

ORIENTATIONAL METAPHORS IN THE MODERN ALLERGOLOGY DISCOURSE

Yulia BEREZHANSKA (Poltava, Ukraine)

Стаття присвячена дослідженню орієнтаційних метафор у медичному дискурсі на матеріалі рекомендацій та настанов з діагностики та ведення алергії Європейської Академії Алергології та Клінічної Імунології, зокрема метафорам, створеним на основі просторових концептів “верх” і “низ”. У роботі характеризуються конотації напрямків руху “вниз” і “вгору”; розглянуто особливості орієнтаційних метафор, що склалися у свідомості представників англомовної культури і знайшли відображення в аналізованому дискурсі.

Ключові слова: *орієнтаційна метафора, концепт, вихідний домен, цільовий домен, медичний дискурс, Європейська Академія Клінічної Імунології та Алергології.*

The article investigates orientational metaphors in medical discourse on the material of recommendations and guidelines for allergy diagnosis and management of the European Academy of Allergy and Clinical Immunology, in particular, metaphors that are based on spatial concepts “up” and “down”. The connotations of directions “downwards” and “upwards” are characterized; the features of orientation metaphors prevailing among the English-speaking representatives and reflected in the analyzed discourse are considered.

Keywords: *orientational metaphor, concept, source domain, target domain, medical discourse, European Academy of Allergy and Clinical Immunology.*

Metaphors are the major mechanisms through which we perform abstract reasoning and comprehend nonobjective concepts. G. Lakoff and M. Johnson contend that the process of human thinking is essentially metaphorical. In fact, the linguists assert that metaphor is not simply “a device of the poetic imagination and the rhetorical flourish – a matter of extraordinary rather than ordinary language” [6: 3], but an indispensable category of human reasoning. Ultimately, the scholars bring this device to the foreground of human conceptual system: “metaphor is pervasive in everyday language and thought” [6: ix].

Within the theory of conceptual metaphor, G. Lakoff and M. Johnson [6] distinguish three major groups of conceptual metaphors: structural, ontological and orientational metaphors. Orientational metaphors are based on such spatial

oppositions as “up / down”, “center / periphery”, etc. This group of conceptual metaphors constitutes an extensively productive layer of our cognitive activity, world perception and speech.

It is necessary to observe that the structure of external world in all cultures is traditionally described using a series of spatial contrasts: high / low, long / short, outside / inside, wide / narrow, far / close, right / left, etc. By means of these binary oppositions a man aspires to simplification and certain schematization of the multifaceted world: through the extensive introduction of antinomies it is much easier to operate ideas about the external environment.

The opposition “up / down” is one the most significant for most cultures. The notability of vertical axis is due to the structure of human body. G. Lakoff and M. Johnson point out that spatial orientations “arise from the fact that we have bodies of the sort we have and that they function as they do in our physical environment” [6: 396]. In particular, a man, unlike most living creatures, has an upright posture. Due to these features of anatomical structure a man gives preference to the vertical axis of space. That is to say, the body is viewed as the starting point of human experience of the world; the body is believed to form the basis of human understanding of less accessible concepts such as feelings or states of mind.

This opposition is also interpreted as a polarity of heaven and earth, the top and the root of the World Tree. As a matter of fact, most mythological pictures predominantly depict the world vertically. In many archaic myths, the universe is identified with the body of a human or a superhuman being. The binary opposition of “up / down”, like other spatial oppositions, is capable of performing the function of a “classifier”, allowing to express such paired abstract relations as “good / evil”, “native / strange” and the like. That is to say, various physical, emotional, and social human conditions can be effectively represented by means of orientational metaphors.

Thus, orientational metaphors penetrate the archaic thinking. More than that, they pervade our every day activity and speech, saturate modern discourses and practices. In this context, it is relevant to examine medical discourse and its

peculiarities in terms of orientational metaphors, since this domain of investigation remains insufficiently studied. In particular, the discourse devoted to the problems of modern allergology represents a vast area for this course of research. The aim of the article is to examine orientational metaphors in medical discourse on the material of recommendations and guidelines for allergy diagnosis and management of the European Academy of Allergy and Clinical Immunology (EAACI).

Before proceeding to the peculiarities of orientational metaphors in medical discourse, it is necessary to clarify the physical basis of these metaphors, as well as their most widespread linguistic implementations. As already stated, orientational metaphors provide a concept with a spatial orientation. One of the most vivid examples of this process is the metaphor “HAPPY IS UP”: the concept HAPPY (target domain) is oriented UPWARDS (source domain) which is represented in the expressions like “I’m feeling up today” [6: 396].

