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**CULTURA,
LENGUAJE
Y REPRESENTACIÓN**

Revista de Estudios Lingüísticos
De la Universitat Jaume I
Volumen 34 – Noviembre 2024

**Women and metaphors.
Terminology, lexis
and representations
on women health's issues
in biomedical discourse**

**Mujeres y metáforas.
Terminología, léxico
y representaciones sobre
la salud de las mujeres en
el discurso biomédico**

Este monográfico se inscribe en el proyecto de investigación «Digitalización, tratamiento y publicación en línea de recursos terminológicos multilingües abiertos con perspectiva de género en la sociedad digital (DIGITENDER)», financiado por la ayuda TED2021-130040B-C21 del Ministerio de Ciencia e Innovación, Agencia Estatal de Investigación (10.13039/501100011033) y por la Unión Europea «NextGenerationEU»/Plan de Recuperación, Transformación y Resiliencia.



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On Metaphor and Women's Health

One of the great privileges of guest editing this special volume of *Culture, Language, and Representation*, entitled «Women and Metaphors: Terminology, Lexis, and Representations on Women's Health Issues in Biomedical Discourse» has been encountering the wide range of scholarly perspectives that critically examine the language and metaphors that shape our understanding of women's health. This volume brings together a diverse selection of studies that focus on topics such as menopause, menstruation, eating disorders, hysterectomy, and chronic illnesses. A common thread running through these contributions is a critical exploration of how linguistic choices, particularly metaphors, influence communication and perception within biomedical discourse.

These articles illustrate how metaphorical language can either facilitate or hinder effective communication in the context of women's health. The authors investigate specific terminologies and conceptual frameworks used to describe and address these health issues, applying both qualitative and quantitative analyses. Collectively, they underscore the importance of reflecting on the metaphors and cognitive elements that arise in biomedical and societal discourse. By adopting a more nuanced and informed approach to such language, we hope to foster more accurate and empathetic representations of women's health.

The volume is organized into five distinct yet interconnected sections, each one addressing crucial aspects of how women's health issues are conceptualized, communicated, and understood within biomedical discourse.

The first section considers the metaphorical and discursive representations of menopause and menstruation. These natural processes, often framed within a biomedical context, are explored through the lens of language, which can reinforce or challenge societal norms. The studies here reveal the power of metaphor in influencing how women experience and understand significant life transitions such as menopause and menstruation. From the negative emotional language associated with menopause to the cross-cultural examination of climacteric-related discrimination, these articles provide a comprehensive account of the impact that metaphorical language can have on women's health and perceptions of it.

«Framing Menopause from Negative Emotional Language: A Study of Metaphors in Medical Discourse», by C. Vargas-Sierra, examines how medical language often employs negative metaphors, shaping societal perceptions of menopause in ways that may contribute to stigma. The author uses corpus linguistics as a methodology and Conceptual Metaphor Theory as a theoretical

framework. The central aim of her study is to identify the most common metaphors associated with menopause and to analyze how these influence the social perception of this stage of women's lives. Four dominant metaphors are identified: a) MENOPAUSE AS EMOTIONAL TURBULENCE, in which menopause is associated with a state of significant emotional instability; b) MENOPAUSE AS DISRUPTIVE CHANGE, in which menopause is a significant period of change and upheaval; c) MENOPAUSE AS HORMONAL CONFLICT, in which the role of hormones in menopausal symptoms is emphasized; and d) MENOPAUSE AS A CHALLENGE TO IDENTITY. The study suggests that menopause challenges women's societal and personal identity, and Vargas-Sierra concludes that these metaphors in medical discourse reinforce negative stereotypes about women, presenting menopause as a stage marked by loss of identity and emotional suffering. This in turn contributes to a simplified and negative social perception of this natural transition in women's lives.

Orts' contribution, «The Right to Menopause: A Cross-Cultural Analysis of Judicial Discourse on Climacteric-Related Discrimination in English and Spanish Courts», looks at how legal systems address menopause-related discrimination, revealing cross-cultural differences in the recognition and treatment of climacteric rights. The article addresses the issue of age and gender discrimination as experienced by many women during the menopause. In particular, the often-underestimated side effects of menopause lead many women to leave their jobs because of discrimination or the physical and psychological difficulties they experience. The study focuses on how employment tribunals in England and Spain perceive and deal with menopause as a disability that affects women's well-being and self-esteem. Specifically, three judgments from each country are analyzed discursively. Orts presents two specific findings: a) An absence of direct references in the Spanish legal discourse: Although indications of menopause-related difficulties were referred to in the Spanish cases, no direct references to the term 'menopause' were found; and b) A legislative asymmetry: The comparison between the two countries reveals a difference in recognizing menopause as a cause of disability. The article underlines the fundamental role of linguistic analysis in understanding the experiences of menopausal women and suggests raising awareness of this issue among those professionals involved (translators, terminologists, journalists).

Also in this section is «Metaphorical Conceptualization of the Big M,» by Pérez-Hernández, which considers metaphors used to discuss menopause, highlighting how these influence both personal and public understandings of the experience. Pérez-Hernández's article approaches the analysis of metaphors from a different perspective to that of Vargas-Sierra. In this case, the focus is on the narrative of women themselves, not doctors, by means of a study of the testimonies of women in recounting in English their own experiences of and perspectives on menopause. The author's goal is to investigate contemporary women's conceptualizations of menopause through the metaphors that they use.

Unlike metaphors in biomedical discourse, which frame menopause as an illness or health condition, women tend to emphasize positive aspects, seeing menopause as a force for liberation and non-conformism. Through the framework of Critical Metaphor Analysis, Pérez-Hernández reports that women in the UK primarily use four metaphors to conceptualize menopause: JOURNEY, FORCE, DIVIDED PERSON, and STRUGGLE/FIGHT. This study opens up a fascinating area of enquiry, with further research now needed in order to compare the metaphors used by women in different cultures and languages.

The final contribution to this first section, «Exploring the Metaphorical Language of Menstruation: Health, Hygiene, or Camouflage?» by Llorens-Simón, investigates how menstruation is metaphorically framed within the specialized medical discourse in Spanish, using corpus linguistics tools. Again, many metaphors, even those related to medical science, have negative connotations and thus perpetuate stereotypes. Menstruation is often seen as an adverse or taboo event, despite being a natural part of women's lives. The detailed linguistic analysis reported by Llorens-Simón reveals that, from a medical perspective, there is a 'pathologisation of menstruation', often portrayed as a disease or something to be avoided. This is seen in the conceptual references relating to dirt, hygiene and negative emotions. The study argues for the use of more inclusive and empathetic language surrounding women's health as a means of avoiding the perpetuation of stereotypes.

Together, these four articles contribute to a deeper understanding of how menopause and menstruation are linguistically and culturally constructed, and hence how they impact women's health and identity.

The volume then moves on to address the intersection of gender and health, focusing on how reproductive health issues are linguistically framed. The exploration of cognitive bases for terminology related to sexually transmitted infections (STIs), and variations in the denominative representation of women's health, highlight the role of language in both reflecting and shaping gendered experiences in medical contexts.

The article «Género y Salud Reproductiva: Base Cognitiva de la Terminología Relativa a las Infecciones de Transmisión Sexual», by Sánchez Manzanares and Santamaría-Pérez, considers the cognitive foundations of the terminology used to discuss sexually transmitted infections (STIs), revealing how gender influences the way in which these health issues are conceptualized and communicated. The study shows that although the technical language of STIs is relatively neutral, the discourse surrounding it still reflects some gender biases. However, a positive trend towards more inclusive and respectful language is also reported.

In the following paper, «Denominative Variation in the Terminological Representation of Women's Health», Candel-Mora examines terminological variation in the discourse on women's health, with the aim of improving communication and information management here. The starting point is that

although medical language is known for its characteristic precision, there is significant variation in terminology relating to women's health. The methodology, once again, is corpus-based, drawing on academic texts in English to identify patterns and trends in terminology. Articles from three journals specializing in women's health with high impact factors (between 5.14 and 2.4) were compiled from an initial corpus of 403 articles amounting to almost 2 million words, all recently published (between January 2021 and April 2023). Candel-Mora focuses specifically on lexical change, observing that changes were found in the terms used, but not as frequently as expected, except in the case of the term 'women'. Likewise, variations in morphology, spelling, ellipsis, spelling, and permutation were observed. Two conclusions arise from the analysis. First, terminological variation in women's health can make communication and information management difficult. Second, a careful approach to the choice of appropriate terms is necessary to ensure accuracy and comprehension. Based on the data analyzed, the author argues for standardizing and managing synonyms in this field, towards providing clear and consistent language in women's health and thus improving communication and medical care.

Together, these two studies highlight the critical role of gendered language in women's health discourse, as it significantly influences the framing, perception, and treatment of health-related issues, with implications for both medical practice and societal attitudes.

The volume then turns its attention to the metaphorical language surrounding eating disorders (ED), a critical issue affecting women's health. In the article «Biting into the Bitter Reality: A Metaphorical Exploration of Food Disorders,» Gozalo and Moreno-Sandoval describe how metaphors like ED IS A JOURNEY and ED IS A WAR significantly influence the emotional and psychological experiences of those affected by EDs, impacting both their personal recoveries and societal perceptions of the disorder. The authors find that Spanish speakers often emphasize hardship and powerlessness, while their English counterparts tend to focus on recovery and empowerment, reflecting cultural differences here. It is concluded that these variations underscore the need for culturally sensitive and empathetic communication in medical and therapeutic discourse, suggesting that language and culture profoundly shape how individuals perceive and manage their disorders.

In the next section, the focus shifts to the discursive construction of hysterectomy, a medical procedure with profound implications for women's health and identity, as Ramirez-Polo explores in her article «From Evictions to Shame: Exploring Hysterectomy Through Metaphor.» The metaphors examined in this study, such as the uterus as a 'tenant' or a 'kidnapper' and the procedure itself as an 'eviction' or 'robbery,' provide deep insights into how these linguistic choices shape women's perceptions of their bodies and the procedure itself. Ramirez-Polo concludes that these metaphors do not merely reflect the

experiences of women undergoing hysterectomy, but actively influence their emotional and psychological responses to the procedure. The article underscores the need for sensitive and accurate communication in supporting women through this medical process, advocating for language that respects and validates their experiences, ultimately ensuring that their stories are told with the dignity that they deserve.

In the final section, the volume broadens its scope, presenting a series of insightful articles that consider various chronic illnesses, including Multiple Sclerosis, Osteoporosis, Breast Cancer, and Endometriosis.

In «From Beasts to Faulty Wiring: Metaphorical Images of Multiple Sclerosis as described by women,» Campos-Pardillos explores how women with Multiple Sclerosis use metaphors to describe their symptoms, revealing that these metaphors profoundly influence their understanding and communication of the disease. The study concludes that metaphorical language is crucial to how women with Multiple Sclerosis express their symptoms, shape their identity, and manage their experience of the disease. An effective use of metaphors can enhance understanding and social support, which are essential for patient well-being, while also emphasizing the need for further research into the cultural and linguistic factors that influence such expressions.

On similar lines, Balteiro's article, «'I have ants in my pants': Metaphorical Framing in Female's Conversational Narratives of Osteoporosis,» examines how metaphors shape the narratives of women with osteoporosis, concluding that such language significantly affects how these women perceive their condition and communicate their experiences. The study finds that women often use conventional metaphors relating to impact, journey, and war, which serve to highlight both the challenges posed by osteoporosis and the strength and resilience with which they confront these challenges. Metaphors like these allow women to portray themselves as empowered individuals, capable of overcoming obstacles and maintaining autonomy in their lives, despite the stigmas and stereotypes associated with the disease.

In the following study, which extends the geographical scope of the volume, «Cáncer de mama, discurso y cognición: metáfora y esquemas de imagen de la enfermedad y sus participantes en el Perú,» Domínguez and Conchacalle explore the metaphorical and cognitive frameworks used by Peruvian women in conceptualizing their experiences with breast cancer. Drawing from a corpus of personal testimonies, the authors analyze how metaphors like war and personification, along with image schemas such as containment, force, and locomotion, shape the perception of the illness. Their research highlights how these cognitive structures not only influence patient narratives but also contribute to the broader cultural understanding of breast cancer in Peru, emphasizing the emotional and psychological dimensions of the disease in addition to its medical aspects.

Continuing with research from South American, «Relatos de dolor: las metáforas conceptuales en la construcción del padecimiento crónico de mujeres chilenas,» by Pascual and Vásquez, investigates how Chilean women with chronic pain, particularly those suffering from endometriosis, use metaphors to construct their narratives. The study concludes that conceptual metaphors are crucial in expressing the complex and individual experience of chronic pain by women with endometriosis, with a significant focus on how these metaphors reflect the intensity and social repercussions of the condition. The findings also highlight the role of cultural biases in diminishing women's agency here, leading to the underestimation of their pain and delays in diagnosis and treatment, which in turn negatively impacts their emotional well-being and personality.

The last four articles above illustrate the significant role that metaphorical language plays in shaping the lived experiences and public perceptions of chronic illnesses, highlighting the need for careful consideration of language in both medical and social contexts.

In short, by examining these diverse topics, the volume provides a comprehensive exploration of how metaphorical language shapes the understanding of women's health issues in both biomedical and general discourse. It invites readers to critically reflect on the implications of language in medical contexts, arguing for more nuanced and informed approaches to communicating women's health.

Chelo Vargas-Sierra and Antonio Moreno-Sandoval

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Artículos / *Articles*

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Framing menopause from negative emotional language: A study of metaphors in medical discourse

Marcos de la menopausia desde el lenguaje emocional negativo:
Estudio de las metáforas en el discurso médico

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ABSTRACT: This study adopts a corpus-based approach to the analysis of how the discourse of menopause is framed metaphorically, with a specific focus on negative emotional language. Using Wmatrix for the corpus analysis, the study takes as a starting point semantic tags for the most frequent emotions. Metaphorical expressions related to different aspects of menopause are extracted from the corpus and analyzed, in terms of biological processes and associated emotional and mental states. The aim is to reveal the most prominent metaphorical frames that emerge in such discourse, assessing their influence in shaping the conceptualization of menopause and underscoring their effect on societal perceptions of this stage in women's life. Key findings highlight four dominant framings: menopause as EMOTIONAL TURBULENCE, as DISRUPTIVE CHANGE, as HORMONAL CONFLICT, and as a CHALLENGE TO SOCIETAL AND PERSONAL IDENTITY. The study concludes that dominant metaphorical framings of menopause reinforce stereotypes about women by presenting this stage of life as marked by emotional turmoil, loss of identity and symptoms of various kinds, thus shaping social perceptions that oversimplify and negatively color this important life transition.

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Key words: corpus-based analysis; semantic tags; emotions; conceptual metaphor; metaphorical framing; menopause.

RESUMEN: Este estudio emplea un enfoque basado en corpus para analizar los marcos metafóricos de la menopausia en el discurso, específicamente a través del lenguaje emocional negativo. Utilizamos Wmatrix para el análisis de corpus, centrándonos inicialmente en las etiquetas semánticas de las emociones más frecuentes. A partir de estas, hemos extraído y examinado las expresiones metafóricas relacionadas con diversos aspectos de la menopausia, incluidos sus procesos biológicos y los estados emocionales y mentales que se le asociaban. El objetivo es descubrir los marcos metafóricos predominantes, evaluando cómo influyen en la conceptualización de la menopausia y su impacto en la percepción social. Los resultados destacan cuatro marcos principales: la menopausia como TURBULENCIA EMOCIONAL, CAMBIO DISRUPTIVO, CONFLICTO HORMONAL y DESAFÍO PARA LA IDENTIDAD SOCIAL Y PERSONAL. El estudio concluye que estos marcos metafóricos dominantes contribuyen a reforzar estereotipos negativos sobre las mujeres al caracterizar esta etapa de la vida por la confusión emocional, la pérdida de identidad y una amplia gama de síntomas. Esto resulta en una simplificación excesiva y una representación negativa de esta transición vital.

Palabras clave: análisis de corpus; etiquetas semánticas; emociones; metáfora conceptual; marcos metafóricos; menopausia.

1. INTRODUCTION

A woman's life journey is marked by key biological milestones, including the onset of menstruation, the beginning of reproductive capacity, pregnancy, childbirth, and the transition through menopause, each with its own positive and negative connotations. In Western cultures, menopause is often seen as a sign of aging and the end of fertility, a perspective not universally shared across societies around the globe (Niland, 2010: 6). Currently, a common biomedical perspective on menopause is that it constitutes disease-like condition arising from estrogen deficiency (Martin, 1994, 1997; Lyons and Griffin, 2003: 1630). Such a DISEASE concept of menopause began to take shape in 1870, when the Irish physician Edward J. Tilt published *The Change of Life in Health and Disease: A Practical Treatise on the Nervous and other Affections Incidental to Women at the Decline of Life*. Tilt refers to menopause as a stage in a woman's life that brings with it a multiplicity of symptoms and afflictions and presents a bleak and pessimistic view of the issue, indeed asserting that his book will reveal «the evil effects of this time of life» (Tilt, 1870: 212²). His work goes on to detail various physical and mental problems which are claimed to occur in women due to menopause. Such a negative medicalized view of menopause was reiterated by many other medical professionals over the years (see Greer, 1993; Vélez and Figueredo, 2016). Framing menopause as a DISEASE illustrates how medical ideology shapes our conceptualization of this natural phenomenon and ultimately impacts the lives of women.

² The page number corresponds to the Kindle version of the book.

Metaphors work both conceptually and cognitively by creating new meanings and helping us to understand the world. This process involves comparing and projecting knowledge onto mental mappings, akin to creating a mental diagram that links abstract concepts with more familiar experiences for easier understanding. This essential function of metaphor is itself described metaphorically as ‘framing’ by Semino et al. (2018), who highlight its ability to shape our perception and interpretation of specific aspects of our lives. According to Entman, in order to create a frame, we need to «select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described» (1993: 53). Framing explains the mechanisms by which language and selected images in the construction of a specific kind of discourse promote a particular interpretation of the presented events (Entman, 1993; Bogetić, 2018; Porto, 2023). These frames go beyond mere reasoning and have the power to influence or shape our understanding, realities, and beliefs. This is so because metaphor involves a «highlighting and hiding» facet (Lakoff & Johnson, 1980), selectively emphasizing certain aspects while downplaying others, and thus contributing significantly to the ideological relevance of metaphors. Research by Thibodeau (2016) and Jiménez et al. (2021) underlines the profound impact of metaphorical framing on perceptions in the field of public policy. Thibodeau showed that framing crime as a VIRUS rather than a BEAST influenced a shift to the favoring of social reforms over punitive measures, whereas Jiménez et al. found that depicting immigration as a FLOOD, as in «a wave of refugees», could lead to increased support for barriers on the US-Mexico border. Both studies illustrate how language shapes not only our understanding of societal issues but also our responses to them.

Menopause can be defined by highlighting its positive and/or its negative aspects. Any description will be influenced by particular points of view or ideologies, in that variation in any description is likely to reflect the individual or collective perspectives that come into play. On the positive side, for example, we can find examples where menopause is framed as a SECOND PUBERTY, suggesting a parallel with the hormonal fluctuations of adolescence and implying, among many things, that it can bring about positive changes and mark the beginning of a new chapter in life. In addition, the metaphorical frame of the HORMONAL DANCE emphasizes the dynamic and rhythmic nature of hormonal changes, depicting the ups and downs as graceful movement, thus evoking a sense of vitality and happiness. On the negative side, menopause is sometimes referred to as PLANNED OBSOLESCENCE –carrying with it the metaphor A WOMAN IS A PRODUCT WITH BUILT-IN OBSOLESCENCE– associated with the loss of ovarian function; it suggests that, just as manufactured products reach a point at which they are no longer useful or effective, women lose value or relevance after this stage.

