenao nochao wibetetekha busa. Mala wisaye newilakho busa oli Wele papa Nasaye mbambile siisa. Lwa nyinga nawirieo sisiayo nokonakho lilo. Busisibasiakho wara asi kumurwe. Ne mala sobelekeelao ta. Buchuni namwima.* (Pain is a shrine). |
| *Bulayi bwene oli nolikho nomicha bulo. Buchuni bwama eyi nabucha eyi. Oli macha omundu nalikho namicha bulo mu khukhwama mu khasoa. Buchuni khasoa.* (Pain is the small planting basket). |
| Yani bukhumayanisia busa khaba bulayi mbao ta. Nono ofululukha busa oli niye bakisa esibero. Wakhesinga song'aa ta. Kumubili kufutukha busa oli likhaaga. Buchuni esibero |
| Yani nawicha neumbona aba netelembesia nekhali mumubili kuno kalimo ke kumurandabasio. Kumubili kwayiba busa oli lirumbi sikila kukhomaka oli manya omundu omubasi natilile enyuli |

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| alikho abasa. Aambie kumulilo kwiseng’eng’e busa aremo burare nende butundi mala kekhalile kumukuba. Buchuni mwirumbi. |

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| Wakhanyukanyuka ta. Niyo ororira mbao. Luluya. Kumubili khubisiala. Sewifurukura ta. Oli busa ao niyo okholela siisa. Nobona bakenda wikomba busa oli andi omayile waba ewe. Olinga niye baboa busa khu sichangi nga sisiayo namwe musiboe. Buchuni siboe |
| Kamalayi twatwa. Ewe oli busa embune, sawikisa tawe. Niyo obirira wachelelekhe busa. Ata engubo wakhafwara song’aa ta. Lulumbe nilwo oli nalwo lwakhukhola waba busa omuboe sikila bakhukeniya sabamenyao ta. Atiti ari barekukhe bakhulekhele lulwoo lukhuchune weng’ene. Nekili kimiaka kie mulumale olisukuma busa weng’ene kiwe namwe kikhukhaye. Buchuni mulumale. |
| Yani kumubili kwarokekhe busa oli litaala lie chikhaafu. Kamasisie, kamenyi ne chimbulukusie khubwene. Oli khaba mwana wa mundu kecha keng’ilila busa mala mwoma mwabakho kaikai wakala mukonekha. Buchuni litaala. |

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| *Ndi abundu anyiki. Wikhuuna busa nio wabira. Buli lubeka bubi bwongene. Oli wisende ta. Lisisi asi, lulama angaki. Buchuni mwitekeyi.* (I am in a treacherous angle. The passage for escape is too narrow. There is war on each side. You cannot move. There is a wall below and a roof up). |
| *Ndi abundu anyiki. Nayiba busa oli okhasaala ta. Lulumbe luno lwandusila kwa ndiangu. Buchuni kwa ndiangu.* (I am in a treacherous angle. I am like a person who never gave birth. This illness has taken me through the wall. Pain is a makeshiftndoor through the wall). |
| *Mbao niyo bulayi buli ta. Bwoselela busa oli nokenda khu manda kamabile. Oli wakana noli busa mumulilo lulikho nakwerika. Buchuni khukenda mumulilo.* (There is no reprieve anywhere. It scalds like hot water. It burns like a raging inferno. Pain is walking through fire). |
| *Kumubili kulumaka busa khukhali khuumaka ta. Oli namung'awe. Kumubili kwekela busa oli liresi. Walunabe biosi khubwene. Buchuni khukona mwiresi.* (The body itches endlessly. Like giant red ants. Together with the small red ants. Pain is sleeping in a termite mound). |