Metaphorical language is the principal surface manifestation of conceptual metaphors. In this context, “down” is traditionally associated with passivity, illness and death. By contrast, “up” is associated with health, physical strength, and vigor. As a result, the “up / down” opposition is conceptualized into several major pairs of metaphors: GOOD IS UP / BAD IS DOWN; MORE IS UP / LESS IS DOWN; HEALTH AND LIFE ARE UP / SICKNESS AND DEATH ARE DOWN; STRENGTH IS UP / WEAKNESS IS DOWN. For instance, metaphors GOOD IS UP / BAD IS DOWN (such expressions as “Things are looking up”; “We hit a peak last year, but it’s been downhill ever since”; “Things are at an all-time low”; “He does high-quality work” and so on) imply the idea that drooping posture is typically associated with sadness and depression, whereas erect posture suggests a positive emotional state. As to the MORE IS UP / LESS IS DOWN metaphors, they stem from the fact that if one adds more of physical objects or a substance, their level will go up. These metaphors are represented in such expressions as “The number of books printed each year keeps going up”; “His draft number is high”; “My income rose last year” and the like.

Eventually, the most essential metaphors in medical discourse – HEALTH AND LIFE ARE UP / SICKNESS AND DEATH ARE DOWN; STRENGTH IS UP / WEAKNESS IS DOWN (“He’s at the peak of health”; “Lazarus rose from the dead”; “He’s in top shape”; “As to his health, he’s way up there”; “He fell ill”; “He’s sinking fast”; “He came down with the flu”; “His health is declining”; “He dropped dead” and so on) – imply that serious diseases force people to lie down physically.

The EAACI medical discourse represents vivid implementations of the abovementioned pairs of metaphors. For example, the STRENGTH IS UP metaphor is represented in the word “mount”. In fact, the expression “mount an attack” prevails in the analyzed discourse, describing the effectiveness of immune system: “Protein helps immune system *mount* “instant strike” against deadly flu viruses” [2: 482]; “The system *mounts* stronger attacks each time a particular pathogen is encountered” [3: 404]; “This is a kind of “immunological memory”. These cells allow the adaptive immune system *to mount* faster and stronger attacks each time this pathogen is encountered” [3: 406] and so on. Such lexical units as “escalation” also represent the productive implementation of this metaphor: “Other forms of delivery such as nasal or oral ingestion at least have the advantage of triggering the exposure signaling cascade and immune system *escalation mechanisms* that prepares the body for an assault” [2: 485]. Furthermore, the concepts HEALTH and STRENGTH are widely conceptualized as “ascend”. For example, the *ASCEND* programme (abbreviation for “Asthma Skills Continued Education and Nurse Development”) “intends to bridge the gap between pre-registration training and more specialist, post-graduate learning” [2: 487]. By contrast, the lack of effectiveness is implemented in the expression “a poor result mount” [8: 735].

The antipode metaphor, WEAKNESS IS DOWN, is also quite widespread. More specifically, the concept WEAKNESS is represented as a “decline”: “*declines* in immune function with age make the elderly more susceptible to infectious agents” [3: 407]; “functional *declines* of old stem cells” [3: 405]; “immune system *declines*” [3: 406] and the like. The SICKNESS IS DOWN metaphor is reflected in the following expressions: “anaphylaxis involves a sudden dangerous *drop* in blood

pressure” [10: 201]; “blood pressure *drops* severely” [10: 204] and so on. Thus, the concepts HEALTH and STRENGTH are perceived as moving upwards, whereas SICKNESS and WEAKNESS are obviously conceptualized as moving downwards.

The GOOD IS UP / BAD IS DOWN metaphors are represented by means of lexical units “high” and “low” [1: 704]. In fact, the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system functions through the conceptualization of GOOD and BAD as “high” and “low”. In such a manner, grading of the evidence quality is assessed and skin test concentrations are determined: “Evidence was graded as *high quality*, if further research is very unlikely to change our confidence in the estimate of effect <...> *low*, if further research is very likely to have an important impact on our confidence in the estimate of effect that is likely to change the estimate; and *very low*, if any estimate of effect is very uncertain” [1: 707]. The GOOD IS UP / BAD IS DOWN and STRENGTH IS UP / WEAKNESS IS DOWN metaphors are also conceptualized as “low / high immune response” [9: 783]: “patients with *high* immune response do a better job of fighting off pathogens and have a more balanced immune response” [5: 740–745]; “*low* immune response patients (HIV/AIDS, elderly, alcoholics)” [4: 721].

The negative perception of DOWN as BAD triggers the extensive use of such expressions as “underlying disease” [7: 817]: “*Underlying* disorders, especially those that chronically impair immune host response (e.g., cancers and hematologic malignancies) increase the incidence of infection and alter the outcome of patients with sepsis” [2: 483]; “The infections resolve once *the underlying issue* is treated appropriately” [5: 741].