In addition, describing hormonal changes as HORMONAL CHAOS implies a perception of disorder and confusion, emphasizing instability and unpredictability during menopause. As these examples illustrate, and as other studies on menopause have shown (Martin, 1993, 1994; Niland, 2010; Vargas-Sierra, 2024), negative frames may contribute to a view that this stage is a period of decline or even an illness, potentially overshadowing some of its positive aspects, such as the end of menstrual discomfort and freedom from reproductive concerns.

In the analysis of metaphor, the use of corpora and digital tools has marked a significant and well-documented methodological shift (Charteris-Black, 2004; Deignan,

2005; Koller et al 2008; Stefanowitsch, 2008; Deignan and Semino 2010; Sardinha, 2012; Vargas-Sierra and Moreno-Sandoval, 2021; Zeng and Ahrens, 2023, among many others). This not only enhances our ability to analyze linguistic patterns more effectively through the adoption of an empirical approach, but also expands the potential scope of research, as shown by Ho and Cheng (2016) in their work on analyzing a corpus for frequent words in a specific semantic category: emotion. Within this evolving framework, the study of emotions, particularly in relation to metaphor, has become increasingly significant. Thus, Kövecses notes that «the most conspicuous feature of emotion language in English is its metaphorical and metonymic nature» (2003: 191). Indeed, our present corpus analysis has revealed a predominance of negative emotions, and as such provides a compelling point of departure for an exploration of the predominant metaphorical frames in discourse on menopause, one in which we seek to highlight the intricate relationship between emotional language and metaphorical conceptualization.

In what follows, we first outline the theoretical assumptions underpinning the study, focusing in particular on Conceptual Metaphor Theory and associated concepts with particular relevance to our research, along with Critical Metaphor Analysis. We then describe the corpus and methodological framework adopted, before presenting the findings of our analysis and offering some conclusions.

2. THEORETICAL FRAMEWORK: CONCEPTUAL METAPHOR THEORY AND FRAMING

Conceptual Metaphor Theory (CMT), pioneered by Lakoff and Johnson (1980), has been a dominant approach to metaphor research since its inception. A conceptual metaphor (CM) is a cognitive mechanism in which a source domain (the domain from which the metaphor is derived) is conceptually represented in a target domain (the domain being described metaphorically). During this process, knowledge from a familiar conceptual domain (such as WAR, HEALTH, JOURNEY or MACHINE) is used to structure and understand another domain that is more abstract or distant (Barcelona, 2003; Kövecses, 2010). This ‘conceptual mapping’ manifests itself in language as metaphorical expressions, taking the form of *A is B*. For example, in the metaphor MENOPAUSE IS A DISEASE, expressions that are often mapped are those relating to the concepts of ‘symptoms’, ‘treatment’, ‘discomfort’ and ‘diagnosis’. Here, the target domain MENOPAUSE uses the source domain DISEASE to emphasize the concept of ‘pathology’ or ‘medical condition’. The mapping principle for the MENOPAUSE IS A DISEASE metaphor is that menopause is understood as a disease in that, just as diseases involve symptoms and require treatment and medical management, menopause is often perceived as a phase requiring medical intervention and characterized by a variety of physical and emotional symptoms.

In this way Lakoff’s frames (2000: 24) serve as indicators that guide us in understanding events or situations. As such, frames not only offer a perspective on a specific issue but also actively influence our alignment to it, thereby shaping our understanding and judgment. Lakoff (2006) goes on to argue that «every word evokes a frame» and that «frames trigger meaning», which underlines the significance of framing in both general comprehension and the specific context of linguistic interpretation. Within the context of menopause discourse, the framing function of CMT becomes particularly relevant, since it helps us to understand how metaphors shape perceptions and representations about this life stage. It is also pertinent to critically assess these

metaphorical frames, in the sense that they can influence societal attitudes towards menopause, sometimes reinforcing stereotypes or oversimplifying complex experiences.

Critical Metaphor Analysis (CMA), as proposed by Charteris-Black (2004: 34), draws on cognitive linguistics to establish a relationship between linguistic expressions and the cognitive system; it uses pragmatics as a means of understanding how metaphors function within specific contexts; and it uses the empirical methods of corpus linguistics, based its analysis on real linguistic data, for the detection of patterns in language. CMA focuses on the correspondence between linguistic expressions and ideology to reveal the evaluative and cultural implications of metaphors and how they can influence the perception of reality.

Metaphors, as a linguistic resource, are fundamental in the formation and transmission of ideologies, which in turn are manifested and reinforced through language and thought in specific social contexts, such as the biomedical one. As such, metaphor has ideological dimensions at the conceptual, cognitive and pragmatic levels (Maalej, 2011: 97). Conceptually, it represents a source domain in a target domain, stabilizing meaning within discourse. Cognitively, it can both highlight and conceal aspects of meaning and understanding (Lakoff and Johnson, 1980), affecting their ideological relevance, and can be classified as either conventional or creative (Charteris-Black, 2004: 21-22). Conventional metaphors, rooted in our culture, go unnoticed (Lakoff & Johnson, 1980: 140; Kövecses, 2010: 33) and establish social and ideological realities, whereas creative ones tend to be somewhat more prominent or noticeable in the discourse. Pragmatically, metaphors have an impact on listeners or readers, depending on the connection between source and target concepts and the context in which they are used.

From a critical linguistic perspective, ideology involves the interaction between language, thought and social context (Simpson, 2005: 5). It is based on beliefs and values shared by social groups, with dominant ideologies typically arising from powerful or otherwise influential groups. Ideological discourse often uses conventional metaphors to transmit ideologies and construct social realities. According to Simpson (*ibid*), ideology emerges from group beliefs and values and is linked to society through language and thought. Dominant ideologies, influenced by political and social institutions, including medicine, have linguistic, cognitive and social dimensions. Metaphor is crucial in the construction and shaping of medical discourse, exerting control over the debate and establishing power relations therein (Segal, 1997: 220). A critical analysis of metaphors in medical discourse, then, is essential in understanding their valuational and cultural implications and their impact on perception and decision-making in the context of health.

To gain deeper insights into the role of metaphors in constructing the social reality of our subject field, a brief examination of the imagery associated with women during menopause is necessary. Images in picture banks, for example, tend to depict women at this life stage in a state of suffering, characterized by symptoms such as headaches, anxiety, sweating and fanning themselves, or taking medication. Such portrayals, along with metaphors like MENOPAUSE IS A DISEASE, MENOPAUSE IS SUFFERING and MENOPAUSE IS PHYSICAL AFFLICTION, align with the ideological narratives prevalent in biomedical discourse and in popular media. Such metaphors, often chosen for commercial purposes, as noted by Segal (1997: 221), contribute to the promotion of treatments like hormone replacement therapy (HRT), metaphorically framed as an ELIXIR OF YOUTH (Vargas-Sierra, 2024: 196). This framing can also be seen in the use of contrasting images on medical websites, for example, by depicting a woman's face in two

halves: one appearing younger (due to HRT) and the other showing the natural aging process³. Such representations, portraying menopause as a decline in physical and mental health, reflect societal biases against the aging process in women. Consequently, women experiencing menopause often face negative sociocultural attitudes and feel pressure to conform to unrealistic standards of youth and beauty.

3. CORPUS AND METHODOLOGICAL FRAMEWORK

The use of corpora in metaphor research is a fairly recent method, dating back to around 1999 (Sardinha, 2011: 330), and having gained popularity among scholars, not least those who have used corpus techniques to examine and validate hypotheses in conceptual metaphor theory. The analysis of corpora in metaphor research has a great many benefits, and as Tissari (2017: 117) notes, a corpus is now considered essential here, much like it is in a wide range of other linguistic fields. The present study used a specific approach for characterizing the corpus, following the principles initially proposed by Vargas-Sierra (2006).

The DIGITENDER project has involved the compilation of several corpora of specialized texts, including medical literature and webpages, which deal with a number of topics relating to women’s health (see Vargas-Sierra, 2024). The corpus on menopause comprises a range of biomedical texts, including research articles, monograph chapters and specialized web pages in English, which were carefully selected to provide a comprehensive view of menopause discourse. The selection criteria include relevance to the topic of menopause, the credibility of sources, and diversity of content. The table below presents a details breakdown of the corpus data:

Table 1. Quantitative overview of corpus content

<i>Items</i>	<i>Numbers</i>
Tokens	3,369,618
Words	2,675,672
Sentences	148,114
Paragraphs	40,183
Documents	624

This study employs a hybrid approach, integrating quantitative semi-automated corpus methods with detailed manual qualitative analysis, to explore the dominant metaphorical framings of menopause. We analyze a corpus of some 2,675,672 million words (Table 1), encompassing a diverse range of biomedical texts with varying degrees of specialization. One challenge in metaphor research arises due to the current limitations in fully automating the identification of metaphorical expressions in texts, and in this case we used Wmatrix5 for this purpose. Developed by Paul Rayson’s team at UCREL, University of Lancaster, and available online, Wmatrix shares common features with other corpus tools, such as generating concordances, collocations, keyword lists, and frequency lists. A notable aspect of Wmatrix is its integration of the UCREL Semantic Annotation System (USAS) (Archer *et al.*, 2002), which enables the automatic semantic

³ <https://newlifemedcenters.com/hormone-therapy-for-women/>

tagging of words, compound words, and multiword expressions in a corpus. In the present study, we used Wmatrix5's semantic tagging function to examine the use of metaphor (Demmen *et al.*, 2015). From 21 USAS semantic domains, we focused on the Emotion (E) semantic tag (E-semtag) (Figure 1).

Figure 1. Complete list for Emotion

Save



i

Search term: '^E'.

Sorted on USAS tag.

You are viewing a frequency profile.

Click on a column heading to sort on that column.

Click on a 'Concordance' link to see concordance lines.

Click on a 'list' link to see the frequency list of words within that tag.

Search shortcuts:

Show complete list

▼

Go

Search this list:

Enter the word or tag you wish to search for here:

'E

Go

(you can also search for part of a word or tag; enter '.' or leave blank for complete list)

Remember your last search:

To remember the search currently shown on the right, give it a name in the box below and press Go.

The search will be saved in the advanced folder view:

'E

Go

You can use regular expressions in the search box.

Help on regular expressions is available at many websites, e.g. [regular-expression.info](#).

Please note that each new search looks through the entire list. Searches do not apply to the results of your previous search.

Sentag	Frequency	Relative Frequency		
E1	3944	0.23	Concordance	List
E2	99	0.01	Concordance	List
E2+	632	0.04	Concordance	List
E2++	589	0.03	Concordance	List
E2+++	9	0.00	Concordance	List
E2-	80	0.00	Concordance	List
E3+	893	0.05	Concordance	List
E3++	5	0.00	Concordance	List
E3-	1838	0.11	Concordance	List
E4.1+	869	0.05	Concordance	List
E4.1++	7	0.00	Concordance	List
E4.1+++	3	0.00	Concordance	List
E4.1-	6657	0.38	Concordance	List
E4.1--	3	0.00	Concordance	List
E4.2+	284	0.02	Concordance	List
E4.2-	86	0.00	Concordance	List
E5+	21	0.00	Concordance	List
E5-	466	0.03	Concordance	List
E6+	298	0.02	Concordance	List
E6-	3772	0.22	Concordance	List

Summary information:

Number of types shown: 20

Total frequency of types shown: 20555 (1.18%)

Total frequency overall: 1747724

Number of items shown with a given frequency:

Frequency	Types	Tokens
1	(0.00%)	(0.00%)
2	(0.00%)	(0.00%)
3	2 (10.00%)	6 (0.03%)
4	(0.00%)	(0.00%)
5	1 (5.00%)	5 (0.02%)
6	(0.00%)	(0.00%)
7	1 (5.00%)	7 (0.03%)
8	(0.00%)	(0.00%)
9	1 (5.00%)	9 (0.04%)
10	(0.00%)	(0.00%)
> 10	15 (75.00%)	20528 (99.87%)

We examined the specific words that each E-semtag contained and then considered the concordances of these to identify examples of metaphorical segments. It was often not the seed word itself that was used metaphorically, but rather the surrounding words and phrases. The use of USAS semantic tagging for finding metaphors provided valuable insights, in that it allowed us to quickly elicit emotions, but it is also important to note the challenges inherent in this approach, especially given the huge volume of data involved. The size of our corpus meant that exhaustive metaphor extraction was a considerable task, and this was reflected in the high frequency of certain emotional tags in the corpus. For example, the tag E4.1- (Sadness) had 6,657 occurrences (Figure 2). Consequently, our analysis does not cover every instance of the use of metaphor related to these emotions, but only those that represent a repeated pattern. This limitation highlights the difficulties of balancing the depth of qualitative analysis with the breadth of data available in a large corpus. Moreover, it underscores the need to conduct a selective examination of metaphorical expressions, especially in the context of very specific pathologized topics like menopause.

Figure 2. Occurrences for E4.1- (Sadness)

6657 occurrences.		Extend context
od disturbances, ranging in intensity from mild feelings of	sadness	and downheartedness to severe depression . xviii However, re 1 More Full
from mild feelings of sadness and downheartedness to severe	depression	. xviii However, research has shown that not all women who s 2 More Full
ch were all healthy mid-aged women who were not , or had not	suffered	from any major depressive episodes attributed to their menopa 3 More Full
aged women who were not , or had not suffered from any major	depressive	episodes attributed to their menopausal transition . While St 4 More Full
s , cold sweats, vertigo (dizzy spells) , feeling blue or	depressed	, headaches , insomnia (trouble sleeping) , palpitations (5 More Full
arrhoea and/or constipation, persistent cough, backaches ,	upset	stomach , aches/stiffness in joints , shortness of breath , s 6 More Full
o reported irritability , and one fifth reported feelings of	depression	. Using principal component factor analysis , the largest var 7 More Full
Muhlen , et al . termed psychological symptoms (irritability ,	depressed	, weepy , unable to sleep well) . While vasomotor symptoms a 8 More Full
ing (11.9%) was accounted for by nervous tension , feeling sad	or downhearted , difficulty in concentration , lack of energy	9 More Full
3.9%) was accounted for by nervous tension , feeling sad or	downhearted	, difficulty in concentration , lack of energy and trouble sl 10 More Full
tiredness , irritability , tearfulness , nervous tension and	depression	. 2.2 Symptom Definitions Used in this Study : While von Muhl 11 More Full
of symptoms covered by sleep disturbance , irritability , 21	depression	and tearfulness , other researchers (Shaver , et al. , 1991 12 More Full
1993) grouped the menopausal symptoms of nervous tension ,	sadness	or downheartedness , difficulty in concentration , lack of en 13 More Full
even suggested that the best predictor of both well-being and	depression	in mid-aged women is tiredness (Cawood , & Bancroft , 1996 14 More Full
visits , symptoms such as tiredness , exhaustion , fatigue ,	depression	, anxiety , nervousness , muscular aches and pains and dizzin 15 More Full
ub-scale Profile of Mood Scale (POMS) scores for fatigue ,	depression	, tension and confusion . However , there were no significant 16 More Full
Check List (MAACL) . The MAACL provided for self-rating of	depression	, anxiety , hostility , positive affect and sensation seeking 17 More Full
positive affect (and sensation seeking) , hostility , and	depression	as the dependent variables of the construct well-being . They 18 More Full

For the identification of metaphorical expressions, we used the Metaphor Identification Procedure (MIP), developed by the Pragglejaz Group (2007) and further refined by Steen *et al.* (2010). In the next phase of the analysis, the metaphorical expressions identified in the concordance were incorporated into a Microsoft Excel spreadsheet, where an additional manual analysis was carried out to determine the source and target domain, plus the mappings and metaphorical frames that each expression suggested. To assign source and target domains we used MetaNet Metaphor Wiki, a comprehensive repository of conceptual metaphors (Dodge et al. 2013) in which these two domains are conceptualized as frames, essentially schematic representations that encompass a variety of experiences, objects, and events. The procedure involved examining each metaphorical phrase to identify applicable domains and to categorize them using the predefined classifications available from this repository⁴. The unique nature of our target domain, menopause, demanded a tailored approach to labelling, so we created new tags that could comprehensively capture the various aspects of menopause that arose. Selected examples from these segments will be used to describe our findings in the subsequent analysis.

Charteris-Black (2004: 34-41) outlines a three-step process for conducting CMA analysis: first, identification, which entails deciding if specific words or phrases are used metaphorically; second, interpretation, which includes both establishing a connection between metaphors and their cognitive and pragmatic features, and identifying conceptual metaphors and keys; and third, explanation, which involves determining the social agents responsible for producing the metaphors and understanding their role and function in the discourse. Our analysis follows Charteris-Black's three-step model of metaphor examination.

In the following section, we will present the quantitative data obtained from the corpus, focusing specifically on the semantic tags of emotions and citing a selection of words from each emotional category. This corpus data will then be used to conduct a qualitative analysis of the metaphors identified. Our focus here will be on the most dominant metaphorical frames, detailing their source (SD) and target domains (TD) and exploring their meaning in the discourse. Due to space constraints, our presentation will be limited to the most illustrative examples of each frame. In addition, we will interpret the domains and metaphorical framings and how they shape our perception and interpretation of menopause.

⁴ Available at: <https://metaphor.icsi.berkeley.edu/pub/en/index.php/Category:Frame>

4. ANALYSIS AND RESULTS

4.1. E-TAGS

Table 2 below sets out the relevant alphanumeric tags (with one or more ‘pluses’ or ‘minuses’ to indicate a positive or negative position on a semantic scale) and the frequencies of these, thus providing a general overview of the emotional categories extracted from the menopause corpus:

Table 2. Emotional tags of menopause corpus

<i>E semantic tag</i>		<i>Frequency</i>
E4.1-	Sad	6,657
E1	General Emotional Actions, States, and Processes	3,944
E6-	Worry	3,772
E3-	Violent/Angry	1,838
E3+	Calm	893
E4.1+	Happy	869
E2+	Like	632
E2++	Like	589
E5-	Fear/Shock	466
E6+	Confident	298
E4.2+	Contentment	284
E2	Liking	99
E4.2-	Discontent	86
E2-	Dislike	80
E5+	Bravery	21
E2+++	Like	9
E4.1++	Happy	7
E3++	Calm	5
E4.1+++	Happy	3
E4.1--	Sad	3

A quantitative analysis of the emotion words in the corpus indicates a significant disparity in their prevalence. Words tagged as positive emotions (*Happy*, *Like*, *Confident*, *Contentment*, *Bravery*, *Calm*) account for only 21.86% of the total, with 3,610 occurrences. By contrast, negative words dominate, with 78.14% (12,902 occurrences). Such a disparity indicates that the discourse within the corpus is heavily framed by negative emotional language, suggesting that experiences and states related to menopause

are often conceptualized negatively. Table 3 below sets out the negative emotional tags that will be the focus of our study:

Table 3. Negative emotional semantic tag by frequency

<i>Emotion semtag</i>	<i>Total Frequency</i>	<i>Percentage</i>
Sad (E4.1-)	6,657	51%
Worry (E6-)	3,772	29%
Violent/Angry (E3-)	1,838	14%
Fear/Shock (E5-)	466	4%
Discontent (E4.2-)	86	1%
Dislike (E2-)	80	1%
Sad (E4.1--)	3	0%

As can be seen here, the most frequent Emotion tag is *Sad*, with more than half the cases (51%), with *Worry* the second most frequent (29%). *Violent/Angry* emotions also have a notable presence (14%), followed by *Fear/Shock* (4%) and *Discontent* (1%), indicating that although these latter emotional frames are less frequent, they are still present. *Dislike* (E2-) also has 1%, indicating a lower presence of more overtly negative language. Indeed, a particularly intense form of sadness, tagged as *Sad* (E4.1--), appears to be infrequent, with only 3 occurrences, which could indicate that while sadness is frequently mentioned, extremely high degrees of this emotion are not usually expressed or are not the focus of attention in the texts contained in our corpus. These frequencies suggest that menopause is depicted largely through a lens of negative emotions, with a significant emphasis on sadness and worry. The presence of anger and fear, although less frequent, adds to the complexity of the emotional experiences conveyed.