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| *Oramo busa lufunguo ne liamba. Buchuni litoka.* (You insert the ignition key and it starts. Pain is car) |
| *Buli obira kesakiakho. Buchuni buno bwafwocholekho tu. Yani ese nakwile epeyi busa oli boda boda. Lwa nyinga lukhuambe busa ruuuru paka mwangelekha. Oli nio lukendo lung'aa bakhuyusia balosia niyowama. Buchuni eboda boda.* (Everbody climbs it. This pain has made me ordinary. I no longer have value. One day pain arrests you and takes you from here to the next ridge. When the journey gets interesting it again takes you back to where you started. Pain is a bicycle taxi). |
| *Buchuni endika etamba kumuya*. (Pain is a bicycle with a flat tyre). |
| *Seyola ta. Lukendo luleyi. Wikomba luwe mala tawe. Kuchu kuchu kuchu! Na aba chieyi chikhwesa. Buchuni ekorokocho.* (No end to the journey. The journey is long. You hope thst it will come to an end. Kuchu kuchu kuchu! The oxen keep pulling. Pain is an ox drawn cart.) |
| *Yani ouka busa oli nebakhusukuma busa. Asi woo kumukuu kukhutendula namwe kutendukha. Alio niyo ocha busa nywee, bubi twa. Na aandi wiariambila busa elela. Waluma kameno. Wetila nemala kamakhono kamaiukha. Buchuni ewiliparo.* (You would think someone is pushing you. Sometimes |

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| its smoth going, no hustle. Sometimes you have to hold on tight or else you would fall with a thud. Pain is a wheelbarrow). |
| *Bukhukhururira busa mumaloba, mwipukhulu nende mumawa. Oli osisibasie yakhupa eyi. Oli witile netendukha. Niyo bulayi buli twa. Buchuni esereyi* |
| *Oli mala omundu nakhwitiukhile busa amala alatimanga nenawe nakama eyi nacha eyi. Khukhusucha nende khukhusisikha oli manya nasutile kamapondi namwe bilasi khu Chwele. Buchuni omulebesi* |

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| *Oli sisiakhulia nisio balikho batekha kumubili kututuba busa.Buchuni bututuba.* |
| *Bwama anano nebukenda nebulola eyiyi. Buchuni bukenda.* (Pain moves from one place to another. Pain walks). |

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| *Sabwima alala tawe. Bwama eyi nabucha eyi bulayi bwene oli sisiayo nisio baboile khu sikhongo. Buchuni buyukhilila.* (The pain moves around. Pain moves from one point to the next like a tathered animal. Pain is cyclical). |
| *Alala buli asi aandi mungaki. Bwama asi ano nabucha mungaki khu lubotosi. Buchuni bunina nebwikha.* (Sometimes pain is up sometimes it is down. Pain climbs up and down). |
| *Yani bwetinya busa sabwisenda tawe. Ewe wolakho busa nokobolayo oli manya lisisi. Buchuni lilisi.* |
| *Oli manya kumoyo nekusinasina. Kusiukha busa nekukobola. Buchuni kumoyo khusiukha* |
| *Khukhwikokocha. Nga orusia endurwe. Buchuni khurusia.* (I vomit. I vomit a bitter phlegm) |

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| *Khuuna eyi nende eyi. Buchuni kamawaa.* (It pricks this side and that. Pain is a thorn). |
| *Bulakhwiambakho somulula wanyala ta. Orusiakho lundi kemba. Buchuni kamaambakhese.* (When it gets stuck on you it never goes away. You remove it comes back. Pain is forget me not). |

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| *Okhoya kamakhono nio wamula. Sawangala wamala ta. Buchuni buchuni makoe.* (You need hands to remove black jack. You cannot finish it easily. Pain is like back jack). |
| *Buchuni bubunjuna ata senyala naelesa ta. Samwene seng'ene nie omanya. Kumubili kumanya mwene.* (The pain I suffer is unexplainable. I am the only one who can describe the pain. The body knows its owner). |
| *Mbao nisio nyala neruma ta. Kumubili kuno lelo nekekha. Kumubili kwabene.* (There is no chore I can undertake. This body, these day is under lease. The body has an owner). |
| *Kumubili kuno kwabene. Mbao nisio nyala nakubolela tawe. Kukhola niso kwenya. Kumubili sekuli kukwase tawe.* |
| *Nga netiukha lwawa. Khurura twa. Bulayi bwene nga sirumba niso basakilanga mung'ani. Buchuni sirumba.* (A load on my head all the time. No relief. Just like a hump on on a hunchback, it is removed from the grave. Pain is a hunchback). |