Thus, orientational metaphor proves to be a prevalent tool for English-speakers in the process of constructing the EAACI medical discourse. Based on the findings above, it can be said that metaphors are pervasive in daily life as suggested by G. Lakoff and M. Johnson. Metaphor allows us to understand abstract and unstructured concepts (such as “disease”, “treatment”, “health” and the like) in terms of more concrete subject matters. It is found that the conceptual metaphors used in the EAACI medical discourse are HEALTH AND LIFE ARE UP / SICKNESS AND

DEATH ARE DOWN; STRENGTH IS UP / WEAKNESS IS DOWN; MORE IS UP / LESS IS DOWN; GOOD IS UP / BAD IS DOWN.

The implementations of these conceptual metaphors constitute a wide network of linguistic units, such as “decline”, “drop”, “ascend”, “mount”, “escalation” and so on. It is essential that conceptual metaphors are mostly unconscious, automatic, and used with no noticeable effort, just like our linguistic system and the rest of our conceptual system. Conceptual metaphors are central to our understanding of experience and to the way we act. Decyphering the conceptual metaphors in the allergology discourse renders it possible to comprehend the underlying cognitive mechanisms in patients and healthcare practitioners. Through the extensive use of orientational metaphors, English-speaking medical professionals construct their recommendations and guidelines in such a manner that their patients could obtain the entire spectrum of information. Orientational metaphors prompt patients to take correct steps during their disease control and undertake optimal treatments.

БІБЛІОГРАФІЯ

1. Brockow K. Skin test concentrations for systemically administered drugs – an ENDA/EAACI Drug Allergy Interest Group position paper / K. Brockow, L.H. Garvey, W. Aberer, M. Atanaskovic-Markovic // *European Journal of Allergy and Clinical Immunology*. – 2011. – Vol. 68 (6). – P. 702–712.
2. Dhainaut J.-F. Underlying Disorders and Their Impact on the Host Response to Infection / J.-F. Dhainaut, Y.-E. Claessens, J. Janes, D.R. Nelson // *Clin Infect Dis*. – 2005. – Vol. 41 (Supplement 7). – P. 481–489.
3. Dorshkind K. Age-Associated Declines in Immune System Development and Function Causes, Consequences, and Reversal / K. Dorshkind, S. Swain // *Curr Opin Immunol*. – 2009. – 21(4). – P. 404–407.
4. Hoermann G. Oncostatin M is a FIP1L1/PDGFR α -dependent mediator of cytokine production in chronic eosinophilic leukemia / G. Hoermann, S. Cerny-Reiterer, I. Sadovnik, L. Müllauer, M. Bilban // *European Journal of Allergy and Clinical Immunology*. – 2011. – Vol. 68 (6). – P. 713–723.

5. Kasraie S. Interleukin (IL)-31 activates signal transducer and activator of transcription (STAT)-1, STAT-5 and extracellular signal-regulated kinase 1/2 and down-regulates IL-12p40 production in activated human macrophages / S. Kasraie, M. Niebuhr and T. Werfel // *European Journal of Allergy and Clinical Immunology*. – 2011. – Vol. 68 (6). – P. 739–747.
6. Lakoff G. *Metaphors We Live By* / G. Lakoff, M. Johnson. – London : The University of Chicago Press, 1980. – 242 p.
7. Maurer M. Practical algorithm for diagnosing patients with recurrent wheals or angioedema / M. Maurer, M. Magerl, M. Metz, F. Siebenhaar, K. Weller and K. Krause // *European Journal of Allergy and Clinical Immunology*. – 2011. – Vol. 68 (6). – P. 816–819.
8. Ramadan A. Activation of basophils by the double-stranded RNA poly(A:U) exacerbates allergic inflammation / A. Ramadan, L. Pham Van, F. Machavoine, C. Dietrich, M. Alkan, H. Karasuyama, E. Schneider // *European Journal of Allergy and Clinical Immunology*. – 2011. – Vol. 68 (6). – P. 732–738.
9. Suen J.L. A common environmental pollutant, 4-nonylphenol, promotes allergic lung inflammation in a murine model of asthma / J.L. Suen, S.H. Hsu, C.H. Hung, Y.S. Chao, C.L. Lee, C.Y. Lin // *European Journal of Allergy and Clinical Immunology*. – 2011. – Vol. 68 (6). – P. 780–787.
10. Zhang Y.-G. The I/D polymorphism of angiotensin-converting enzyme gene and asthma risk : a meta-analysis / Y.-G. Zhang, X.-B. Li, J. Zhang, J. Huang, C. He, C. Tian, Y. Deng // *European Journal of Allergy and Clinical Immunology*. – 2011. – Vol. 66 (2). – P. 197–205.

ВІДОМОСТІ ПРО АВТОРА.

Юлія Бережанська – кандидат філологічних наук, викладач кафедри іноземних мов з латинською мовою та медичною термінологією ВДНЗУ “Українська медична стоматологічна академія”.

Наукові інтереси: теорія концептуальної метафори; комунікативно-прагматичні виміри англомовного дискурсу; проблеми перекладу.