Next, a selection of our seed words⁵ as automatically classified under specific emotional tags by Wmatrix5 is presented, together with the frequency of their occurrence in the corpus:

- Sad_E4.1-, e.g. depression (3,644), depressive (1,731), depressed (427), suffer (173), suffering (119), suffered (58), sad (53), sadness (45), trauma (42), miserable (32).
- Worry_E6-, e.g. anxiety (1,317), stress (675), concerns (264), distress (214), concern (150), trouble (146), tension (102), stressful (94), anxious (69), care (64), distressing (54), worry (53), bother (50), concerned (49), nervous (46), disturbed (42), bothered (40), worried (37), nervousness (35), caring (28), concerning (16), stress-related (15), worrying (12), disturbing (11), unbalanced (11).
- Violent_Angry_E3-, e.g. disturbances (346), disturbance (320), irritability (229), bothersome (173), irritation (72), abuse (55), anger (53), irritable (43), hit (37), attacks (30), rage (29), toxic (24), aggressive (21), attack (20), angry (20), force (18), irritated (16), agitation (16), threat (14), annoying (14), violence (10).

⁵ Due to space considerations, only a selection is shown here. A comprehensive list, including the total number of unique terms (types) and their frequencies across each emotion category, is available for download at: <https://personal.ua.es/es/chelo-vargas/documentos/ewords.docx>

- Fear_E5-, e.g. fear (84), inhibition (56), panic (51), cold_sweats (25), afraid (22), scary (20), fears (18), scared (18), shock (15), dread (12), alarming (12), fearful (8), terrified (8), scare (7), shocks (7), angst (6), frightening (6), inhibited (6), dreaded (5), panicky (5), panicked (4), terrifying (4), fearing (4), freaked_out (4), shocked (3)
- Discontent_E4.2-, e.g. frustrating (34), frustration (20), dissatisfaction (9), dissatisfied (4), disappointing (3), disappointed (3), disappointment (3), frustrations (2).
- Dislike_E2-, e.g. hate (18), antagonism (10), self-criticism (9), antagonizes (6), antagonistic (6), antagonize (3), can_not_stand (3), resentful (2), disapprove (1), averse (1), dislike (1), is_against (1), leave_cold (1), disliked (1).
- Sad_E4.1--: mourn (3)

It should be noted that while frequency played a role in selecting emotion-related words and expressions for analysis, our approach was not solely quantitative. We also conducted a qualitative review of concordances to discern metaphorical patterns, including less frequent but semantically rich terms such as ‘mayhem’ and ‘mourn’. This nuanced approach allowed us to identify authentic metaphorical usage distinct from technical jargon. For example, terms that superficially seemed metaphorical due to their emotional connotations, such as ‘antagonism’, ‘poisoning’, and ‘toxic’, were in fact not emotional or metaphorical, since they were used in their technical sense.

4.2. METAPHOR FRAMINGS

Next, we introduce the main metaphorical framings identified in our study, with the emotional seed words that led to each metaphor’s identification provided in brackets. We then present an example of each one, accompanied by a detailed analysis of the specific domains and framing involved. This approach seeks to explore in detail how menopause is shaped and conceptualized. The frames we discuss primarily reveal the intricate interplay between physiological and psychological experiences of menopause, often portrayed pathologically, as evidenced by ‘symptom’ (11,412 occurrences), this being the second most frequent word in our corpus, after ‘woman’. The target domains most frequently encountered were BRAIN FUNCTION, EMOTIONAL INTENSITY, HORMONAL CHANGE/FUNCTION, MENOPAUSE EXPERIENCE/TRANSITION, and MENTAL HEALTH, among others. Correspondingly, the source domains paint a narrative of menopause through lenses of CHAOS, LOSS, BURDEN, DOWNWARD/NON-LINEAR MOTION, IMBALANCE, INSTABILITY, OBSTACLE/IMPEDIMENT TO MOTION, MACHINE/FUNCTIONALITY, MECHANISM, TURBULENCE, PHYSICAL CHALLENGE/COMBAT, UPHEAVAL and DISRUPTION, each underscoring the challenging and often negative depicting of this life stage.

(I) MENOPAUSE AS EMOTIONAL TURBULENCE (seed words: ‘mood swings’, ‘depression’, ‘anxiety’, ‘disturb’, ‘embarrassment’, ‘discomfort’, ‘disturbance’):

- (1) A woman with mood swings is like a roller coaster; she is up one minute and down the next and never able to get off the ride that easily. (...) Periods of intense elevation are suddenly followed by severe depression.

The focus in example (1) is on the experience of mood swings, particularly their unpredictable and fluctuating nature. The source domain is ROLLER COASTER (NON-LINEAR MOVEMENT), used metaphorically to describe the dynamic and unpredictable nature of mood swings. The ups and downs of a roller coaster ride symbolize rapid and extreme changes in mood, so the metaphorical mapping in this context is drawing a parallel between the unpredictable and rapid changes in direction of a roller coaster ride and the similarly unpredictable and extreme changes in a woman's mood during mood swings. Thus, metaphorical framing of a woman's mood swings represents someone who is unpredictable, variable, with ups and downs, and as such does not contribute to a positive image of women in general or at this stage of life, instead highlighting emotional turmoil and the difficulty of achieving stability, with mood swings portrayed as a tumultuous (negative) experience. This sentence also carries implications of helplessness, in that riders on a roller coaster cannot control the experience («get off the ride that easily»), and this can also influence how mood swings are perceived by others, potentially minimizing women's perceived agency here. The description of «periods of intense elevation are suddenly followed by severe depression» emphasizes the intensity of these mood changes and its framing highlights the extreme and often sudden shifts in emotional states, akin to the rapid transitions experienced on a roller coaster. This metaphorical language suggests that the woman's emotional fluctuations are like a journey which is difficult to escape from or control.

- (2) Women with high anxiety at premenopause may be more often anxious and are not at increased risk for high anxiety at specific stages of the menopausal transition, while women with low anxiety at pre-menopausal transition may be more susceptible to high anxiety during and after the menopausal transition.

Example (2) focuses on the levels of anxiety and the changes in these that women experience before, during, and after menopause. Anxiety is portrayed as a FLUCTUATING CONDITION due to the description of varying levels of anxiety («high anxiety at premenopause», «low anxiety at pre-menopausal transition», etc.). This framing suggests variability and changeability in the experience of anxiety, and the use of terms like *risk* and *susceptibility* metaphorically frames the experience of anxiety as something that can be measured in terms of VULNERABILITY. The framing here stresses the variability and unpredictability of menopause-related anxiety as part of a complex transitional phase which has notable in mental health implications.

- (3) Menopause is a natural biological process, but the physical symptoms such as hot flashes and certain emotional symptoms may disturb the sleep, lower down energy and affect the emotional health.

The source domain in example (3) involves the concepts of NON-LINEAR MOTION or INTERFERENCE («disturb the sleep») and REDUCTION (in energy). These expressions and the underlying domains are used to describe how menopause-related symptoms can disrupt normal function and well-being. The interruption of the natural sleep cycle is mapped onto the disruption of emotional well-being. The expression «lower down energy» is used to describe the energy-draining effect that emotional symptoms can have on a woman's overall vitality. Here, the concept of an object descending is mapped onto

the notion of reducing energy levels, illustrating the transition from a state of vitality to one of fatigue. Describing symptoms as things that «disturb the sleep» and «lower down energy» uses a framing that suggests INTERFERENCE and REDUCTION, implying that the symptoms of menopause disrupt normal sleep patterns and deplete energy levels, much like an external disturbance or a draining force.

- (4) Hot flashes often cause embarrassment and discomfort, as well as sleep disturbances and emotional lability, especially if they are intense and occur frequently.

The expression «emotional lability» frames the emotional effects of hot flashes in terms of INSTABILITY or VARIABILITY. It involves the source domain INSTABILITY, referring here to rapid and often unexpected fluctuations in emotions. The unpredictability and inconsistent nature of INSTABILITY is mapped onto the FLUCTUATING EMOTIONAL STATES caused by hot flashes during menopause. Just as something unstable is prone to sudden changes or lacks a consistent pattern, emotional lability here is characterized by rapid, unpredictable shifts in mood and feelings. The metaphorical framing serves to position such emotional experiences as inherently unstable and unpredictable, suggesting that just as one cannot predict or control an unstable situation, the emotional responses triggered by hot flashes are also beyond a woman's control and can change swiftly and unexpectedly.

(II) MENOPAUSE AS DISRUPTIVE CHANGE (seed emotions: depression, anxiety, embarrassed, anxious, disruptive; misery)

- (5) They may experience depression, anxiety, feel like their brain isn't fully functioning (...).

This sentence (5) relates BRAIN FUNCTION during menopause to that of a MACHINE. Such a comparison likens the brain to a complex mechanism, in which menopause affects its operational efficiency and overall FUNCTIONALITY. Thus, the woman's brain is compared to a machine that is malfunctioning. Such a framing suggests that the brain's usual functioning capacity is impaired or reduced, implying that menopause may lead to a diminished mental state, one in which cognitive abilities are compromised, and thus reinforcing notions of mental decline associated with this stage of life.

- (6) (...) the face reddens and many women feel embarrassed and anxious about having a flash, which can stop them in their tracks.

The target domain here is the impact of menopause on daily life, both physically and emotionally. The source domain is OBSTACLE/IMPEDIMENT TO MOTION, suggesting that menopause is a significant barrier to the natural flow of a woman's life, and symbolically represents the transition as a DISRUPTIVE FORCE that can interrupt or alter her normal patterns of behavior. This framing portrays menopause as a disruptive event, as an unpredictable force that can derail a woman's usual existence, and also emphasizes the notion that menopause has a challenging and often unanticipated impact on daily life.

- (7) (...) women who are typically accomplished and capable in so many areas of their lives, simply stumble into menopause, their second hormonally disruptive stage (...).

In the first part of this sentence (7), the target domain is the MENOPAUSE TRANSITION, especially concerning its impact on women who are otherwise accomplished and capable. The source domain OBSTACLE/IMPEDIMENT TO MOTION is consistently used, as in the phrase «simply stumble into menopause», which frames menopause as an unexpected obstacle or hurdle in life. It conveys the notion of a sudden and unprepared encounter which brings with it difficulties, akin to encountering a physical stumbling block that unexpectedly disrupts one's path. In the second part of the sentence, we again see the term 'disruptive', already noted in (3) where it was applied to sleep, and now mapped onto the menopause transition, likening it to a significant disturbance in a woman's life. Such a framing portrays menopause as a period of substantial change and upheaval, one characterized by hormonal imbalances that disrupt the normal flow of life, and again emphasizing the challenging nature of this transition.

- (8) (...) with the most current (...) scientific information available to help safeguard against menopause misery and long-term health problems associated with low levels of the hormones estrogen, progesterone and testosterone.

In the analysis of metaphorical language surrounding menopause, one striking pattern emerges in which menopause is framed through the lens of conflict and adversity. This is exemplified in the previous sentence (8) with the expression «safeguard against menopause misery» which implies a defensive course of action against potential harm or danger. The metaphor, then, draws on the source domain THREAT and ENEMY to describe the target domain EMOTIONAL INTENSITY, in which «menopause misery» is perceived as a hostile force or adversary that could impact women's emotional state. The term «menopause misery» frames this life stage extremely negatively as a time of great discomfort and unhappiness, assuming without nuance that menopause is *per se* a state of extreme sadness and emotional distress. The phrase «safeguard against menopause misery» coordinated with «long-term health problems» frames menopause as a RISK or THREAT to long-term health.

These metaphors present menopause not only as a biological transition, but as a formidable challenge or opponent, infusing the experience with a sense of struggle or confrontation. Such a metaphorical pattern highlights the intense emotional experiences often associated with menopause, portraying these as battles to be fought or dangers to be defended against. This framing can significantly shape perceptions and attitudes towards menopause by highlighting a number of issues that can cause disruption and distress.

- (9) (...) women vulnerable to develop mood and anxiety symptoms when the levels of gonadal hormones are chaotic or unpredictable – such as during the menopausal transition.

The source domain CHAOS evokes a sense of disorder, confusion and lack of control in the fluctuation of hormone levels which impact on women's emotional and psychological well-being. The target domain here is that of the HORMONAL CHANGES,

particularly changes in gonadal hormones, with the sentence «hormones are chaotic or unpredictable» mapping the characteristics of chaos and uncertainty (commonly associated with unpredictable and disorderly states) onto the hormonal changes that occur during menopause.

Through this metaphor, the sentence frames menopausal hormonal changes as inherently disordered and unpredictable, contributing to a perception of menopause as a period marked by instability and uncertainty, and as such potentially influences how menopause is perceived and discussed.

(III) MENOPAUSE AS HORMONAL CONFLICT (seed emotions: depression, irritability, sadness, mayhem, throw_off_balance)

- (10) As progesterone levels fall, estrogen may become the dominant hormone, leading to irritability and depression.

The target domain in (10) is HORMONAL CHANGE, focusing on those biochemical substances in the body that influence psychological states. The notion of estrogen becoming the «dominant» hormone suggests a power or dominance dynamic, where one hormone assumes a controlling role over others, leading to certain effects. This concept aligns with source domains COMPETITION and CONFLICT, where the increasing influence of estrogen compared to other hormones is seen as a form of competition or struggle for dominance. This metaphorical framing illustrates the relationship between hormone levels and symptoms as a cause-and-effect dynamic. The decrease in progesterone and the dominance of estrogens are presented as direct causes of irritability and depression, suggesting a chemical imbalance. Thus, the role of hormones is metaphorically conceptualized as a controlling force significantly impacting a woman's emotional state during hormonal changes.

- (11) Irritability and sadness may be triggered by (...) low levels of progesterone.

In (11) we can observe the intricate interplay between the source domain of a TRIGGER MECHANISM and the target domain HORMONAL CHANGE. The concept of a trigger mechanism, typically associated with the initiation of a precise and immediate action in machinery or weaponry, is used to conceptualize the initiation of hormonal changes. In the biomedical narrative, hormonal changes, particularly the decrease in levels of progesterone, are often presented as central to the understanding of the menopause experience. This metaphorical framing carries with it notions of the immediacy and impact of hormonal changes, framing them as critical triggers of emotional and physical reactions. Just as a trigger elicits an immediate and predictable reaction in a mechanism or weapon, a decrease in progesterone levels is presented as having a direct and almost inevitable impact on emotional states, emphasizing the power and influence of hormonal fluctuations on mental and emotional well-being, and thus implying a lack of control over such reactions.

- (12) For women going through perimenopause, more hormonal mayhem is the last thing they need.

HORMONAL CHANGE is the target domain in (12), where the term «mayhem», a typically negative and chaotic state, is used to imply the source domain CHAOS, DISORDER, or CONFUSION. It is used metaphorically to characterize the nature and impact of hormonal fluctuations during perimenopause. In this way, the sense of chaos experienced during a state of mayhem is mapped onto the emotional distress and disruption caused by hormonal fluctuations during perimenopause, and the destructive and disruptive nature of mayhem is mapped onto the negative impact of hormonal changes on women's emotional well-being. This metaphorically frames the perimenopausal hormonal changes as disruptive and undesirable.

- (13) (...) article reviews how hormones work, what can throw them off balance, signs and symptoms of a hormone imbalance.

The underlined phrases in (13) are used metaphorically to describe the state of hormonal equilibrium and its potential disruption, and hence the source domain involves the concepts NON-LINEAR DYNAMICS and IMBALANCE. The discussion of how hormones work in the context of balance and imbalance frames the endocrine system metaphorically as a balanced scale or a finely-tuned mechanism, implying that hormones need to maintain a certain equilibrium for optimal functioning. The phrase «throw them off balance» suggests an action or condition that can disrupt this equilibrium. Such framing implies the action of a carefully balanced object being knocked over or destabilized, thus emphasizing the sensitivity of the hormonal system to external or internal changes. The metaphorical framing of menopause in biomedical discourse often casts it in a light of imbalance and instability, portraying this natural life stage as a period of disequilibrium and disorder, rather than a normal physiological transition.

- (14) Because estrogen plays an important role in the nervous system, it is thought that these electric shocks result from the misfiring of neurons in response to decreased levels of estrogen in the body.

The «misfiring of neurons» here represents the brain's electrical activity (TD: BRAIN FUNCTION), which when not functioning properly can lead to symptoms that are likened to receiving «electric shocks», a concept commonly associated with ELECTRICAL SYSTEMS. When neurons «misfire» it implies a disruption or error in this process, akin to the malfunction of a complex MACHINE. So, the mapping in (14) associates the electrical nature of neurons with the unexpected and unpleasant experience of an electric shock. It implies a failure in the normal functioning of the brain's neurological pathways, similar to a short circuit in an electrical system. By describing hormonal changes as causing neurons to misfire, it implies a loss of the regular, healthy brain function, contributing to a perception of menopause as a period of decline or deterioration. The framing emphasizes uncomfortable or distressing symptoms («electric shocks») as a direct consequence of menopause, potentially heightening fear and anxiety about this transition. «Misfiring of neurons» also suggests a lack of predictability and control over bodily functions, reinforcing a narrative that views this stage of life negatively.

This narrative suggests a heightened sensitivity to hormonal disruptions, depicting menopausal women as fragile and vulnerable to various internal influences that could further destabilize their condition. Such a conceptualization contributes to a «loss of control narrative», where menopausal women are seen as struggling to maintain

hormonal balance, thus reducing their agency over their own bodies. Furthermore, the emphasis on the negative symptoms associated with hormone imbalance pathologizes menopause, framing it as an abnormal or undesirable condition rather than a natural phase of aging.

(IV) MENOPAUSE AS A SOCIETAL AND IDENTITY CHALLENGE (seed emotions: mourn, stress, brutal, overwhelming):

(15) Women for whom motherhood was primary in importance may mourn the passing of stages of active caregiving.

(16) (...) she didn't know who she was and mourned the woman she used to be after brutal menopause symptoms.

In a literal sense, mourning is the act of grieving the loss of a loved one. In the metaphorical sense, it can also refer to the grief associated with the LOSS (SD) of a significant role or identity, as in examples (15) and (16), where the target domain is MENOPAUSE EXPERIENCE/TRANSITION. The focus here is on the emotional experience of women transitioning from an active caregiving role in motherhood to a post-caregiving stage, coinciding with menopause or later life stages. Framing the end of the active caregiving stage as something to be mourned implies that this transition is not a smooth and natural chronological change but a extremely sad process. The expressions «didn't know who she was» and «mourned the woman she used to be» in (16) offer a poignant reflection on the profound experience that some women might go through during this period. Such metaphors highlight a deep sense of LOSS, CONFUSION, and GRIEF, one that transcends mere physical symptoms to include the psychological and emotional realms. The idea of having a distinct and recognizable sense of self is mapped onto the experience of feeling lost and confused during menopause; at the same time, the state of being unsure of one's identity is mapped onto the state of feeling disconnected from one's past self and unsure of who one is in the present. In the second part of the sentence, the act of mourning the loss of a loved one is mapped onto the act of grieving the loss of a part of oneself, such as one's youth, health, or sense of identity. Thus, the feeling of sadness, grief, and regret associated with mourning is mapped onto the feeling of loss and sadness associated with the physical and emotional changes of menopause; the metaphor of «not knowing oneself» suggests a disruption or fragmentation of identity brought about by menopause. In western societies, where youth and physical vitality are highly valued, menopause is often viewed as a departure from these ideals. Furthermore, the act of mourning one's prior self conveys a particularly profound sense of grief and loss. As a metaphor it extends beyond the physical aspects of menopause to encompass a mourning process for the loss of certain aspects of one's life, such as fertility or a particular phase of existence; hence, menopause is presented as an emotional burden similar to the process of mourning.