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| *Yani khembuchikha busa. Ata sengenda nanyala tawe. Ekhungu ekhola erio yasuta yamwata eyo. Kumubili kwangue.* (I am a light as a feather. I cannot walk. The wind can blow me to the ground. My body is light). |
| *Siyungo. Olwana busa weng'ene bulayi bwene oli enju etambamo omundu. Buchuni enju etamba bakeni. (Loneliness. You suffer alone).* |
| *Sikele sikula busa oli kamayila nekalimo.Buchuni kamayila katamba enganga.* |
| *Sawikhala wetelembesia ta. Bukhutundbikha chisaa chosi chosi nga kumusilisili. Buchuni siyubuyubu.* |

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| *Sisindu mo twa. Kumwendo kuno osuta busa mala siosi twa. Buchuni kumwendo kumung'ara*. (It is an empty feeling. It is like an empty guard. Pain is an empty guard). |

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| *Yani mbao nisio onyolamo ta. Olwana busa buli busiele. Buchuni buli nga esesi ekhalikho sisindu tawe. Bukumba nibwo. Buchuni esesi engumba.* (There is nothing you get from there. You suffer daily. Pain is an empty calabash). |
| *Yani kumubili kuandakasia busa bibindu. Ano nende eyi nibio kumoyo kwikombile nekhali bima busa ao biakhurakho chimoni. Sobilia ta. Lung'amula ta. Buchuni lutelu lwe bibialila.* (The body has many needs. Here and there what the heart craves only that the urge to eat disappears suddenly. Pain the size of a reed tray). |
| ***LUBUKUSU*** |
| *Soloma oli namilile kamalesi ke buchuni nono selunjuna ta. Lulala lukhuyinga busa tatata mala wipekho oli na semilile kamalesi. Aba ese kholandie. Nibwo okhabolela ta bwaulila ta. Ne alala bukelao busa nebukanile nebuyenjela mala ata wafunyikhakho emoni khalo khakhuyula. Buchuni sebuli no omwene ta. (* |

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| *Aba selwakhuchunile ta. Lukhuchwisia busa mala wepakho okhola orie ta. Wakhekhalilikha tawe. Ochifula busa wachipa asi mala wanja busa nosusuma nawama eyi nocha eyi oli omukwa malalu. Ochunwa sakisa sibuno ta* |
| *Ata chisoni ta. Onyala waba oli nio wikhalekho asi wakana bakhuwa sisindu omwate mumba na lufu chana lurakikha. Lukhuyinge busa tatata mala wikombe oli aba mwana andi wayila esiboko. Buchuni buli nembelekeu.* |
| *Yani wisiola tu. Niyo witila abi ong'ene. Onyasia babandu sikila mbao nisio wamwene wikholela ta. Bakhulisia, bakhuyile esibakala, bakhusinge, bakhufwale, Buchuni bukila bakhulanga omwana.* |
| *Kumukongo sekukana wenama tawe. Ekhumalilikha orekame namwe okamaye busa sie ekhaafu nekwile mwikanyako. Buchuni bukila walemala.*(Pain can cripple one. |
| *Nanu olindusiakho sisiondo sino? Wele omwene wandiukha. Bulayi bwene nga sirumba. Ocha mung'ani nio basaka siakwa eyo. Buchuni buli nga sirumba* |

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| *Nenjukha ndi ne kubalukhila busa khu lubotoosi. Nono nabeleo busa. Sembamba khu sisndu ta. Sisindu sesiikha amumilo ta. Nanitila ndi bubi bwong'ene. Nengona asi kamene busa. Kumubili kuno sekuli kukwase ta.* |
| *Liaba likhako sina? Esese engorwa sisna sisianjichakho ta. Kumubili kwolooma busa busa silo ne kumuusi. Kumubili kwaimela busa oli manya kwabene mala khane kukwase nikwo. Ese ngorwa khola ndiena ta. Buchuni kamaamba.* |
| *Omukhasi nakwarire khaba mbao silayi ta. Abiyililwa busa. Mbekho kumwoko, omuwe alumekho afucheyo. Mbekho lipwondi, omuwe alumekho afucheyo. Mbekho kumurere, omwomolele, arongemo khabili nekanja khukhwikokocha. Mala olome busa oli siaba sina kubandunywe? Enda yo omwana elindusia khu sibala sino. Lukanile waesisie na somanya wasutile sina ta. Enda ndala oesia mala yaba busa ya Mwibanda namwe Nasiebanda. Kimiesi ekhumi na kibili, omwana mbu! Alala osaale. Alala ousie busa sie mbusi. Buchuni buli nga omukhasi oesisie.* |
| *Koo, litungu lifumianga olifuile. Nono khwisese buchuni buno bwayikela busa oli litungu bulayi bwene. Ese senaliwelesia enju limenyilemo. Likhalipa erenti ta. Nono nga busiechanga busa* |