(17) Coping with a changing body, a changing sexual relationship, and everything else which is going on during perimenopause can be quite overwhelming and can have a major impact on mood.

In the metaphorical analysis of menopause-related discourse, we often find the use of the source domains *OVERWHELM* and *BURDEN* to articulate the experiences involved in the menopause transition and the changes in a woman's body. These domains, rooted in the notion of being heavily laden or inundated, serve to convey a sense of the intensity and impact of menopause, the notion that this period can be especially taxing, both physically and emotionally. The metaphorical framing in (17) presents the menopause transition and bodily changes as significant challenges, emphasizing their considerable weight and difficulty, portraying this life stage as a time of substantial strain and readjustment, focusing on the struggle to adapt to and cope with the myriad changes occurring during this phase.

- (18) In addition to these biological changes, for women this phase of life is often burdened with numerous psychosocial stressors, role changes, losses, and the experience of aging.

The source domain in (18) involves the concept of a *BURDEN* and various challenges such as «psychosocial stressors», «role changes», «losses», and «aging». These terms are used metaphorically to describe the weight of the experiences faced by women during this phase. This framing implies that the transition is not just a natural process but also that it adds to the challenges a woman faces in life, akin to carrying a extra, heavier load. The inclusion of «losses» and «the experience of aging» in the framing points to these elements as inherent components of the menopausal transition, and metaphor here conveys the idea that such aspects are notably impactful parts of the process. «Losses», we might add, also implies a more definitive sense of the end of certain life stage or role.

The metaphorical framework used in the above analysis has sought to situate menopause as a multifaceted transition that affects women biologically, psychologically, socially, and existentially. The language explored has been seen to present menopause as extremely complex, going beyond the physical changes that occur and including a wide range of emotional and social readjustments.

5. CONCLUSIONS

The present study took as its starting point the representation of *MENOPAUSE AS A DISEASE*, focusing on a set of emotions detected and automatically tagged using Wmatrix5 in a corpus of texts on menopause. As highlighted, negative words predominated (78.14%), and such a disparity clearly indicated that the corpus studied is heavily framed by negative emotional language.

The prevalence of this discourse in the four metaphorical frames discussed has underlined the difficulty of overcoming negative representations at this stage of life. More specifically, the analysis of the framing of *MENOPAUSE AS EMOTIONAL TURBULENCE* has shown how profoundly it shapes our understanding of menopause as a period marked by intense and unpredictable emotional fluctuations. This framing is vividly illustrated in the metaphor of roller-coaster-like mood swings, highlighting as it does the supposedly erratic and extreme nature of women's emotional changes, and thus drawing on a social stereotype and suggesting a lack of control and stability that casts women in a light of helplessness and vulnerability.

The second category of framing was MENOPAUSE AS A DISRUPTIVE CHANGE, which influences the perception of menopause by highlighting its complexity and the series of challenges it presents, as if changes are not constant facts of life and that women suddenly find that they are someone else physically and mentally. Indeed, menopause is portrayed as detrimental to mental acuity, the brain compared to a MALFUNCTIONING MACHINE, suggesting cognitive impairment and reinforcing stereotypes of mental deficiency. Hot flashes, mood swings, plus hormonal and physical changes are framed as OBSTACLES, hence describing menopause as a DISRUPTIVE FORCE in daily life, emphasizing its unpredictability and the physical and emotional challenges that accompany it. Menopause is thus metaphorically described as an UNEXPECTED OBSTACLE, even for successful women, placing those who experience it at a dead end, somewhere from which they are unable to escape. In fact, this framing also employs metaphors of THREAT and ENEMY to describe the «menopause misery» –a highly negative connotation to collocate with «menopause»– as an ADVERSARIAL FORCE, negatively presenting this stage of life as a period of discomfort and sadness, one which also poses a health risk. Indeed, «risk» is also one of the most frequent words in the corpus (3,796.87 per million tokens).

The framing of MENOPAUSE AS HORMONE CONFLICT highlights the loss of estrogen production as central and emphasizes the negative changes of this biological change, one capable of provoking various pathologies. In this sense, it conveys the notion that hormones are our number one enemy. Indeed, this framing presents menopause as a period of hormonal imbalance, leading to emotional disorders such as irritability and depression, and draws on ideas of internal strife and discord. Hormonal changes are metaphorically described as a TRIGGERING MECHANISM, highlighting their immediate and significant impact on emotional and physical well-being. The use of the term «chaos» to describe hormonal changes during menopause conveys the disruptive and challenging nature of this stage in a woman's life. The framing of the disruption of hormonal balance using NON-LINEAR DYNAMICS and IMBALANCE suggests a lack of verticality and a vulnerability in menopausal women, pathologizing menopause as an abnormal condition; it is depicted as full of ups and downs, as if the course of life were otherwise a journey in a straight line and this stage were something radically different. There is no doubt that even in our 21st-century world, we can still find in this kind of discourse a reliance on the kind of approach to menopause that Tilt referred to as «the evil effects of this time of life» (Tilt, 1870).

The framing of MENOPAUSE AS A SOCIETAL AND IDENTITY CHALLENGE presents this stage as an important point of emotional and identity transition for women. This perspective serves to articulate a profound sense of loss and the upheaval associated with the end of maternal functions (as if you suddenly cease to be a mother), changes in bodily and sexual functions, and the broader experience of aging. It touches on the emotional experiences of women, highlighting grief, confusion, and a sense of disconnection from one's past self, suggesting a departure from societal ideals of youth and vitality, and intensifying the sense of loss and re-evaluation of self-identity. The emotional complexity and struggle of women is highlighted, in that they are seen as having to adjust to these changes, with menopause described as a period of considerable stress and involving the reassessment of one's identity. Such an approach, in that it focuses on how menopause can have a profound impact on women, also runs the risk of reinforcing stereotypes that view the stage in life predominantly in terms of loss and decline, potentially

overshadowing women's diverse and individual experiences. As such, we believe it has the power to contribute significantly to social narratives that frame menopause as a predominantly negative transition, thus influencing how women's experiences during this phase are understood, discussed, and managed in both personal and broader social contexts.

Taken together, these dominant metaphorical frames contribute to the reinforcing of several stereotypes about menopausal women, shaping societal perceptions in ways that often oversimplify and negatively color this life stage. From the many examples in our corpus, we can see that menopause is frequently characterized in terms of emotional turmoil and instability, loss of identity, and a wide range of symptoms and pathologies that are difficult to resolve, given that reversing women's aging is not (yet) possible. This focus on the challenges and difficulties of menopause ignores or relegates the importance of a more comprehensive and positive understanding of the issues, often neglecting the diverse experiences of menopausal women and unnecessarily increasing negative perceptions about this life transition. Such multimodal representations often portray women as lacking agency and control over their emotional and physical states, which can significantly influence social attitudes toward menopause and reinforce stereotypes such as mentally troubled, emotionally unstable, and worthless older women.

However, it is equally important to recognize the benefits of menopause: the end of menstrual cycles, no longer needing menstrual hygiene products, freedom from the fear of unwanted pregnancy—allowing sexual relations without contraceptives, the cessation of pre-menstrual syndrome, and the discovery of emotional stability and liberation. These benefits highlight the need for a narrative shift that better aligns with women's empowerment at this life stage and its multimodal representation in images and oral and written texts.

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The right to menopause: A cross-cultural analysis of judicial discourse on climacteric-related discrimination in English and Spanish Courts

El derecho a la menopausia: un análisis transcultural del discurso judicial sobre la discriminación relacionada con el climaterio en los tribunales ingleses y españoles

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ABSTRACT: Menopause often leads to a dual form of discrimination rooted in age and gender. Frequently overlooked, the side effects of menopause compel many women to leave their jobs due to discrimination or the psychological and physical challenges hindering their work. Recent British legal rulings in favour of women claiming workplace discrimination indicate a growing recognition of menopause as an “invisible” factor contributing to women’s labour market exclusion in the UK. In Spain, despite approximately four million menopausal women, a 2020-2022 search in the Spanish legal database CENDOJ found limited evidence of those claiming disability or impairment due to menopause-related issues as obstacles to their work. This paper conducts an emotion discourse analysis (Koschut, 2018 and 2020) of a representative set of legal decisions in English and Spanish concerning menopause as a workplace hindrance. We aim to examine how employment courts perceive and address this disabling condition that affects women’s well-being and self-esteem. By analysing the macrostructure of both language subcorpora, we unveil the legal narrative and identify lexical characteristics and emotional undertones as linguistic and cognitive tools that stigmatize or ignore this temporary female condition. The present analysis sheds light on the positions taken by judges and the evaluations made by all parties involved in these cases.

Key words: menopause, emotional discourse analysis, stigmatization, storytelling, narrative, intertextualidad.

RESUMEN: La menopausia a menudo desencadena una doble forma de discriminación basada en la edad y el género. Frecuentemente pasados por alto, los efectos secundarios de la menopausia llevan a muchas mujeres a abandonar sus empleos debido a la discriminación o a los desafíos psicológicos y físicos que obstaculizan su trabajo. Recientes fallos judiciales en el Reino Unido a favor de mujeres que alegaron discriminación en el trabajo indican un creciente reconocimiento de la menopausia como una fuente “invisible” de exclusión de las mujeres del mercado laboral en el dicho país. En España, a pesar de que hay aproximadamente cuatro millones de mujeres en la menopausia, una búsqueda realizada entre 2020 y 2022 en la base de datos legal oficial española CENDOJ encontró escasa evidencia de mujeres que alegaran discapacidad o impedimento debido a problemas relacionados con la menopausia como obstáculos para su trabajo. Este artículo lleva a cabo un análisis del discurso emocional (Koschut, 2018 y 2020) de un conjunto representativo de decisiones judiciales en inglés y español relacionadas con la menopausia como obstáculo en el trabajo. Nuestro objetivo es examinar cómo los tribunales laborales perciben y abordan esta condición incapacitante que afecta el bienestar y la autoestima de las mujeres. Al analizar la macroestructura de ambos subcorpus lingüísticos, desvelamos la narrativa legal e identificamos características léxicas e implicaturas emocionales como herramientas lingüísticas y cognitivas que estigmatizan u ocultan esta condición femenina que no tiene sino un carácter temporal. Este análisis arroja luz sobre las posturas de los jueces y las evaluaciones realizadas por todas las partes involucradas en estas causas legales.

Palabras clave: menopausia, análisis del discurso emocional, estigmatización, narración, relato, intertextualidad.

1. INTRODUCTION

Menopause is a crucial life stage where age and gender discrimination intersect, creating a complex set of challenges for women. These challenges often lead to premature exits from the workforce due to discrimination or debilitating physical and psychological health issues (Yoeli et al., 2021; Hardy et al., 2018 and 2019). This paper analyses and compares menopause-related discrimination cases dealing with labour issues in English Employment Tribunals (ET) and in Spanish courts (*Juzgados* and *Tribunales de lo Social*). In the background of the study are recent developments in the UK judicial system that increasingly recognize menopause as a hidden but significant contributor to women's exclusion from the labour market (Griffiths et al., 2013; D'Angelo et al., 2023). In contrast, despite a substantial population of four million menopausal women in Spain (Rodríguez Muértegui, 2022), a thorough search of the Spanish official legal database, CENDOJ (2020-2022)¹, has revealed a noticeable absence of case-law evidence explicitly reflecting a growing trend of women invoking disability or impairment arising from menopausal-related afflictions to sustain their professional engagements. These disparities are further highlighted by various reports and research conducted in the UK, which are conspicuously absent in the Spanish context.

¹ CENDOJ, Judicial Documentation Center, <https://www.poderjudicial.es/search/> (Last accessed 24th march 2024).

Indeed, women make up nearly half of the paid workforce in many high-income countries, and in some industries, they comprise the majority. A growing number of women aged 45 and older have been engaged in paid employment over the past two decades. In 2025, it is anticipated that the global postmenopausal female population will reach 1.1 billion (Rodríguez Muértegui, 2022). These demographic and economic imperatives align with the fact that menopause is being experienced by many women while they are actively engaged in the workforce.

Research by the UK's Chartered Institute of Personnel and Development (CIPD)² indicates that 59% of women between the ages of 45 and 55 with menopausal symptoms experience work-related problems. The report underscores the lack of visibility and awareness of menopause-related issues in the workplace, emphasizing the importance of work environments offering support mechanisms and suggesting reasonable accommodations to women grappling with menopausal symptoms. There have been other significant developments in the UK, such as the establishment of the House of Commons Women and Equalities Committee, in June 2015³. Spain, however, appears to lack direct counterparts in terms of comprehensive research and assessments addressing menopausal discrimination at work. The country boasts robust gender equality laws enshrined in its Constitution, and many organizations promote gender equality in the workplace. However, these initiatives do not explicitly target menopause-related discrimination. What is more, Spain's membership in the European Union brings the influence of EU directives and initiatives⁴ aimed at addressing gender equality and workplace discrimination, but such initiatives may not directly target menopause-related issues. Additionally, certain Spanish organizations, including the AEEM (*Asociación Española de Estudio de la Menopausia*)⁵, raise awareness about menopause-related workplace challenges and offer resources for women and employers to navigate this life stage; even Spanish labour law provides reasonable adjustments to support employees with specific needs⁶, but menopause remains without explicit reference.

This study focuses on menopausal women involved in legal proceedings related to their job performance. The primary objective is to shed light on the level of awareness, or lack thereof, within employment courts and tribunals regarding the impact of menopause, which can significantly affect women's well-being and self-esteem. It specifically analyses three judicial decisions in Great Britain and three judicial decisions from the CENDOJ database⁷ in Spain, centring on menopause as a workplace impediment. Using qualitative methods, this study employs emotion discourse analysis, as proposed by Koschut in 2018 and 2020, to scrutinize these judgments. The study commences with a macrostructural examination, unravelling the legal narratives contained within each subcorpus. It then proceeds to identify emotion-related linguistic patterns and emotional implicatures using the sentiment-analysis software Lingmotif 2.0 (Moreno-Ortiz 2021), revealing the cognitive mechanisms used to stigmatize or obscure the experiences of these women within the narratives. At this point, it is imperative to

² <https://www.cipd.org/en/topics/menopause/>

³ <https://committees.parliament.uk/committee/328/women-and-equalities-committee/>

⁴ https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/women-labour-market-work-life-balance/womens-situation-labour-market_en

⁵ <https://aeem.es/>, or Spanish Association for Menopause Studies (my translation).

⁶ <https://www.inmujeres.gob.es/servRecursos/organismos/home.htm>

⁷ <https://www.poderjudicial.es/search/index.AN.jsp>

point out that, even if in this study we have chosen to single out emotion words, Lingmotif 2 calculates sentence polarity, taking into account both the number and the position of sentiment items, and, hence, being able to capture connotative emotion in the sentence.

In the following sections, we explore key theoretical aspects informed by multidisciplinary research on menopause's impact on women's work performance, societal perceptions in labour contexts, and menopausal women's self-perception. We are analysing employment court organizational structures in different legal systems, comparing the UK and Spain to understand how they address cases involving menopausal women and their work-related challenges.

2. THEORETICAL BACKGROUND

2.1. MENOPAUSE AND WORKPLACE CHALLENGES: A REVIEW

Recent research has increasingly highlighted the issue of workplace discrimination faced by women during the transformative phase that menopause represents. Our literature review has synthesized findings from various studies, shedding light on the multifaceted challenges that menopausal women confront in professional settings. A recurring theme across these studies is the intersectionality of menopause experiences, where gender, age, health, and work dynamics converge to shape women's encounters with menopause. Riach and Jack (2021), Targett and Beck (2021), Whiley et al. (2023), and Verdonk et al. (2022) have all contributed to understanding this complex interplay. Riach and Jack (2021), specifically, reveal how physical and psychological factors intersect to shape women's menopause experiences at work. They argue that it is often difficult to exclusively attribute discriminatory behaviour to menopause, leading to what they refer to as "slippery inequality". Jack et al (2016) has previously pointed out that women commonly express their dissatisfaction with the lack of support, understanding, and accommodations in their workplaces. They believe that organizations should implement policies such as flexible work arrangements, temperature control measures, and educational initiatives for managers and colleagues, aiming to provide better support for women during menopause. Targett and Beck (2021) offer a different perspective, offering gender-specific considerations and addressing ageism within a workplace's well-being strategy instead of a menopause policy, highlighting how gendered segregation and age-based bias influence menopause experiences.

Whiley et al. (2023), in turn, emphasize the invisibility, medicalization, stigmatization, and gendered nature of menopause at work, emphasizing the need for organizational support and further research in this area. They stress that a comprehensive understanding of menopause's impact necessitates addressing its multifaceted nature, encompassing both physical and psychological aspects. Verdonk et al. (2022) carried out a narrative analysis covering a broad range of topics related to menopause and work, identifying knowledge gaps for further research. The study by these authors further highlights the lack of recognition of menopause as a workplace issue and identifies several key themes, including the impact of menopause on work ability and job characteristics, the role of psychosocial and cultural factors, and the need for interventions and support for women experiencing menopausal symptoms.

In terms of the relationship between menopause and job performance, several studies, including those by Steffan (2021) and D'Angelo et al. (2021), converge on the idea that menopausal symptoms can significantly impact success at work. Physical

menopausal symptoms are closely linked to job performance but can be non-specific and hard to distinguish from other health problems. Along these lines Steffan (2021) found that women are engaged in conflicting behaviors to manage and make sense of their menopausal bodies at work, but all describe themselves in an emotion-laden narrative of fear, precarity, uncertainty, and isolation. D'Angelo et al. (2021) investigate the impact of menopausal symptoms on work outcomes, revealing their potential to reduce productivity and job satisfaction. The research underscores the necessity of employer support and accommodations for menopausal women.

Additionally, Bryson et al. (2022) study the consequences of early menopause on labour market participation, concluding that early natural menopause can curtail employment duration for women in their 50s, potentially affecting employment rates. Finally, Ambikairajah et al. (2022) address challenges in defining menopause stages in research, arguing for standardized criteria to enhance research comparability.

In summary, these studies collectively illuminate the multifaceted challenges encountered by menopausal women in the workplace. While each study emphasizes unique aspects, they all underscore the key role of organizational support, heightened awareness, and accommodations.

2.2. WORK DISPUTES IN EITHER SYSTEM. THE RATIONALE OF DECISIONS ON EMPLOYMENT CASES

As we have mentioned, the analysis compares the treatment of menopause-related discrimination cases in first-instance and appeal English Employment Tribunals (ETs), and appeals from *Juzgados de lo Social* (Spanish first-instance Employment Courts with provincial jurisdiction) to the *Tribunales Superiores de Justicia, Sala de lo Social* (Spanish Higher Courts of Justice, Employment Chamber, located in each Autonomous Government). These systems stem from the distinct legal traditions of Common Law and Continental Law, respectively. Notably, the treatment of judicial precedent and judgment styles in English and Spanish legal traditions differs significantly, in line with the tradition they belong to (Ruiz-Moneva, 2013; Orts, 2016, 2017).

In Spain, legal judgments, known as *sentencias*, are characterized by a distant and administrative tone. They employ alphanumeric references instead of litigant names and use highly impersonal language. These decisions adhere to a structured format characteristic of Continental-style judgments, as pointed out by Orts (2017: 227). In contrast, Orts (2017: 230-232) has identified a lack of consistent structure in English judicial decisions, challenging the assumption made by Bhatia (1997: 118) that they adhere to specific textual patterns. In her research, she asserts that English decisions display a more flexible structure than Spanish judgments, and are much more personal, incorporating litigant identities into the titles or headings of the judgments to enhance memorability, and convey the subjective perspectives of judges in their own first-person voice, and according to their particular vision of the case⁸.

⁸ Spanish judicial rulings tend towards impersonal style and obscuring the voice of the judge, but without total stylistic consistency. Especially in judgments of collegiate bodies, where multiple judges sit, the voice of the ruling body is expressed through an alternation of verbal forms in the third person singular and the first person plural (Garofalo 2009).

Table 1 shows the typical structure of a judgment from a *Juzgado de lo Social* or that of a *Tribunal Superior de Justicia, Sala de lo Social*:

Table 1. Possible structure of a Spanish labour court judgment

PARTS
<i>Encabezamiento</i> or ‘Header’
<i>Antecedentes</i> or ‘Findings of Fact’
<i>Pretensiones de las partes</i> or ‘Claims and Arguments’
<i>Fundamentos de derecho</i> or ‘Legal Basis’
<i>Fallo</i> or ‘Decision’; <i>Costas</i> or ‘costs’
Additional information, right to appeal
Signatures of the judges
Annexes or Appendices

If the pattern is fixed, this structure does not necessarily make Spanish legal documents more straightforward to understand. The desire for textual precision leads to excessive wordiness, and the presence of intertextuality in the introduction of legislation and precedents creates *epistemic asymmetry* between judges as experts and recipients, making these texts challenging for laypersons to comprehend (Orts, 2017: 233).

In contrast, English legal judgments are concise and relatively intimate, though, as we remarked, sometimes lacking a clear, organized framework. Table 2 provides a suggested organization for ET judgments, which, as we shall see, is not consistently followed:

Table 2: Possible structure of a UK employment judgment

PARTS
Introduction
Case Background
Parties’ Arguments
Findings of Fact
Reasoning
Conclusion and Decision
Costs
Signature and Date
Annexes and Appendices

These structural and functional differences between the two legal systems significantly affect how employment issues, including those related to menopause, are perceived and addressed by judges and courts.

In the United Kingdom, additionally, employment tribunals function as independent bodies, entrusted with resolving employment-related disputes between

employers and employees⁹. These tribunals possess jurisdiction over a wide range of employment issues, including claims of unfair dismissal, discrimination, harassment, breach of contract, and various other employment-related matters. Their primary objective is to provide a fair and accessible platform for resolving these disputes, and they operate as distinct entities separate from the ordinary court system. In cases of dissatisfaction with tribunal decisions, litigants can further petition to Employment Appeal Tribunals, serving as the appellate bodies for employment-related appeals.

In Spain, the *Juzgados de lo Social* serve as first-tier courts for labour and employment-related cases, handling a broader spectrum of disputes, including those related to employment contracts, terminations, wages, working conditions, and social security matters. The higher labour and social security tribunals, *Tribunales Superiores de Justicia, Sala de lo Social*, oversee cases appealed from the former¹⁰.

The differences in the way these judicial organs deem cases have an impact on how menopausal problems in the workplace are handled, as we shall see. Understanding these structural and functional distinctions is essential when analysing menopause-related discrimination cases and their outcomes in different legal systems.

3. MATERIALS AND METHODS

This study involves six employment law judgments, focusing on women dealing with menopause-related challenges. The corpus, while small due to its qualitative methodology, explores differences in sensitivities between the English Common Law and the Spanish Continental law systems. It examines how judges and parties handle women's menopausal issues at work and their decisions to leave jobs due to irresolvable job-related conflicts. Three judgments originate from British Employment Tribunals (ET) and have set legal precedents in menopause-related cases. The other three were sourced out from 50 searches using the keyword *menopausia* from the Spanish CENDOJ database. They were selected for the sake of their similarity in topic with their English counterparts. Both were selected based on case types like 'unfair dismissal', 'workplace discrimination', and 'permanent incapacity'. All Spanish cases are *recursos de suplicación* (appeals to the Superior Court of Justice, Employment division), while only one British case falls into the appeals category, with the other two resolved in initial stages. This asymmetry in the corpus might be further justified due to the scarcity of similar cases in Spanish legislation.

Tables 3 and 4 present the data for the two subcorpora, in English and Spanish, respectively:

⁹ Employment Tribunal system in the UK: <https://www.gov.uk/courts-tribunals/employment-tribunal> [date of consultation]

¹⁰ *Juzgados and Tribunales Superiores de Justicia, Sala de lo Social* are regulated by the *Ley Reguladora de la Función Social*: <https://www.boe.es/eli/es/l/2011/10/10/36/con> [date of consultation]

Table 3: English subcorpus of employment judgments

Name/Reference	Judicial body	Date	Issue	Number of words
A v Bonmarche in Administration	Employment Tribunal (Scotland)	6 December 2019	Unlawful discrimination on basis of age and sex	2907
Rooner v Leicester City Council	Employment Appeal Tribunal	7 October 2021	Disability discrimination	7610
Leigh Best v Embark on Raw Ltd.	Employment Tribunal.	8 January 2022	Discrimination on the basis of age and sex; unfair dismissal	8291

Table 4: Spanish subcorpus of employment judgments

Name/Reference	Judicial body	Date	Issue	Number of words
STSJ PV 109/2016 (María Luisa v NSS, TGSS, Mutua Fraternidad-Muprespa, and Atento Teleservicios España S.A.)	Superior Court of Justice (Employment Division) of the Autonomous Community of the Basque Country	26 January 2016	Work discrimination	3679
STSJ AS 3221/2022 (Celia v Clínica de Asturias, S.A.)	Superior Court of Justice (Employment Division) of the Autonomous Community of Asturias	19 October 2022	Unfair dismissal	9060
STSJ GAL 1377/2023 (Camila v Instituto Nacional De La Seguridad Social (INSS)).	Superior Court of Justice (Employment Division) of the Autonomous Community of Galicia	3 February 2023	Permanent disability	4447

In this study, we employ Koschut's emotional discursive analysis (2018, 2020) to explore the emotional dimensions of menopause at work. Our analysis delves into various aspects, including:

1. **Othering, Alterization, Stigmatization:** This dimension focuses on characterizing menopausal women as *the Other*, and how emotional expressions may lead to stigmatization due to their responses to menopausal symptoms, resulting in stereotypes, discrimination, and a loss of social status (Koschut, 2020: 13). This concept can be related to how menopausal women may sometimes feel stigmatized or pressured to conform to certain emotional norms in the workplace, reflecting a belief that they should correct their emotional responses without external understanding and empathy.
2. **Storytelling and Intertextuality:** Narratives serve the purpose of making sense of emotional experiences and imbuing them with meaning. Sharing their stories about dealing with menopause can help others understand the

emotional challenges they face and, in turn, promote empathy and support from the courts. Intertextual affectivity highlights the interconnectedness of different texts and their impact on authority and identity within historical and socio-cultural contexts (Koschut, 2020: 14).

3. **Performativity and Interpellation:** This idea can be related to how menopausal women may deliberately or inadvertently express their emotional states at the courts and in the workplace. It can help avoid situations where they may be cast as *the Other* due to their emotional responses during this life stage, ensuring a more inclusive and understanding workplace culture (Koschut, 2020: 15).

Our analysis seeks to unearth women's narratives in legal contexts within the structural composition of court judgments, and the use of intertextuality might deepen our understanding of how the courts engage within the broader storytelling, particularly when addressing menopause-related matters in different legal systems.

First, a reading and summarization of the judicial decisions was conducted. Emotional items were then extracted using Lingmotif 2.0, discriminating between those items that were purely emotional and those that the system had classified as positive or negative (including words from the legal domain, especially in Spanish texts). Indeed, to aid our identification of emotional language and emotional implicatures, we employed Lingmotif 2.0 SA software (Moreno-Ortiz, 2021), a Sentiment Analysis tool which offers insights into the semantic tone and emotional intensity of textual content, making it a valuable resource for uncovering emotional undercurrents in texts related to menopause in the workplace. Subsequently, Koschut's emotional discourse analysis was applied to give the results a deeper significance: We focus on expressions related to physical and psychological distress to unveil linguistic and cognitive tools employed to label and stigmatize women due to the consequences of menopause. We explore emotional words and emotional or e-implicatures – a term coined by Schwarz-Friesel (2015:186) to refer to possible inferences related to emotions – with a focus on expressions related to physical and psychological ailments and suffering.

4. MACROSTRUCTURE AND EMOTION DISCOURSE ANALYSIS IN UK JUDGMENTS

4.1. CASE ONE: A V BONMARCHE LTD (IN ADMINISTRATION)

This first decision, the shortest in extension, unfolds into two distinct, yet interconnected parts, both articulated through the voice and perspective of Judge McFatridge. First, we are presented with the Employment Tribunal's judgment, followed by an elaboration of the rationale underpinning this ruling. The latter segment, comprising 20 sections, is further organized into three subsections: the findings of fact (sections 4-10), an exploration of the narrative surrounding the anonymous Claimant, known as A (sections 11-14), and ultimately the discussion and final determination (sections 15-20). Throughout, the legal framework invoked includes references to the Equality Act of 2010 and pertinent precedents that align with the essence of this case.

In Table 5, we present the results of the 30 major negative words and collocations that emerged in the text of Case 1, as extracted by Lingmotif 2.0 software:

Table 5: List of negative words and implicatures in Case 1, according to Lingmotif 2.0

Negative item	Frequency	Negative item	Frequency
suffer	12	criticise	2
discrimination (on grounds of age and sex)	9	take issue	2
anxiety	6	demean	2
humiliate	5	difficulty	2
depression	5	harass	2
harassment	4	hostile (environment)	2
(mental) breakdown	4	unlawful (discrimination)	2
loss	4	panic (attack)	2
discriminate against	3	degrading	2
injury (to feelings)	3	(extremely) unwell	2
unlawfully	3	wage loss	2
menopausal	3	stress	2
unfair	2	breakdown	2
upset	2	fragile (health)	2
offensive	2	demean	2

The selection of words is expressive of the suffering of Claimant, a seasoned 37-year retail professional, who filed an age and gender discrimination claim against her employer, CB. Despite her impressive career and reputation as a top-performing salesperson, a significant shift occurred when her menopause began in May 2017. Her employer's behaviour turned humiliating, with demeaning actions and derogatory comments witnessed by her colleagues, causing profound distress and humiliation to the Claimant. Negative emotional states such as suffering, depression, anxiety, panic, and stress, in addition to negative discriminatory actions like 'harassment', 'humiliation', 'hostility', and 'degradation', constitute the majority of the selections by the software:

1. He would **demean** her and **humiliate** her in front of other staff. Other members of staff were younger and would laugh at CB's remark.

She asserted that her manager's actions amounted to harassment and abuse inflicted upon her due to her status as a menopausal woman:

2. He continued to **criticise** the claimant **unreasonably**. On one occasion he **criticised** her for failing to staple together two pieces of paper and related this to her being **menopausal**.

The specific incidents she detailed included offensive and derogatory remarks, such as being referred to as a "dinosaur", and criticism for minor oversights, which were attributed to her menopausal state. The Claimant supported her case with a statement detailing the impact of discrimination on her health.

3. She suffered a **serious panic attack** which required paramedics to be called.

The Claimant's experience aligns with Koschut's concept of alterization. Menopause transformed how her employer and colleagues, particularly CB, perceived her, leading to demeaning behaviour and casting her as *the Other*. Her menopausal status exacerbated the alteration, deepening her humiliation and marginalization. Additionally, her manager's actions stigmatized her emotional reactions, creating barriers, fostering stereotypes, and reducing her workplace status. Harassment and eventual dismissal resulted from her emotional responses, significantly impacting her workplace experience.

Judge McFatridge analysed the Claimant's methodical presentation of incidents categorizing them as direct discrimination, harassment, and victimization. The Employment Tribunal ruled in her favour, affirming the UK's commitment to tackling workplace discrimination.

4.2. CASE TWO: MS M ROONEY V LEICESTER CITY COUNCIL

Case two stands out among the analysed cases as the only one on appeal, sent back to the Employment Tribunal due to a ruling in favour of the Claimant by the Employment Appeal Tribunal. While, predictably, its judgment lacks a fixed structure, it spans 7,610 words, more than double the previous one. It starts with a Practice and Procedure section followed by the ruling. Judge James Tayler's reasons for the Court of Appeal decision, like other cases, use a first-person voice and consist of 65 subsections, often lacking specific titles. The decision employs intertextuality by including excerpts from the original claim and references to the ET Judges. This intertextual pattern helps clarify the EAT's role, expound on Equality Act implications for disability appeals, and provide recommendations to the Employment Tribunal for case revision. As far the narrative of the case goes, it is fairly illustrated in the negative words that Table 6 shows:

Table 6: List of negative words and implicatures in Case 2, according to Lingmotif 2.0

Negative item	Frequency	Negative item	Frequency
discrimination	25	no reasonable	6
impairment	24	complaint	6
strike out	18	error	6
harassment	16	pain	6
victimisation	15	breach	5
anxiety	11	delay	4
concern	8	stressful	4
suffer	8	difficulty	4
fail	8	dispute	4
adverse	8	problem	4
unfair	7	warn	3
fatigue	7	failure	3

Negative item	Frequency	Negative item	Frequency
err	6	lose	3
detriment	6	embarrassment	3
depression	6	menopause/menopausal	3

Similar to *A v Bonmarche*, the case under discussion frequently mentions climacteric issues, emotional states like anxiety, and various forms of suffering and discrimination-related terms. It centres on the Claimant, a social worker employed by Leicester City Council, who lodged multiple complaints against the Council, including disability discrimination, based on their treatment of her during her challenging two-year struggle with menopausal symptoms. Her claim form vividly described severe perimenopausal symptoms, including insomnia, fatigue, light-headedness, confusion, stress, depression, anxiety, palpitations, memory loss, migraines, and hot flushes. She explicitly asserted that she had faced workplace discrimination due to her menopausal symptoms. Extracts 4 and 5 present the Claimant's declarations:

4. I endured considerable suffering due to my **menopausal** symptoms, affecting my well-being and work performance.
5. My emotional state **deteriorated**, and I was subject to **harassment** and **detriment**, directly linked to my **menopausal** condition.

This scenario is closely tied to Koschut's emotional discourse analysis, embedding emotional meanings within discourses. The Claimant's extensive description of her menopausal symptoms, affecting her daily life, serves as an emotional narrative within this analysis. Her storytelling confers significance upon her emotional experiences, portraying them as notable challenges and shaping her identity as someone grappling with the emotional and physical toll of menopause. Moreover, her argument –that the ET erred by not recognizing her as disabled and subsequently dismissing her discrimination claims without proper analysis and rationale– aligns with Koschut's concept of performativity (the activation of speech act chains and motifs through the deliberate construction of subjects) and interpellation of emotions (2020:10). She emphasized the importance of her emotional experiences, particularly their impact on her work capacity and overall well-being, which made the tribunal rule in her favour:

6. The Claimant has confirmed that her **disability discrimination** claims are **direct disability discrimination** [...] and **harassment** and **victimisation**.

Highlighting the significance of her emotional experiences, particularly how her menopausal symptoms affected her ability to work and her overall well-being, she framed her experiences as discrimination based on her emotional state during menopause.

4.3. CASE THREE: LEIGH BEST V EMBARK ON RAW LTD

The case of *Leigh Best v. Embark*, the longest in the corpus at 8,291 words, is among the recent UK employment cases explicitly addressing unfavourable treatment linked to menopause. The case revolves around Leigh Best, a 52-year-old employee who alleged age and sex discrimination. Intertextuality is heavily relied upon, referencing the

Employment Rights Act 1996. Judge Elgot's detailed decision is of particular significance within this context, carefully structured with 54 sections to address the unique aspects of Leigh Best's case. The judgment comprises two main sections: the Summary of the judgment and the Reasons for the tribunal's decisions, lacking a predetermined macrostructure. Key elements include the case narrative and defining main constructs such as "protected disclosure", "unfair dismissal", and "unfair detriment", providing factors for remedy determination. Table 7 outlines the 30 primary emotion words and implicatures in the text, extracted from Lingmotif 2.0.

Table 7: List of negative words and implicatures in Case 3, according to Lingmotif 2.0

Negative item	Frequency	Negative item	Frequency
complaint	21	harassment	3
detriment	17	worry	3
warn	15	paranoid	3
failure	13	inappropriate	3
pandemic	8	virus	3
impose	8	menopause	3
unfair	7	unwanted	3
fail	7	offensive	3
concern	6	victimisation	2
misconduct	6	lockdown	2
endangerment	5	endanger	2
incident	5	obsessive	2
unable	4	anxious	2
anxiety	4	petrified	1
threaten	4	meltdown	1

Similar to other cases, 'menopause' is mentioned three times, and words like 'anxiety,' 'worry,' 'paranoia,' 'obsession,' 'fear,' 'petrified,' and 'meltdown' convey negative emotions. Terms associated with actions against the Claimant include 'complaint,' 'warn,' 'detriment,' 'threaten,' 'harassment,' and 'victimization.' COVID-related words like 'pandemic,' 'virus,' and 'lockdown' are central to the narrative.

Judge Elgot's ruling found that Leigh Best was unfairly dismissed due to 'whistleblowing,' making 'protected disclosures.' Furthermore, the Respondent, her employer, unlawfully subjected her to detriment, as a result of which the judge noted that she experienced anxiety, frustration, confusion, and danger. The extracts provided illustrate the judge's narration of Ms. Leigh's story:

7. [The Claimant was] very **stressed** and **anxious**, having a '**meltdown**' about the covid 19 pandemic and its potential health and safety impact upon her and others including her two sisters and a nephew. She described herself as '**petrified**'.

Central to the Claimant's complaint were her pre-dismissal priorities, notably her efforts to secure management support for enforcing COVID safety measures among her co-workers, which created a process of alterization and stigmatization, whereby she was laughed at, and called 'menopausal' because she was feeling that her health and safety were 'endangered' by the careless conduct of the staff. Both her employers and co-workers 'harangued' her and accused her of being 'obsessed' and 'paranoid' about the virus, and intimated she was old and deserved no better treatment than anyone else, hence the allegations on the part of the Claimant of 'ageism' and 'sexism'. As an example:

8. [...] the Claimant complains that Mr David Fletcher made **inappropriate** and **derogatory** comments about her age and remarks, relevant to her sex as a woman, relating to his perception or 'guess' that she might be **menopausal** or be experiencing stereotypical **menopausal symptoms** including that **her husband would start looking at other younger women**.

The Claimant's experience in a hostile work environment, including personal space violations and harassment, is fraught with emotional distress. Her words and actions, taken to end the harassment and address health and safety concerns, reflect her emotional responses to an uncomfortable situation. The emotional context in the narrative extends to her relationship with her employer and co-workers, who cast her as *the Other*. This labelling leads to her being viewed as an outsider or someone different from the norm, causing her feelings of isolation and humiliation.

The tribunal's decision also carries emotional weight. It recognizes that the Respondent, in an attempt to justify her dismissal, had retroactively fabricated misconduct issues. The ruling in favour of the Claimant regarding her unfair dismissal and unlawful detriment complaints acknowledges the emotional harm she endured.

5. MACROSTRUCTURE AND EMOTION DISCOURSE ANALYSIS IN SPANISH JUDGMENTS

5.1. CASE FOUR: STSJ PV 109/2016 (MARÍA LUISA V NSS, TGSS, MUTUA FRATERNIDAD-MUPRESA, AND ATENTO TELESERVICIOS ESPAÑA S.A.)