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| *nelaianja khubola chilomo. Libole libole. Lilae lilae. Liame khu lubotosi, liche khu sikanga, likhe musilili, litile busa tatata, soela ta. Mala likhe liriliri lilole mumbiko nono. Lekha bukhino bungosie. Mala ekhumalilikha ndoma ndi koo, na selicha liafumiakho okundi? Buchuni buli nga litungu* |
| *Buli busiele welocha lwawa. Buli obira, omulwale ariena? Ochunwa ariena? Nono ewe waba ochunwa mala babandu bebilila lisina lioo lwawa. Mala okeleo nebalanga nofulkila busa. Ochunwa alimo? Yee ndiano. Buchuni bukila bakhutiukha lisina.* |
| *Alala opera busa oli bwaulile. Nga noloma busa olio cha khukona nebukhwanja. Mala opare busa oli yiku, na lulumbe luno selundekha busa mala lwachuna kuyusi? Khaba ta. Naluli lulwoo aba lulwoo. Buchuni buli nende chimoni ne kamaru.* |
| *Ata sebuli nende chisoni ta. Sise siosi siosi nebwanja. Mala bukhuniale busa wakhabubolela oli buche sebuulila ta. Yani bukhuchekhelelela. Bukhukholelakho sienya meno. Buchuni bwabelekea.* |

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| *Aluno ari enje yayenjelile busa. Chinyuni chipurukha. Nga okhasisibasia ta ne mala luucho lwanja busa khuucha khukhali khuucha tawe. Lifumbi liamila aa busa nobona khekasia enyanga. Mala mube busa mumbilo nende kumuboyokhano kwe khukhwanula buli sibira sisianulikha. Mwituye nemukwa busa nemupiringikha. Mala nga chingacho oli ta, na enje chana ebaayukha lulala busa lwong'ene. Eyitanga na ebira.* |

| | **Lubukusu** | **Gloss** |
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| 59 | *Buchuni lisasi* | Pain is a cartridge |
| 60 | *Buchuni efandiri* | Pain is a catapult |
| 61 | *Buchuni lifumo* | Pain is a spear |
| 62 | *Buchuni lukembe* | Pain is a surgeons knife |
| 63 | *Buchuni lukhoroto* | Pain is a clay projectile |
| 64 | *Buchuni kumusuni* | Pain is an aimed twig |
| 65 | *Buchuni embale* | Pain is a pebble |
| | | |

The following instantiations were analysed to demonstrate their tangibility criterion according to Gathigia (2014)

Example 22

**PATIENT 1**

(59) *Buchuni lisasi* (Pain is cartridge).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Lisasi* ---------- *buchuni*

During FGD nurse 1 mentioned thst their patient referred to pain as lisasi, a cartridge. A cartridge is a tangible object. It is a tangible source domain mapped on to the target domain of pain. This shows that the patient gets the sensation of a moving object from one point to the next.

**Example 23**

**PATIENT 2**

(60) *Buchuni efandiri* (Pain is a catapult).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Buchuni* ---------- *efandiri*

During FGD nurse 2 mentioned thst their patient referred to pain as efandiri, a catapult. A catapult is a handheld weapon used by young boys to hunt birds. It is used to shoot pebbles or stones. Stones are a tangible source domain. It implies that the patient can locate the pain. It

**Example 24**

**PATIENT 4**

(61) *Buchuni lifumo* Pain is a spear.