This initial case in the Spanish subcorpus adheres to the traditional format of the respective legal system, encompassing key sections such as *Antecedentes de hecho*, *Fundamentos de derecho*, and *Fallo*. The structure mirrors the typical format of Spanish legal decisions, characterized by a rigid and impersonal tone, featuring administrative and judicial language. This juridical style is often employed to uphold an aura of objectivity and impartiality, in contrast to the more personalized approach observed in English legal decisions. It underscores the formal and standardized characteristics inherent in Spanish legal discourse. Table 8 shows the most salient emotion words and emotional implicatures in the decision highlighted in red:

Table 8: List of negative words and implicatures in Case 4, according to Lingmotif 2.0

Negative item	Frequency	Negative item	Frequency
accidente	12	dolor	3
incapacidad temporal	10	revocar	3
enfermedad	8	imponer	3
trastorno	5	impugnar	2
estrés	5	persecución	2
ansiedad	5	discriminación	2
condenar	5	tristeza	2
interponer	3	problema	2
ansioso	3	depresivo	2
rechazar	3	desestimar	2
dolencia	3	padecimiento	2
lesión	3	agravación	2
causar baja	2	perjudicial	2
retramiento	2	ansioso-depresivo	2
insomnio	2	recaída	2

The first difference in relation to the English cases is the absence of the word *menopausia*, ‘menopause’, instead replaced by an array of words having to do with illness and pain, such as *accidente*, *incapacidad temporal*, *enfermedad*, *trastorno*, *estrés*, *ansiedad*, *dolencia*, *lesión*, *insomnio*, *dolor*, *retramiento*, and *padecimiento*, highlighted in red, to distinguish them from the rest of terms. ‘Discrimination’ (*discriminación*) plays an important role, but other procedural words (absent in the English subcorpora) are also very frequent, such as *condenar*, *impugnar*, *revocar*, *causar baja* or *imponer*¹¹.

In this case, María Luisa claimed to have suffered an injury during her work. According to the medical report upholding her claims:

1. *Cuadro de estrés, insomnio, ansiedad, falta de concentración que relaciona con la menopausia (desde hace 4 años) y con estrés en su trabajo, tras dos meses de baja [sic], acude a un psicólogo, toma Lexatin 1,5/ 12 horas, va estando mejor, nota aún dificultades para dormir, con despertar precoz, y se levanta cansada, con jaquecas y con dolor lumbar.*

¹¹ In the context of a judicial case involving mistreatment of women at work due to their menopausal status, seemingly neutral Spanish terms from the judicial procedural field, such as *interponer* (‘to file’), *impugnar* (to challenge), *revocar* (‘to revoke’), and *desestimar* (‘to dismiss’), can indeed imply a negative connotation or emotion akin to terms like *enfermedad* (‘illness’) or *accidente* (‘accident’), which are intrinsically negative. This is because they often carry implications of conflict, dispute, and negative outcomes, such as the dismissal or rejection of their grievances, reflecting the complex interplay between language, culture, and the legal system in shaping perceptions of justice and equity.

The Claimant, despite experiencing menopause-related symptoms, sought disability benefits, due to what was described as a ‘workplace accident’, rather than acknowledging her age-related condition. However, she could not establish a solid connection between her ailments and the alleged workplace accident which was the origin of her discrimination. The court found insufficient evidence of her claims, resulting in the dismissal of her appeal. It is crucial to emphasize, then, that María Luisa’s reference to menopause was minimal, and that she downplayed her true symptoms by attributing them to a work accident, which was not a typical incident, but a series of symptoms provoked by her work situation:

2. *La actora causó baja por incapacidad transitoria con el diagnóstico de “trastorno de adaptación” y “estado de ansiedad”.*

These diagnoses of ‘adjustment disorder’ and ‘anxiety disorder’ reflect her ongoing struggles, which culminated in her medical condition. The strategic choice to link her symptoms to a workplace accident adds a layer of complexity to the emotional discourse within the legal context. By making this choice, the Claimant indirectly acknowledged the potential stigmatization or othering that could arise if she openly associated her symptoms with menopause. In this context, her emotional experiences, which she likely knew were tied to menopause, were presented in a way that deviated from a direct admission of their cause. A subsequent medical report states the following and confirms her diversionary strategy:

3. *Todas sus patologías son susceptibles de estar relacionadas con’ una ansiedad crónica derivada de [sic] problemática laboral.*

How the Claimant handles the emotional discourse to shield herself from potential negative repercussions or perceptions, aligns with Koschut’s concept of performativity and interpellation, reflecting the choices individuals make in expressing their emotional states and addressing the expectations and reactions of their audience within a specific context.

5.2 CASE FIVE: STSJ AS 3221/2022 (CELIA V CLÍNICA DE ASTURIAS, S.A.)

The second Spanish judgment, once again, adheres to the macrostructural rigidity of Spanish judicial texts, with a listing of the *Antecedentes de hecho* in 6 sections (the second section further subdivided into 28 established facts), followed by two *Fundamentos de derecho* (‘the legal issues’) and the ruling (*Fallo*). Celia, an administrative assistant with over a decade at Clínica Asturias S.A., was dismissed in March 2022 for a long list of lacks of compliance on the part of her employer. Table 9 shows the main negative items gathered by the software, among which emotion words showing the Appellant’s feelings are basically absent:

Table 9: List of negative words and implicatures in Case 5, according to Lingmotif 2.0

Negative item	Frequency	Negative item	Frequency
despido	21	reincidencia	4
incumplimiento	19	problema	4
sentenciar	17	condenar	4
sanción	17	provocar	3
falto	16	muy graves	3
grave	11	ansiedad	3
incumplir	8	fallo	3
muy grave	8	impugnar	3
imponer	8	infracción	3
riesgo	6	vulneración	3
aislar	5	presentar demanda	2
sancionar	5	desobediencia	2
imputar	5	desatención	2
interponer	5	poner en riesgo	2
despido disciplinario	4	sin autorización	2

We can see in the list of negative words that most of them are related to the legal process itself (*despido*, *sentenciar*, *sanción*, *imputar*, *interponer*, *infracción*, *presentar demanda*, *despido disciplinario*) and the accusations by the Respondent (*riesgo*, *desobediencia*, *desatención*, *vulneración*, *sin autorización*, *riesgo*, *muy grave*), who alleged reasons for her dismissal including uniform non-compliance, not wearing a mask during the pandemic and mobile phone policy violations:

1. *Pero no solo **incumple** continuamente el manual de comportamiento de la empresa, sino que a su vez **incumple** el protocolo de actuación frente al Covid-19. Estos, lejos de tratarse de hechos aislados son **reincidencias** y no puede ser tolerados por la Compañía por el **perjuicio** y las implicaciones que puede suponer. [...] Consideramos que su comportamiento es **muy grave** [...] **poniendo en riesgo** con este comportamiento su salud, la de sus compañeros y la de las personas que se encuentran en las instalaciones.*

Contesting her dismissal, the Claimant cited health problems, possibly indicating a reluctance to disclose her condition due to concerns about climacteric. In her own narrative menopause is only mentioned once, but her symptoms are detailed:

2. *[...] todos estos problemas que tengo son de sequedad de las mucosas a raíz de mi comienzo con la **menopausia** en el 2019, vengo pegada a las gotas oculares [...] por empeorar a raíz de la pandemia fue cuando me comentó que la mascarilla reseca las mucosas.*

Despite the deluge of accusations and reasons for her dismissal, Celia succeeded in having her concerns addressed by the tribunal, who ruled in her favour. The dismissal was deemed unjustified and discriminatory due to her undisclosed health issues and the company's mishandling of the dismissal procedures. Among the established facts, the court states:

3. [...] le [sic] sancionaron por mal uso de mascarilla, se siente **acosada** en el trabajo por temor a despido, taquicardia sinusal epigastralgia por **ansiedad**; También lo fue el día 18 de febrero de 2022 por presentar lesiones dermatológicas, maculares con prurito en ambas mejillas, sequedad nasal a tratamiento sintomático.

The Claimant's array of maladies underscores her employer's tendency to perceive her as *the Other* based on her menopausal symptoms. Her difficulties with mask-wearing during hot flashes amplified the stigmatization she experienced, ultimately leading to unfair treatment and her subsequent dismissal. As her story is narrated by the appellate judges, we are presented with the powerful impact of storytelling, characterized by the struggles associated with wearing a mask and the fact that her dismissal was unjust and discriminatory.

5.3. CASE SIX: STSJ GAL 1377/2023 (CAMILA V INSTITUTO NACIONAL DE LA SEGURIDAD SOCIAL, INSS)

Like in the other cases, the macrostructure of this one adheres to the typical rigidity found in Spanish judicial decisions, structured into three fundamental parts: *Antecedentes de hecho*, *Fundamentos de derecho*, and *Fallo*. In Table 10 all the 30 most salient words are shown, with special emphasis upon her physical and psychological ailments:

Table 10: List of negative words and implicatures in Case 6, according to Lingmotif 2.0

Negative item	Frequency	Negative item	Frequency
sentenciar	10	limitación	2
incapacidad permanente	10	pretensión	2
degenerativo	10	afectar	2
dolor	5	triste	2
incapacidad permanente total	5	recaída	2
obsesivo	4	empeoramiento	2
desestimar	3	incapacidad temporal	2
interponer	3	riesgo	2
fallo	3	grave	2
impugnación	3	susceptible	2
error	3	ya no poder	2
depresivo	3	lesión	2

Negative item	Frequency	Negative item	Frequency
patología	3	invalidéz	2
incapacidad permanente absoluta	3	inhabilitar	2
incapacidad	2	revocar	2

The Appellant presented successive medical leaves due to temporary disability and requested a total permanent disability for her profession as a textile operator, which was initially denied by the first-instance court. Table 10 reveals a significant number of physical ailments and negative emotions that she experienced since she had her menopause at 40, and that had made her job unbearable. These terms include *dolor*, *degenerativo*, *obsesivo*, *depresivo*, *patología*, *limitación*, *afectar*, *tristeza*, *empeoramiento*, *recaída*, *riesgo*, ‘disability’ (*no longer being able*), *lesión*, and *invalidéz*. The use of such words corresponds to a series of unsuccessful requests included in the decision, and the language in Table 10 further mirrors these demands, including *incapacidad*, *incapacidad temporal*, *incapacidad permanente total*, and *incapacidad permanente absoluta*. Demonstrating how intertextuality is vital in the case, the judgment reflects the list of medical conditions suffered by Camila, according to her medical reports:

1. [...] la parte actora presentaba como cuadro clínico residual: trastorno distímico de personalidad con rasgos obsesivos, fibromialgia, artrosis cervical con discopatía C5- C6-
2. espondiloartrosis dorsal y lumbar, artrosis de rodillas, artrosis manos, hallux valgus bilateral, hemangiomas hepáticos [...]

In the discussed case, a notable link emerges between the Appellant’s early menopause and subsequent chronic health issues, including fibromyalgia and arthrosis. Although the judicial decision in her favour does not explicitly establish a direct connection, there is a potential interplay between these factors:

3. En base a lo argumentado procede la estimación del recurso presentado en su petición subsidiaria, y dictar un pronunciamiento revocatorio del recurrido, declarando a la actora afecta de una **incapacidad permanente total** para su profesión habitual de operaria textil.

In fact, emerging research (Jones et al., 2020; Koçak and Beji, 2023) indicates a plausible association between early menopause and an increased risk of certain chronic health conditions. This condition can worsen the risk of developing osteoarthritis (arthrosis) due to hormonal changes impacting bone density and joint health. Additionally, fibromyalgia, characterized by widespread musculoskeletal pain, may have potential links to hormonal fluctuations during menopause.

Although the Appellant could/would not overtly link her early climacteric to her health issues, the potential connection stands out. The court’s in-depth examination of her medical history stresses the need for a comprehensive understanding. While not explicitly stating a direct link between menopause and her chronic ailments, the text underscores

the importance of intertextual elements, like previous leave applications and numerous medical reports, which enrich the narrative by providing context and historical perspective. They play a key role in contextualizing the emotional aspects of her case, aiding in connecting Camila's menopausal condition to its potential impact on chronic health issues.

6. CONCLUSIONS

Our study represents a modest, yet significant stride toward raising awareness of the emotional dimensions of menopause in the workplace. Although our research is quantitatively limited, it lays a qualitative foundation, emphasizing the vital role that linguists can play in fostering such awareness. The analysis stresses the potential of the narratives presented here to increase understanding of the emotional aspects of menopause at work and contributes to creating a more compassionate work environment.

Extant research on menopause in the workplace highlights the complex interplay of biological, social, organizational, and legal factors shaping the experiences of menopausal women and the need for comprehensive approaches to support their health, well-being, and professional success. Our examination of English cases demonstrates a recognition of menopause as a significant factor in workplace challenges. Established precedents in case law acknowledge the impact of climacteric conditions, as evidenced by prominent cases we reviewed. Conversely, our analysis of Spanish judgments reveals a striking absence of direct references to 'menopause', reflecting a legislative asymmetry between the UK and Spain. While menopause-related difficulties were occasionally hinted at in Spanish cases, they were rarely explicitly acknowledged. This discrepancy unveils varying degrees of societal recognition and legal accommodation for menopause as a workplace challenge. Indeed, if case law has established clear precedents for women experiencing climacteric conditions in the workplace, in our Spanish corpus of three judgments –retrieved from the Spanish judicial database CENDOJ deploying the keyword *menopausia* as a search token–, we found that the term was seldom used, the issue rarely addressed as such. The absence of Spanish judicial rulings directly referencing 'menopause' is due to a clear legislative asymmetry between the two countries: in the United Kingdom, menopause with disabling symptoms is recognized as a cause of disability in employment cases, whereas in Spain the disabling menopausal syndrome does not enjoy the same legal recognition. Accordingly, menopause was often subsumed among various other health issues that rendered women unfit to work. In the Spanish cases resembling their English counterparts in topic, menopause was subtly alluded to, but not explicitly acknowledged as the primary cause of workplace difficulties. The differential responses in English and Spanish judicial discourse reveal varying degrees of societal recognition and legal accommodation for menopause as a workplace challenge. Our work highlights the pressing need for a more nuanced understanding of this temporary condition as an intersectional phenomenon and calls for transformative legislative changes to address the current disparity.

Our analysis, then, could contribute to creating sensitivities in translators and applied linguists, to the least, even as we acknowledge the quantitative limitations of our specific study. We anticipate that future research can offer deeper insights into this important topic, paving the way for more comprehensive solutions. Ultimately, it is imperative for both the legal system and society to reflect on these issues, recognizing

and addressing the challenges faced by women experiencing menopause in the workplace globally. And linguist and translators should be poised to the feat.

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Metaphorical Conceptualization of the Big M

Conceptualización metafórica de la menopausia

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RESUMEN: A lo largo de la historia, la menopausia ha sido considerada alternativamente como un pecado, un tipo de neurosis, una enfermedad o una deficiencia. Recientemente ha sido reinterpretada de forma más positiva como un nuevo comienzo, un viaje de autodescubrimiento o una especie de energía interior. Cada una de estas conceptualizaciones metafóricas refleja una ideología particular asociada a perspectivas religiosas, biomédicas y feministas, entre otras. Sin embargo, el discurso de las mujeres sobre la menopausia ha sido históricamente escaso, ocultado y silenciado por el tabú social que rodea este tema. Esto ha cambiado en las últimas décadas al comenzar las mujeres a hablar abiertamente sobre sus experiencias menopáusicas en los medios de comunicación. Adoptando como marco el Análisis Crítico de la Metáfora, este estudio investiga la conceptualización contemporánea de la menopausia de las mujeres británicas. Los estudios sobre las metáforas de la menopausia son escasos y a menudo se llevan a cabo desde una perspectiva biomédica o sociológica (feminista), los dos contextos en los que tradicionalmente ha tenido lugar la mayoría de las conversaciones sobre la menopausia. Analizamos una colección de 300 expresiones metafóricas procedentes de testimonios de mujeres sobre su experiencia, sentimientos y pensamientos sobre la menopausia. El análisis cualitativo de los datos ofrece un retrato detallado de los marcos metafóricos que subyacen al discurso de las mujeres contemporáneas sobre la menopausia. Esta investigación pretende dar voz en este tema a las protagonistas reales: las mujeres que están atravesando una fase relevante de sus vidas.

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Palabras clave: menopausia, metáfora conceptual, Análisis Crítico de la Metáfora, lingüística cognitiva.

ABSTRACT: Throughout history, menopause has alternatively been framed as either a sin, a type of neurosis, a disease, or a deficiency. Only recently, it has been re-framed under a more positive light as a new beginning, a journey of self-discovery, or a sort of internal zest. Each of these metaphorical conceptualizations of menopause reflects a particular ideology stemming from religious, biomedical, and feminist viewpoints, among others. Women's talk about menopause, however, has been historically scarce, hidden and silenced by the social taboo surrounding this matter. This has changed in the past few decades, with women openly talking about their menopausal experiences in the media. Adopting a Critical Metaphor Analysis framework, this study investigates contemporary women's conceptualization of menopause as reflected on the metaphors they use to talk about it. Studies on the metaphors of menopause are scarce and often carried out from a biomedical or sociological (feminist) perspective, the two contexts in which most talk about menopause has traditionally taken place. We analyze a collection of 300 metaphorical expressions stemming from a multi-source corpus of women's testimonials about their experience, feelings, and thoughts about menopause. The qualitative analysis of the data offers a fine-grained portrayal of the metaphorical frames that underlie the discourse of contemporary women about menopause. Through our investigation, we aim to ultimately give the floor on this topic to the real protagonists: those ordinary women who are undergoing a relevant phase of their lives.

Key words: menopause, conceptual metaphor, Critical Metaphor Analysis, cognitive linguistics.

1. INTRODUCTION

Metaphors play a pivotal role in shaping our perceptions and understanding of complex topics. They map our knowledge from familiar domains onto abstract ones, thus serving as powerful tools for comprehension and communication, amounting to approximately 20% of our discourse (Steen et al., 2010). Over the past few decades, research has shown that metaphors can mold our thoughts, emotions, behaviors, and even our recollections (Sontag, 1978; Lakoff and Johnson, 1980; Lakoff, 1987; Thibodeau & Boroditsky, 2011; Thibodeau et al., 2019). In this study, we delve into the intricate world of the metaphorical conceptualization of menopause. Society has traditionally placed a taboo on this natural phase of women's life, thus imposing silence on a topic that many women still do not feel at ease talking about. This silence mandate reflects itself in the names commonly used to refer to menopause (e.g., the big M, the change, the visitor, etc.), which often involve metonymies, metaphors, and other patterns of conceptual interaction to avoid literal reference. The discourse of menopause has often been circumscribed to medical settings, where it has been conceptualized as a condition that needs treatment due to its associated negative physical, emotional, and social consequences (see Niland, 2010 for a comprehensive summary of this view). The negative portrayal and subsequent medicalization of menopause in the biomedical discourse has been contested by several waves of feminist movements and cross-cultural

sociological studies which have surfaced a more diverse, as well as positive conceptualization of menopause (see Dickson, 1990; and Quental et al. 2023 for an overview).

It has become increasingly apparent that there is a crucial need to shift our gaze from a medicalized discourse of menopause towards the actual narratives and testimonies of women experiencing it. These first-hand accounts represent an invaluable resource for uncovering alternative metaphorical frames that can reshape the discourse around menopause. However, in-depth analyses of the metaphorical conceptualization of menopause within cognitive linguistics and conceptual metaphor theory are scarce (Bogo Jorgensen, 2020, 2021, 2022). In our study, we embark on this vital journey, emphasizing the exploration of women's personal stories and experiences during menopause. By delving into their narratives, we specially aim to unearth the metaphorical frames they use to talk about this phase of life. This endeavor may not only acknowledge the diversity of women's experiences but also allow for a more balanced and empowering perspective on menopause, one that also celebrates its unique aspects and fosters a more supportive societal understanding of this natural phase of life.

We approach this objective from a Critical Metaphor Analysis theoretical framework (Charteris-Black, 2004; Wodak and Meyer, 2009; Hart, 2019), and we aim at contrasting biomedical and feminist metaphorical conceptualizations of menopause, both ideologically charged visions of the matter under consideration, with those emerging from the analysis of the everyday life language used by real contemporary women. The final aim is to offer a faithful and updated view of what menopause means for those who experience it firsthand.

The study is based on a collection of 300 metaphorical expressions stemming from testimonials of menopausal, perimenopausal, and postmenopausal British women. For each metaphorical expression, their source and target domains have been identified and classified in relation to their axiological portrayal of menopause, and their discourse function (descriptive or evaluative). A detailed qualitative analysis of the most pervasive metaphors in the data has then been carried out to unveil the characteristics of contemporary women's views of menopause as reflected in their metaphorical language.

The remainder of the paper is organized as follows. Section 2 presents the theoretical tools adopted for the present study and an overview of previous studies on the metaphorical conceptualization of menopause. Section 3 includes methodological considerations regarding the criteria for corpus selection, the protocol for metaphor identification, and the data annotation scheme. Section 4 offers a description and discussion of the four main conceptual metaphors of menopause identified in the analysis. The final section summarizes the main findings of the study and suggests some paths for further research.

2. CRITICAL METAPHOR ANALYSIS AND THE METAPHORICAL CONCEPTUALIZATION OF MENOPAUSE

The appeal of metaphors hinges on the user's familiarity with the source domain, which offers knowledge and convenient expressions to understand and talk about a more abstract notion. In addition, their persuasive power has also been attested in the literature (Charteris-Black, 2011; Musolff, 2017). However, as Rosenblueth et al. (1943) rightly warned us, «the price of metaphor is eternal vigilance.» While metaphorical conceptualization is often convenient, it also conceals potential risks because concepts

and reasoning patterns established in one domain (the source) are employed in another domain (the target) with the implicit assumption that they transfer with reasonably accurate validity. Even when used merely as a shortcut, and maybe in a colloquial manner, we tend to adopt the thought patterns of the more familiar source domain to reason and talk about the target domain. These framing effects of conceptual metaphor and their influence on how we perceive, act upon, and even recall facts have been unveiled in the works by philosophers, linguists, and psychologists (Sontag, 1978; Lakoff and Johnson, 1980; Thibodeau & Boroditsky, 2011; Pérez-Hernández and Pérez Sobrino, 2024). The choice of a metaphor against others is not inconsequential. Metaphors may lead to different emotional reactions and diverse logical conclusions about a topic (Hart, 2019). They can also divert attention to some aspects of a matter, while blinding us about other equally relevant issues. In this connection, metaphor is a powerful ideological tool as has been extensively argued in a large body of literature carried out within Critical Metaphor Analysis, which also involves the exposure of biased metaphors, the promotion of an active resistance against them, and the creation of alternative, more appropriate mappings to reframe discourse on certain topics (Charteris-Black, 2004; Wodak and Meyer, 2009; Hart, 2019). Among them, there are investigations on the replacement of metaphors about immigration (Santa Ana, 2002), the misleading assumptions of science metaphors (Nerlich and Hellsten, 2004), the ineffectiveness and potential risk of cancer metaphors (Sontag, 1978; Hauser and Schwarz, 2015; Hendricks et al., 2018; Semino et al., 2016), the more recent re-frame Covid initiative (Olza et al., 2021; Pérez Sobrino et al., 2022), and works on metaphor on climate change (Flusberg et al., 2017).

The notion of metaphor resistance has been amply dealt with in Gibbs and Siman (2021), who pointed out the need speakers have of sometimes resisting or rejecting metaphors for various reasons: their meaningfulness, their incoherence, their lack of explanatory power, their creation of interpretation biases (e.g. in science), the inferences they may trigger about a particular issue in different contexts (e.g., the war metaphor in relation to cancer or COVID), their stigmatization of a social group, etc. Additionally, as shown in Wackers et al. (2021), since metaphors are a matter of thought, language, and communication, they can be resisted in one or more of these dimensions. Yet another factor affecting the resistance against a metaphor has been shown to be their offensive or derogatory nature, with «extreme metaphors» of this type being more readily «resisted» by speakers (de Lavalette et al., 2019; Hart, 2021).

To be effective, resistance metaphors should be linked to existing ones through the preservation of the same source domain (Santa Ana, 2002; Wackers and Plug, 2022). By way of illustration, Santa Ana (2002: 298) suggests that if, for instance, immigrants are metaphorically conceptualized as flowing water, it would be a good idea to preserve the same source domain while enriching it with new positive values as in «in the American Southwest, the immigrant stream makes the desert bloom.»

Still, the emergence of new metaphors that oppose existing ones to subvert their negative assumptions is a heterogeneous process. As observed in Gibbs and Siman (2021), there are many ways in which new metaphors can stand up against previous metaphorical conceptualizations. Speakers may dislike and resist a particular metaphor (e.g., I prefer to think of my cancer treatment as a journey rather than a war). But this rejection may also be partial and affect only certain aspects of a metaphorical mapping (e.g., in the LOVE IS A JOURNEY metaphor, people may like the fact that love surmounts all obstacles but dislike the fact that love journeys are often plagued with interruptions and changes of itinerary). It is also possible to find contradictory positions in people's

resistance of metaphors (e.g., IMPORTANT IS BIG, but «Good things come in small packages»). Conscious rebellion about a metaphor in a particular setting does not necessarily reflect a total rejection of that metaphor in all contexts. Metaphors can be resisted individually, as the result of personal experience (i.e., war metaphor against cancer, Sontag (1978)), or collectively, such as the IMMIGRATION IS FLOWING WATER metaphor, identified in Santa Ana et al. (1998) and since then amply condemned in subsequent studies (Santa Ana, 2002; Hart, 2010; Montagut & Moragas-Fernández, 2020; Porto, 2022). There are other cases in which the opposition to metaphors comes naturally from the speakers themselves rather than being the result of scientific analysis, and experts' proposals. In this connection, Hart (2011) showed how readers rejected the inferences derived from radical anti-immigration metaphors.

The remainder of this section offers a summary of those metaphors of menopause that have conformed the main discourses about this matter to date. This will allow a comparison with those metaphors in use in UK women's present-day talk about this topic and shed light on their adherence or resistance to those traditional mainstream metaphors of menopause. As Lazar et al. (2019) point out, menopause is a major life change often expressed in semantically dense figurative language. Its conceptualization often falls into one of two fragmentary and reductionist views which focus either on its biological or sociocultural dimensions (Voda and George, 1986).

The biomedical portrait of menopause makes use of the breakdown metaphor, based on the more general women's bodies as reproductive machines. It conceptualizes this event as a factory (ovarian factory) that is failing, resulting in failed production (deficiency of reproductive hormones) and, therefore, leading to degeneration, loss of femineity and ageing (Martin, 1987). This view goes back to the middle 20th century when menopause was also considered a struggle against the consequences of such breakdown (Deutsch, 1945). Metaphors at work in the biomedical conceptualization of menopause largely overlook its positive side (see Niland, 2010 for an exhaustive account).

The sociocultural view of menopause emerged in 1970s in reaction to the biomedical view and its medicalization (Dickson, 1990). Menopause is conceptualized as a natural process or phase of life, as well as a culturally constructed heterogeneous event that is diversely conceptualized as either a conflict or critical point in western culture, or a period with a high social prestige in eastern societies (Flint, 1975; Wilbush, 1982). As observed by Charlap (2015), some cultures even lack a word to describe this life process. Kabir and Chan's (2023) meta-analysis of twelve papers focusing on menopausal experiences of Chinese women showed that cultural stereotypes could even have an impact on how they perceived their menopausal symptoms. In the same line, Jin et al. (2015) argue that Asian midlife women, notably Chinese, have lower rates of physical and psychological symptoms and more favorable attitudes regarding menopause than other ethnic groups. The sociocultural understanding of menopause has also changed over time. Thus, it has been variously conceptualized as a sin in Victorian times, as neurosis in the early 20th century, as a disease in the late 20th century, and either as a health condition/issue or a natural phase of life in recent times.

Menopause metaphors found within the sociocultural, feminist stance are resistance metaphors that focus mainly on its positive aspects. Zeserson (2001) identified the metaphor 'chi no michi' (path of blood) in the discourse about menopause of Japanese women, where blood metonymically stands for women, and showed how this metaphor challenges purely biomedical explanations and amounts to resistance against globalizing definitions of the embodied experience of menopause. In this connection, in a study aimed

at improving human-computer interaction systems, Lazar et al. (2019), analyzed women's talk about menopause in a Reddit forum and found that they made use of certain recurring conceptual projections. Thus, menopause was conceptualized as either a stranger in the body (an alien, a beast, or a possessor), a journey, an expiration date, or a learning process. From a feminist literary criticism approach, Quental et al. (2023) unveiled certain metaphors aimed at destigmatizing menopause in the works of contemporary feminist writers (Margaret Mead, Virginia Woolf, and Julia Kristeva), as well as in a collection of women's testimonials in 150 articles published in *The Guardian* between 2005 and 2020. These metaphors included: (1) «killing the angel in the house» (liberation from gendered social expectations and from the reproductive mandate), (2) discovering the «foreigner» within; and (3) the [menopause] «zest».

All in all, since the 19th century to our days, the discourse about menopause has gone from an initial silencing to a rise in awareness based on its negative physical, psychological, and emotional aspects, its subsequent stigmatization, and a recent re-framing in a more positive view. As Geddes (2022) points out, menopause «is having a moment» with a rise of news coverage in the media (Orgard and Rottenberg, 2023). Despite this rise in visibility, specific studies about the metaphorical conceptualization of menopause are scarce. This paper attempts to fill this gap by analyzing the metaphors about menopause in the discourse of a collection of present-day perimenopausal, menopausal, and postmenopausal UK women.

3. CORPUS AND METHODOLOGY

This section describes the criteria for corpus selection, the protocol for metaphor identification, and the data annotation scheme. Albeit being qualitative in nature, the present study adopts a corpus-based approach with data stemming from actual communicative use. The sampling for analysis consists of 300 metaphorical expressions about menopausal experiences retrieved from a variety of sources. Compared to simple Google searches, the sources chosen for analysis were selected to ensure the diversity and representativity of the sample.

To guarantee the diversity of the corpus, sources include testimonials of women talking about their menopausal experience in different contexts, from private online clinics websites to non-profit online health charities, the media, academic archives, or associations of women activists:

1. *menopause websites and online clinics aimed at commercializing a variety of advisory and medical services related to menopause:*
The Menopause Centre [www.mymenopausecentre.com]
Health and Her [www.healthandher.com]
Medical Prime [www.medicalprime.co.uk]
2. *commercial companies:*
Boots-Menopause Stories [www.boots.com]
3. *non-profit health charities aimed at educating and advising women and the general public about menopause and related issues (e.g. nutrition during menopause):*
The Menopause Charity [www.themenopausecharity.org]
British Nutrition Foundation
[<https://www.nutrition.org.uk>]

4. *associations of women activists:*
Menopause Mandate [www.menopausemandate.com]
5. *the media, including newspapers, magazines, and TV broadcasts offering testimonials of well-known public figures, as well as of non-public local women:*
The Guardian [www.theguardian.com]
The Courier [www.thecourier.co.uk]
The Daily Mail [www.dailymail.co.uk]
BBC [<https://www.bbc.com>]
6. *academic websites:*
The Silent Archive-University of Leicester-Spoken testimonies of menopause [<https://le.ac.uk/emoha/themes/the-silent-archive>]
University of Leeds
[<https://ahc.leeds.ac.uk/>]
Emma's menopause blog (University of Huddersfield)
[<https://www.hud.ac.uk/news/wellbeing-blogs/emmas-menopause-blog/>]
University of Warwick
[<https://warwick.ac.uk/services/socialinclusion/projects/groups/personalstories/#menopause>]

To minimized potential biases in the selection of the examples and to maximize the representativity of the final corpus, I gathered the first metaphorical expressions from each of the websites, in order of appearance, until the number of required examples was obtained (50 examples per source type). Table 1 illustrates the distribution of the metaphorical expressions comprising the final corpus per source type.

Table 1. Metaphorical expressions per source type

	N
Clinics	50
Menopause Center 29	
Health and Her 13	
Medical Prime 8	
Commercial Companies	50
Boots 50	
Non-profit Health Charities	50
The Menopause Charity 43	
British Nutrition Foundation 7	
Associations of Women Activists	50
The Menopause Mandate 50	
Media	50
The Guardian 14	
The Daily Mail 12	
The Courier 13	
BBC 11	
Academics	50
U. Leeds 3	
U. Warwick 25	
U. Huddersfield 9	
Silent Archives 13	
TOTAL	300

Sources include testimonials from women talking about their diverse menopausal experiences with symptoms raging from mild to severe, thus further contributing to the variety and representativity of the final corpus of data.

The texts were carefully examined to identify metaphorical expressions that women used to describe their experiences with menopause. Since the automatic identification of metaphors is not yet possible, the retrieval of metaphorical expressions was carried out in accordance with the protocol outlined in the Metaphor Identification Procedure of the Vrije Universiteit-MIPVU (Steen et al., 2010: 769). This method includes several systematic steps for identifying metaphor-related utterances. As per the MIPVU procedure, the meanings of words in the selected expressions were cross-checked in a dictionary to determine if a more basic, concrete, human-related meaning could also fit the context of the utterance. If such a basic meaning could be identified for a word and if the contextual and basic meanings were distinct but related by some similarity (e.g., navigate and sail menopause), then the expression was marked as potentially involving a metaphor. This protocol has been adapted to the needs and characteristics of the present study as follows.

1. Identification of target domains. Since all testimonials have as their main goal to explain the menopausal experience of the speaker (i.e. its physical and emotional symptoms, social consequences, duration, etc.), it was hypothesized that the general target domain is the notion of menopause itself

or of some of its symptoms. These different dimensions of the notion of menopause, as the target domains, are the recipients of the positive and negative inferences generated by the metaphors at work.

2. Identification of source domains. Once a specific dimension of the target domain has been identified in step 1, I proceeded to analyze the rest of the co-text in search of verbal elements conveying descriptive or evaluative information about it. Among them, those that comply with the requirements of the MIPVU procedure, as described above, were annotated as potential source domains.
3. Identification of conceptual mapping. In this step of the process, it was determined whether the mapping connected two independent concepts or whether it took place within one single domain. Only in the first case was the mapping considered an instance of metaphor. Additionally, the transition from linguistic to conceptual metaphor was based on careful consideration of the full co-text containing the linguistic examples. Thus, a linguistic metaphor was only coded as a potential conceptual metaphor if additional terms in the co-text or in other testimonials corroborated the choice of source domain. Additionally, previous studies on metaphors and existing classifications of conceptual metaphor repositories (i.e., the MetaNet Metaphor Wiki; Dodge et al. 2015; Grady's (1997) classification of primary metaphors) were also consulted in the process of metaphor identification. Most disagreements were due to coding errors that were resolved through discussion.
4. Control of analysts' bias. The coding process was performed by a linguistics graduate student, a cognitive linguistics doctoral student, and the author herself. The graduate student received specific instruction on conceptual metaphor and training on metaphor coding procedure. The doctoral student only required training in established criteria for metaphor coding. Only those examples that received full agreement were included in the final corpus of analysis.

The implementation of this protocol resulted in the identification of 300 metaphorical expressions which were then manually annotated to ease the qualitative analysis of the most relevant metaphors underlying the conceptualization of menopause. The annotation scheme comprised 7 categories: (1) source domain, (2) target domain (different dimensions of the concept of menopause), (3) co-text, (4) source type (online clinics, commercial companies, health charities, activists' associations, media (newspapers and TV), and academic websites), (5) link to source, (6) discourse function (descriptive/evaluative), and (7) axiological value (positive/negative).

The annotation plan was designed to facilitate the subsequent qualitative analysis in relation to the diverse aspects of menopause (i.e., duration, physical symptoms and effects, social consequences, etc.) that are highlighted by the different metaphorical mappings, as well as to the discourse functions of the metaphors identified in the study, and their axiological values.

4. ANALYSIS: MENOPAUSE METAPHORS

As advanced in section 2, throughout the 20th century and to our date the official discourse of menopause has fluctuated between the diametrically opposed positions represented by the biomedical and feminist communities. The former has highlighted those aspects of menopause that are relevant from a medical perspective, therefore adopting a metaphorical view of menopause as a health condition that needs to be treated. This discourse has been largely amplified by the pharmaceutical lobbies eager to find a market for their products (e.g., Hormone Replacement Treatments, vaginal gels and rings, etc.). At the other end of the spectrum, feminist groups have reacted to the medicalization of menopause by embracing several metaphors that focus on the positive effects of this phase of life and portrayed it as a liberation, a new beginning, or a sort of internal zest.

This section offers a qualitative analysis of the main four metaphors used by ordinary UK women in their conceptualization of menopause. As shall be explained in sections 4.1 to 4.4, they succeed in offering a rich characterization of this phase of life. The metaphors they use allow them to offer vivid descriptions of their feelings, as well as of the physical changes that they have undergone because of menopause, without limiting its characterization to either a negative health condition or a positive liberation force. Table 2 offers a summary of the metaphors found in the corpus and the number of occurrences for each of them:

Table 2. Menopause metaphors in the corpus of analysis

MENOPAUSE METAPHORS	N
MENOPAUSE IS A JOURNEY	106
MENOPAUSE IS A FORCE	65
DIVIDED SELF METAPHOR	52
MENOPAUSE IS A STRUGGLE/FIGHT	47
MENOPAUSE IS A CONTAINER	12
MENOPAUSE IS A BUSINESS	9
MENOPAUSE IS A GAME	6
MENOPAUSE IS A THIEF	2
MENOPAUSE IS A NON-CONFORMIST PERSON	1
TOTAL	300

As can be observed, there are four metaphors that stand up from the rest: MENOPAUSE IS A JOURNEY, MENOPAUSE IS A FORCE, MENOPAUSE IS A STRUGGLE/FIGHT, and the DIVIDED SELF METAPHOR. Unlike other more creative mappings (e.g. MENOPAUSE IS A GAME, MENOPAUSE IS A THIEF), these four metaphors are pervasive in the discourse of different women in our corpus, thus signaling their relevance in their conceptualization of menopause. Most testimonials make use of a combination of them, which seems only logical since each of them highlights different aspects of a multifaceted entity. Each of them is analyzed in the following sections in relation to their discourse functions (i.e. descriptive vs. evaluative) and their axiology (i.e. positive vs. negative).