SOURCE DOMAIN TARGET DOMAIN

Buchuni ---------- lifumo

During FGD nurse 4 mentioned thst their patient referred to pain as

A spear makes this metaphor characterized on the tangibility criterion. The kind of pain can only be understood by someone who knows how a traditional bukusu spear is held and aimed at the enemy. The person using it must be very energetic. This source domain is tangible.

**Example 25**

**PATIENT 5**

(62) *Buchuni lukembe* (Pain is surgeon's knife).

**SOURCE DOMAIN** **TARGER DOMAIN**

*Lukembe* ---------- *Buchuni*

A traditional bukusu surgeon is not an ordinary mortal. His duties are carried out under a spell cast apon him by the ancestors. This type of knife has magic powers because it can also heal demon possessed people.

**Example 26**

**PATIENT 6**

(63) *Buchuni lukhoroto* (Pain is a clay projectile).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Lukhoroto* ---------- *buchuni*

Song, dance and play are the preoccupation of the Bukusu childhood. Even when people get into adulthood they will still remember what happened in their earlier years. That is the reason why, sometimes when conceptualizing pain these experinces form a big segment of what is becomes the source domain. Clay soil, apart from being used for moulding, serves many other functions in the lives of the Bkusu people. It is a high value totemic object used during circumcision of male initiates. Once an intitate is smeared with clay it takes him to the supernatural world ready to commune with the ancestors and the living dead. It is a famous plaything for pre-teenage boys and early teens. Clay is rolled into balls that are attaches to flexible twigs to make a weapon called *lukhoroto*. *Lukhoroto* is a weapon used for fighting games among children. It involves putting a ball of wet clay soil at the tip of a flexible twig. When it lands on the skin it leaves a painful stinging sensation. In this characyerisation it is a tangible object.

**Example 27**

**PATIENT 7**

(64) *Buchuni kumusuni* (Pain is an aimed twig).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Kumusuni* ---------- *buchuni*

Short twigs are used in children's fighting games. They are tangible objects. They are aimed at the enemy from far. They meet the tangibility criterion applied by Gathigia (2014).

**Example 28**

**PATIENT 8**

(65) *Buchuni embale* (Pain is a pebble).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Embale* ---------- *Buchuni*

In the day to day idiom of the bukusu speaker *embale*, pebble, is used to refer to a sperm. If a speaker says so and so was hit by a pebble it means they have been impregnated. This source domain implies that the pain is likely to stay with the patient until they deliver. The kind of delivery in this case could be a still birth or death of the patient. Therefore the patient in this case was communicating the gravity of their paid. They were giving a warning thst the pain was not to be underrated. Direct MRWs Based on Non-Tangibilty

A non tangible thing or intangible thing is typically something that cannot be touched (Rundell and Fox, 2007). In intangible thing does not mean it is not real; it just means it has no physical existence. That is, one cannot pfhysically reach out one's hand and touch it (Rundell and Fox, 2007). Gathigia 2014 cites the two abstract nouns 'uguruki' (madness) and 'murimu' (desease) as based on non-tangibility.

Our study will present the Direct MRWs based on non-tangibility collected during the FGD involving the programmed patients as follows:

**Example 30**

**PATIENT 1**

(37) *Buchuni khulwana* (Pain is a struggle).

SOURCE DOMAIN TARGET DOMAIN

*khulwana* ---------- *Buchunu*

This particular patient found pain to be tiresome duty. They used this source domain to relate to the doctor what they were experiencing. Khulwana is a dirty job performed by the lowest social class. It includes duties like slaughtering animals, grave digging and exhumation of corpses. One needs to have occupied this social strata of witnessed these duties to understand the meaning intended by the patient.

**Example 31**

**PATIENT 2**

(38) *Buchuni bukholi* (Pain is slavery).

**SOURCE DOMAIN TARGET DOMAIN**

*Bukholi* ---------- *Buchuni*

Slavery was a social condition subjected to prisiners of war or criminals. People with rights in the Bukusu society were never forced into demeaning conditions until the coming of Europeans. It was a life of extreme ridicule. The kind of suffering communicated by the patient was so extreme because slaves were known to eventually end up in squalor with nobody to assist of interact with. This source domain was used to indicate the helplessness of the patient.

**Example 32**

**PATIENT 3**

(39) *Buchuni kamaaya* (Pain is causing trouble).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Kamaaya* ---------- *buchuni*

When a patient intimated that *buchuni kamaya* it pointed to their own helplessness. Pain is not a friend that comes in peace. Pain comes to injure and destroy. The patient says this to imply that their body is at war. This must be understood to mean that its trigger is unknown,

**Example 33**

**PATIENT 4**

(40) *Buchuni endukhuli* (Pain is a stubborn itch).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Endukhuli* ---------- *buchuni*

The word endukhuli was taken from a small rat like rodent whose skin was used as a charm to cure the stubborn itch disease. The people who suffered the disease were considered unclean because of the constant scratching. The business of hunting down the medicinal animal

was not easy. Only hunters were in a postion to get hold of it and sell to those in dire need. Its skin was extracted and chopped into tiny pieces that would be tied on medicinal bracelets. This was intricate indigenous knowledge.

**Example 34**

**PATIENT 5**

(41) *Buchuni sifuba siangalala* (Pain is an ending cough).

SOURCE DOMAIN TARGET DOMAIN

*Sifuba siangalala* ---------- *Buchuni*

This particular patient equated his pain to an ending cough. This type of cough caused extended periods of breathlessness that could lead to fainting. In the olden days, the unending cough was seen as a life threatening ailmeant that forced the sufferers to go into seclusion. The medication was a herbal plant that had to be roasted and ground into a fine soot like dust. The dust was so black that it made the sufferers look dark too. The medicine made whoever took it to appear sickly. The disease came with collection of a bloody phlegm in the chest too. This was removed by covering a patient with a heavy cloak that with a steaming pot under them as they inhaled the billowing steam they

sweated the disease out. It was such an ordeal that many patients feared it. This source domain simplifies the ordeal experienced by the patient.

**Example 35**

**PATIENT 6**

(42) *Buchuni kamakelecho* (Pain is a trial).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Kamakelecho* ---------- *buchuni*

Elderly people are fond of using this word. It is rare to find young or middle aged people apply it. It basically means the sum total of trials and tribulations that a human being encounters during a lifetime. It is an abstract source domain mapped onto an emotion that the patient has endured for a long time without reprieve in sight.

**Example 36**

**PATIENT 7**

(43) *Buchuni sisilima* (Pain is darkness)

**SOURCE DOMAIN** **TARGET DOMAIN**

*Sisilima* ---------- *Buchuni*

Darkness, an intangible phenomenon, is normally associated with different things. In the bukusu world view darkness is the preserve of evil and evil spirits. Therefore if a patient likens their pain to darkess then it points to a cocktail of senses that require a native speaker and custodian of the culture to underand, for instance, that the ritual performed for cleamsing widows takes place at night. It does not stop there, young people are not allowed to witness the ritual because of the possible repurcusssions. During darkness deathly animals that wreak havoc prowl the night. It is also at nidgt that wizards and witches practice their trade. The source domain of darkness therefore spells doom.

**Example 36**

**PATIENT 8**

(44) *Buchuni siyingwa* (Pain is dunderhead).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Siyingwa* ---------- *buchuni*

In Bukusu culture the word siyingwa is associated with means a troublesome hotheaded person. Most times it is a mental codition that is associated with a spell cast upon one during childhood. It is mostly corrected by one wearing a twisted metallic bracelet. The bracelet is worn on the left wrist during a ritual presided over by seers and it is never removed easily without a corresponding ritual. This source domain is shrouded in cultural secrecy and therefore an English language speaking doctor may find it difficult conceptualizing this type of pain.

**PATIENT 9**

(45) *Buchuni kamang'anyu* (Pain is creepy).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Kamang'anyu* ---------- *buchuni*

*Kamang'anyu* is an unseen sensation that afflicts the skin of a patient. It cannot be adequately described. Oftentimes a patient gets the feeling of crawling insects on the skin or inside but the people around cannot see the same. It causes an itching sensation as insects that bite are wont to. To the naked eye they are inexistent. Sometimes it gets very difficult to appreciate that the patient is suffering.

**PATIENT 10**

(46) *Buchuni kamaya* (Pain is magic).

**SOURCE DOMAIN** **TARGET DOMAIN**

*Kamaya* ---------- *buchuni*

It is difficult to understand magic. A patient scream and curse there will be no relief. They will behave in ways that are strange becase of pain. When asked they will quietly quip; *buchuni kamaya*. Their pain is equated to an intangible practice undertaken by magicians. Many times this statements are made when the patient believes that they were bewitched. The data reveals a need to exhaustively examine the efficacy of health communication in the context of doctor-patient consultations. The interpretation given to metaphors depend on culture and cognition.

This was the most reliable means through which the patient communicated their feelings. In this light, the expressions are not ornaments, they serve a functional role that is key to pain mitigation. The doctor should therefore be in a position to decipher the patient's intention. The absence of which will lead to a breakdown in communication on account of lack of correspondence in the culture of the patient and the doctor. Kovecses (2005) asserts that metaphors assume relevance when the cultural surroundings are put into consideration. Similarly, Yu (2003) reiterates a similar position that culture is integral in communication. It was therefore necessary to to examine the various metaphtonomies used by different patients to express their pain experiences.

Apart from most of the pain expressions collected for this study being culture based, they are also ubiquitous in the immediate environments of the patients. It is the naturally occurring objects that make up the wordstock of most languages. It is notable that all the SOURCE DOMAINS used in this study are plants, animals, supernatural beings and non-living things found in the environment of the Lubukusu speaker.

However, some of the items mentioned may not be in existence currently but are pervasive in the local folklore of the Bukusu people. It is therefore essential that medical practitioners dealing with patients should be in a position to take lessons in the commonly used idiom of the catchment area to be able to serve patients with minimal mismatch in health communication. In this case culture remain a very important component of helath communication. Treating patients without considering their culture is likely to lead to unfair treatment of the patients or none at all.

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NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

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# RESEARCH LICENSE

This is to Certify that Mr.. Makario wakoko Wanjala of Masinde Muliro University of Science and Technology, has been licensed to conduct research in Bungoma on the topic: METAPHORIC CONCEPTUALISATION OF PAIN BY NATIVE LUBUKUSU SPEAKERS IN DOCTOR-PATIENT CONSULTATION for the period ending : 25/May/2022.

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**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)**

Tel: 056-30870
Fax: 056-30153
E-mail: ago@mmust.ac.ke
Website: www.mmust.ac.ke

P.O Box 190
Kakamega – 50100
Kenya

**Directorate of Postgraduate Studies**

**Ref:** MMU/COR: 509099

25th May, 2021

Wakoko Makarios Wanjala,
LAL/H/01-53251/2018,
P.O. Box 190-50100
**KAKAMEGA**

Dear Mr. Wanjala,

**RE: APPROVAL OF PROPOSAL**

I am pleased to inform you that the Directorate of Postgraduate Studies has considered and approved your Ph.D. proposal entitled: "***Metaphoric Conceptualization of Pain by Native Lubukusu Speakers in Doctor-Patient Consultation***" and appointed the following as supervisors:

1. Dr. Mudogo Bernard Angatia - LLE Department - MMUST
2. Dr. John Kirimi M'raiji - LLE Department - MMUST

You are required to submit through your supervisor(s) progress reports every three months to the Director of Postgraduate Studies. Such reports should be copied to the following: Chairman, School of Arts Graduate Studies Committee and Chairman, Department of Languages and Literature Education. Kindly adhere to research ethics consideration in conducting research.

It is the policy and regulations of the University that you observe a deadline of three years from the date of registration to complete your Ph.D. thesis. Do not hesitate to consult this office in case of any problem encountered in the course of your work.

We wish you the best in your research and hope the study will make original contribution to knowledge.

Yours Sincerely,

DEAN
SCHOOL OF GRADUATE STUDIES
MASINDE MULIRO UNIVERSITY
OF SCIENCE & TECHNOLOGY

Sign.....

Dr. Consolata Ngala.
**DEPUTY DIRECTOR, DIRECTORATE OF POSTGRADUATE STUDIES**