4.1. MENOPAUSE IS A JOURNEY

Journeys are a recursive source domain in many well-known conceptual metaphors involved in the conceptualization of notions that conform to the more abstract event-structure metaphor (e.g., LIFE IS A JOURNEY, LOVE IS A JOURNEY, etc., Lakoff, 1993). In a similar vein, in their testimonials, women often refer to their menopause as an unchosen, unexpected journey that often starts abruptly without prior notice. The journey metaphor is flexible enough to accommodate difference experiences of sudden, as well as smooth onsets of menopause:

- (1) *My perimenopause journey* began in my mid 40's in 2010, although I didn't realise that was what it was. [My Menopause Centre]
- (2) *My journey began with a crash landing*; I am discomfited to confess that at the age of 43, I had been diagnosed as perimenopausal. [The Menopause Charity]

Menopause is often depicted as a journey of self-discovery in which women embarked unprepared, thus alluding to the taboo nature of this process and the silence that has traditionally surrounded it:

- (3) Ultimately, this *journey of self-discovery* led to me asking for a divorce [...] I quickly realised that I was *travelling into menopause without a guide*. [...] Surely there should be a leaflet that says: 'Welcome to the first destination on your menopause holiday! Here's some information to help you – what to pack, what you need.' [My Menopause Centre]

The source domain of journeys also provides conceptual fabric to understand that menopause is not a unique event, but that it consists of several distinct phases which are conceptualized as landmarks or destinations along the journey, the first one being the perimenopause (example 1), followed by menopause (examples 2, 3, 4, and 5), and post menopause (example 6):

- (4) When I talk about my '*menopause holiday*', I'm describing *my journey to many destinations along the way to menopause*, with a lot of suitcases being packed and unpacked as I tried to decide what I needed to take with me. Now I can admit that, at first, I didn't recognise any of these *menopause destinations* that I was fortunate enough to visit – and I know there are many more destinations to come. Alas, my HRT journey has ended abruptly while I undergo tests, but that's another story. I still have many more destinations to visit on my menopause holiday, though my suitcases are now significantly better equipped. I wish I had known more when I first set off on my journey, but it isn't too late – it never is. [The Menopause Charity]
- (5) *I'm partway into a journey I didn't know I'd begun*. It started around 2015, and happened so slowly it took me around a year to work out what was happening. [My Menopause Centre]
- (6) She sent me for blood tests and to my shock, the results showed *I was way past menopause*. [My Menopause Centre]

As in any journey, the traveler may be accompanied, and in the case of menopause there is the fixed company of hormonal changes which often take the steering wheel, hence making women lose control of their journey:

- (7) I know what it's like *to live with your hormones in the driving seat*. [My Menopause Centre]

The journey metaphor can take different specific configurations. It can be a long road trip or a sea crossing, a short but intense roller-coaster ride, a brief walk through muddy waters, an open air travel or a dark one through a tunnel, a surface trip or one that goes deep into the ground. Each of these journey metaphors allows women to verbalize their diverse menopausal experiences. Thus, the highly volatile emotional changes brought about by menopause find a vivid source domain in the roller-coaster metaphor:

- (8) Personally, *perimenopause has been an emotional rollercoaster*. [British Nutrition Foundation]

The state of depression experienced by some women during their menopause is conceptualized as a downward trip into the depths. In these cases, the journey metaphor combines with the GOOD IS UP/BAD IS DOWN, and the CONTAINER metaphors. Thus, menopause is conceptualized as a container which is the destination of a downward journey. Women reaching that destination are affected by its negative effects:

- (9) I would never have imagined, three years ago, *in the depths of the menopause...* [Medical Prime]

Road trip metaphors can also help women express some of the negative aspects of the menopause journey, with hormonal unbalances understood as bumps along the road:

- (10) There is still *a long road ahead of me*, but now I finally feel I have the right support in place for when I hit those hormonal *bumps*, which I inevitably I will. [The Menopause Charity]

The road trip metaphor often combines with the image of a tunnel which activates the correlation metaphor GOOD IS LIGHT/BAD IS DARKNESS, thus highlighting the difficulties or rough patches of this journey:

- (11) *I'm coming out of the other side of menopause*. [My Menopause Centre]

In yet other testimonials these difficulties are alternatively conceptualized as a tiresome walk through watery terrains or as sailing through a rough sea:

- (12) Conversely at 47 *I am wading through the perimenopause* and my own confidence and certitudes can get railroaded by fears of anxiety or self doubt. [Health & Her]
 (13) I finally started HRT mid-2017, but *it was not plain sailing*. [The Menopause Charity]

(14) «*navigating* their own menopausal journeys.» [My Menopause Centre]

But not all trips are dark, rough, and bumpy. They can also be slow and pleasant, full of new landscapes and discoveries. Additionally, travelling is also culturally associated with a sense of liberation and a feeling of freedom. Therefore, this same source domain is useful in the conceptualization of menopause for those women whose experience of it is less traumatic or for those who choose to look on the bright side of this phase of their lives:

(15) *When I was younger, there was always a finish line, but now I'm at the stage where there isn't – this is my life and if I don't do my best to be strong and healthy and grateful for what I've got, then I'm missing something. Instead of tearing down the motorway, I'm going down all the little side roads enjoying the view. And that's hugely liberating.*» [My Menopause Centre]

In these cases, the tunnel metaphor holds a promising destination once one gets through to the other side:

(16) [...] and said that we could look forward to experiencing a '*post-menopausal zest*' *when we got through to the other side*. I laughed when she said it and thought, that doesn't seem very likely. But she was so right – now I'm there – insomnia gone, full of energy, no more night sweats, only very occasional flushes and a newfound confidence and stronger sense of self. I'm enjoying looking after myself during this stage of life. [The Guardian]

As shown in this section, the journey metaphor is useful in structuring women's knowledge of the different phases they go through during menopause and their associated feelings. Thirty-seven out of one hundred and six (35%) of the instances of the MENOPAUSE IS A JOURNEY metaphor have a descriptive function that presents menopause as a process consisting in several stages (destinations) in a neutral fashion. The remaining sixty-nine examples of the MENOPAUSE IS A JOURNEY metaphor (65% of the total) have been found to be evaluative in nature. Although most of the latter (51 instances) offer a negative conceptualization of menopause as a long, bumpy road, such negative portrayal is also sometimes resisted by exploiting the metaphor in a more positive way (18 instances), and picturing some of the destinations of the journey as promising and desirable places (e.g., *she feels now she has come through menopause, she has entered a new stage of 'freedom, self-knowledge, purpose and a life that's no longer worrying about your fertility'* [The Daily Mail]; *Now I can admit that, at first, I didn't recognize any of these menopause destinations that I was fortunate enough to visit* [The Menopause Charity]). This metaphor, therefore, allows women to express both the negative, but also the positive aspects of the menopause journey.

4.2. MENOPAUSE IS A FORCE

The second most pervasive group of metaphors in our data involves the use of force schemata as source domains, as illustrated by the following testimonials:

- (17) It's great that there's so much more talk about menopause now. If I had known right from the start what was happening *it wouldn't have hit me so hard*, and that's why I'm sharing my story. [My Menopause Centre]
- (18) But then *the menopause kicked in* [...] Then the deep menopausal symptoms *hit* and I thought I was going mad. [My Menopause Centre]
- (19) so instead of building up slowly through perimenopause, my symptoms had *all crashed in on me* at once. [My Menopause Centre]

In examples (17) and (18), menopause is depicted as an agent exerting a sort of violent force on the woman (i.e., *hit me so hard*, *kicked in*). In (19) the exertion of the force is presented as the result of an involuntary action, nonetheless, impacting the woman in a destructive way (i.e., *crashed in on me*). Other words that activate the force frame are those of «impact» and «stunned» in examples (20) and (21), respectively:

- (20) *The menopause had an impact on me*, it was incredibly physical. [U. of Leeds]
- (21) During a routine gynae exam, another doctor suggested it might be menopause. *I was completely stunned*. [My Menopause Centre]

In both cases the metaphorical expression of menopause is part of a pattern of conceptual interaction with metonymic mappings. In (20), the impact is the effect of the exertion of the force (cause). Similarly, in (21) the state described by the adjective *stunned* is the effect of the exertion of the force (cause).

These examples are linguistic realizations of the MENOPAUSE IS A FORCE metaphor, which may be considered as a subcase of the well-attested metaphor CAUSES ARE FORCES (Dodge et al. 2015). The multiple symptoms of menopause act as the causing agents that exert negative forces onto women. As argued in Johnson (1987: 42), these metaphors have an experiential basis.

In order to survive as organisms, we must interact with our environment. All such causal interaction requires the exertion of force, either as we act upon other objects, or as we are acted upon by them. Therefore, in our efforts at comprehending our experience, structures of force come to play a central role. Since our experience is held together by forceful activity, our web of meanings is connected by the structures of such activity.

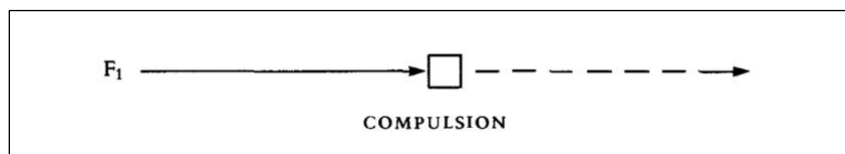
(Johnson, 1987: 42)

The gestalt structure for force, which underlies the conceptualization of menopause in examples (17)-(21), involves several features such as its interactional nature, its directionality, a particular path of motion, the involvement of an agent (origin) and a patient (target), the existence of different degrees of power or intensity, etc. As examples (17)-(21) illustrate, menopause is conceptualized as a powerful agent that exerts its force on women (targets). Most testimonials depict this force as one of high intensity through a careful choice of verbs (i.e., *impact*, *hit*, *kicked in*, *stun*, or *crash in*); as well as by means of intensifying adverbs (*so hard*, *incredibly*, *completely*). Thus, menopause is a forceful agent that exerts its effects on different aspects of a woman's life, including her emotions, mental stability, career, family relations, and sexual interactions, among others.

Johnson (1987: 45) distinguishes seven specific force schemata depending on the degree of intensity of the force and the existence of blockages to the exertion of the force (e.g., compulsion, blockage, counterforce, diversion, removal of restraint, enablement, attraction).

The metaphorical expressions found in the testimonials reflect several of these schemata. In some of them menopause is conceptualized as a compulsion schemata (i.e., as an irresistible force that comes from nowhere and is difficult to resist).

Figure 1. Compulsion Schema (Johnson, 1987)



Example (22) illustrates the compulsion schema, where menopause is an irresistible force that moves the woman out of her comfort zone:

- (22) I'd never found it easy to talk about sex, but *this had forced me out of my comfort zone*, to communicate about what felt good for me, what worked and what didn't. And Andrew listened, responded. [My Menopause Centre]

In some cases, the force exerted on the target can be iterative, consisting in several blows, as in example (23):

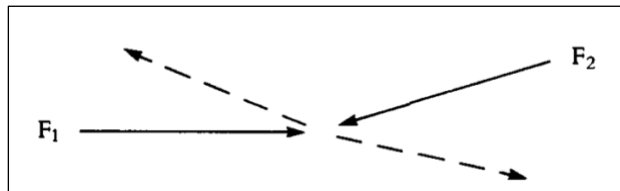
- (23) This felt like *one blow too many*. I couldn't stop thinking, why me? [My Menopause Centre]

Alternatively, menopause can also be metaphorically depicted as a destructive force that makes a woman's life collapse:

- (24) When your whole life *collapses*, you can start to treat it like Jenga. I picked the bits of my personality I liked, and decided to keep those and then tried to pull out the healthier aspects – like being too hard on myself – and work on those. [...] It took a while to *rebuild* my life. [My Menopause Centre]

Other expressions illustrate the diversion schema, where one of the force vectors is diverted as the result of the causal interaction with a more powerful opposed force.

Figure 2. Diversion Schema (Johnson, 1987)



Examples (25) and (26) illustrate the diversion schema at work in the menopause metaphors. In (25) the woman's love for her job collides with the symptoms of menopause which leads her off her desired path into relinquishing a potential new position. In (26) again, menopause takes a woman off her chosen path, forcing her to stay at home instead of attending her professional duties.

- (25) In September, she will return to school as a part-time teacher, the symptoms of the menopause having *forced her to* step back from a role she loved. [The Guardian]
 (26) [...] and often *forced me to* stay home. [The Guardian]

Interestingly enough, in some cases, the force schema is inverted, and women are the ones that are conceptualized as forces, while menopause functions as a restraining force preventing their normal movements and functions. This is the case in example (27) which exemplifies the MENOPAUSE IS A CAGE metaphor, where menopause is represented as a container (i.e., a cage) that limits women's freedom of action.

- (27) I felt like a *cage* was constructing itself around me, putting up barriers to hinder me from functioning as before. [Health & Her]

In these cases, women's feelings are also conceptualized as pressurized forces that need an outlet to avoid a metaphorical emotional burst:

- (28) Life is still full-on, and I still have menopause symptoms, but I have an *outlet* now. Some days I'll come to practice all stressed and nervous, but I'll grab my bass and just let it all out. [My Menopause Centre]

The metaphors in this group have an evaluative function. As shown in examples (17) to (28), most of them (65 instances, 80%) depict menopause under a negative light, but forces need not be axiologically negative. In fact, 20% of the testimonials metaphorically portray menopause in terms of a compulsion schema that leads to positive consequences for the woman's life. See examples (29) and (30).

- (29) The changing hormones that *gave me the oomph to* start to question what was going on, and to start to put myself first. [My Menopause Centre]
 (30) *It forced me to* start looking after myself after years of only looking after everyone else. [Health & Her]

This positive rendering of the MENOPAUSE IS A FORCE metaphor is at the basis of other equally positive views of menopause that have also emerged in the testimonials under scrutiny. Among these resistance metaphors, there are some instances that present menopause as a liberating force (see example 31) that frees women from their reproductive role in society.

- (31) It's time to talk about the menopause... and freedom at last. The menopause comes,» says Kristin Scott Thomas's character in *Fleabag*, «and it is the most wonderful fucking thing in the world.» «*You're free, no longer a slave, no longer a machine with parts*. You're just a person.» [The Guardian]

Example 32 also highlights this liberating effect of menopause by means of a metonymic mapping where «middle finger» stands for a non-conformist person, which then maps metaphorically onto the target domain of menopause. Both examples elaborate on the idea that menopausal experiences are forces that push women towards non-conformism and liberation from social impositions (i.e., motherhood, caring, beauty slavery, and eternal youth mandates, among others):

- (32) I also educated myself about the hormonal changes I was going through. I learnt that as oestrogen declines, we have less of a tendency to want to nurture any offspring (which is one of oestrogen's many roles!), plus we have a relative rise in testosterone, meaning we are more inclined to look after number one. In my work as a fitness trainer, I'd done some official learning around the menopause, and the trainer on the course called it '*the middle finger years*', which really resonated with me! [My Menopause Centre]

4.3. THE DIVIDED SELF METAPHOR

MENOPAUSE IS A JOURNEY and MENOPAUSE IS A FORCE metaphors offer women a means to reflect and talk about the various phases and effects of menopause on their physical, emotional, social, and professional life. In addition, the DIVIDED PERSON metaphor, which recurrently emerges in the examined testimonials, equips them with the essential conceptual framework to comprehend the nature and scope of its effects. It also aids in articulating their self-perceptions during this phase of life.

Lakoff's (1996) theory on the conceptual structure of the self establishes a system of conventional conceptual metaphors that seem to underlie our understanding of what a human being is. In this framework, a person is conceptualized as a composite entity comprised of a subject and a self, embodying what Lakoff refers to as the DIVIDED PERSON metaphor. The subject represents the locus of reason, consciousness, and subjective experiences, whereas the self encompasses other aspects, including one's physical body, emotions, present and past social face, among others. Typically, the subject maintains control over the self, particularly when it resides in its expected position within or above the self. However, there are instances when the subject loses control over the self, resulting in a scenario where the latter lacks guidance (LOST SELF metaphor). When incompatible aspects or interests within an individual come into conflict, they are metaphorically conceptualized as distinct individuals engaged in discord (termed

"different selves") or as individuals occupying different locations (referred to as the SPLIT AND SCATTERED SELF metaphor). Many of the testimonials under scrutiny include metaphorical expressions that capture a disconnection between subject and self. In examples (33) to (35) women manifest this dissociation by expressing their incapacity to recognize their old selves.

- (33) Chris would always tell me I looked lovely, but my changing body was an unavoidable reminder that *I didn't feel like myself* anymore. [My Menopause Centre]
- (34) I almost *didn't know myself* anymore. [My Menopause Centre]
- (35) *That wasn't me at all*. [My Menopause Centre]

In (36), a woman elaborates the metaphor further to express that the subject has left the self and is now outside of it.

- (36) *I stopped feeling like 'myself'*. I couldn't pin it down or put it into words, just a feeling that I was outside of myself or just not in touch with my old self. *I really disliked my new self*. Grumpy, short-tempered, anxious. [The Guardian]

Example (37) conveys the same feeling of detachment by pointing to an absent subject which has been replaced by an alien, who is now in control of her body (self), and example (38) makes manifest that the subject does not like her new self which is represented by a changing body and new emotions, usually including a considerable amount of rage and emotional instability.

- (37) She asked if it felt like an alien had taken over my body. And that's exactly what it was like. [My Menopause Centre]
- (38) *I hated the person I saw staring back at me* in the mirror. [The Menopause Charity]

The absence of a subject or the feeling of disconnection with it leaves the self without guidance, a LOST SELF, as in example (39):

- (39) I felt very different, *as though I'd lost myself somewhere*. I was feeling really hideous and not like myself. [The Menopause Charity]

In addition, a SPLIT SELF is not functional. Since subject and self are disconnected the human being cannot function properly. For this reason, most women openly manifest their desire to recover their old selves, and their happiness when this occurs, as illustrated in examples (40) to (42):

- (40) I want to get through this. *I want to be me again*. [The Menopause Centre]
- (41) Hormonal Replacement Treatment [...] *it's helped me feel like myself again*. [The Menopause Centre]
- (42) But more importantly, *I feel like Vicky again*. [The Menopause Centre]

The DIVIDED SELF metaphor is mainly used with an evaluative function (96% of the instances). As was the case with the conceptualizations of menopause as a journey or a force, the DIVIDED SELF metaphor is flexible enough to accommodate both the negative aspects of menopause (conceptualized as the loss of own's self, 56% of the examples) and a positive representation of menopause (40% of the examples) as a process with a happy ending in which either the old self is rescued (examples 41 and 42) or alternatively, women come to terms and realize the advantages of their new selves (example 43):

- (43) It's *a new you*, and that's wonderful. [Health & Her]

4.4. MENOPAUSE IS A STRUGGLE/FIGHT

Given its conceptualization as a compulsion force that impacts women's lives to the point of detaching them from their own selves, it is no surprise that the fourth most common metaphor at work in the testimonials under consideration is one that projects the source domain of war over the target domain of menopause. These examples are expressions of the more general DISEASE TREATMENT IS A WAR metaphor (Dodge et al. 2015). Menopause is thus metaphorically portrayed as a fight against many diverse adversaries, such as one's new self and the new body and negative feelings that come along with it, as illustrated in examples (44) and (45).

- (44) 'I'm nearly 40, I'm done for, doesn't matter what I wear, I just always feel awful'. Then at some point I decided *I'm going to fight against that feeling*. [Health & Her]
(45) I'm also more able to cope with stuff, definitely a bit wiser, less likely to topple at the first hurdle. I still want to live and love and have fun. I'm just *having to fight* a bit harder to get there. [The Guardian]

Interestingly enough, women also use the war metaphor to express their feelings against the social pressure to medicalize the process of menopause (see example 46).

- (46) My five-year *struggle* to avoid anti-depressants and get the right HRT. [The Menopause Charity]

In this metaphorical fight, women perceive themselves as the sufferers or victims:

- (47) Louise said: «I *suffered* from night sweats, sometimes two to three times a night, and often five days a week. [U. of Leeds]

In turn, menopause is seen as the adversary who can take many different forms. In examples (48) and (49) it is alternatively personified as a silent assailant that appears without prior notice in her life or as a thief who steals relevant physical, emotional, and personal features of a woman, thus being responsible to a certain extent of the disconnection between subject and self, as shown in relation to the DIVIDED PERSON metaphor.

- (48) *Menopause crept up on me* with a variety of different symptoms that appeared out of nowhere. [The Menopause Charity]
- (49) My friend jokes that she's been the victim of '*The Menopause Thief*': he's taken her figure, quite a bit of her hair, her sex drive, and what she describes as 'my sense of myself as a woman'. I know what she means. He's taken quite a few bits of me, too. [The Daily Mail]

In those cases in which menopausal symptoms are mild, the fight is conceptualized as a game, in which women even have allies (e.g., hormonal replacement treatment), as in (50):

- (50) HRT can be a total *game-changer*, so make sure you understand the benefits of it before you dismiss it like I had. [My Menopause Centre]

In other cases, especially those in which women have to face the worst menopausal symptoms (e.g., hot flushes, mental fog, rage fits, depression, etc.), the fight intensifies and is conceptualized as a full war:

- (51) I tried to *battle on* but the hot flushes crept up over a year. [My Menopause Centre]
- (52) When she was *battling* a host of other worsening menopausal symptoms. [The Menopause Charity]

The MENOPAUSE IS A STRUGGLE/FIGHT metaphor is eminently evaluative. All instances of this metaphor found in our data provide a negative portrayal of the menopause and of its various stages and effects.

As shown in this section, the analysis of the corpus data yields four main metaphorical mappings at work in UK women's discourse about menopause (i.e., MENOPAUSE IS A JOURNEY, MENOPAUSE IS A FORCE, THE DIVIDED SELF METAPHOR, and MENOPAUSE IS A STRUGGLE/BATTLE). As has been made manifest, most of the instances of these metaphors in our corpus describe the effects of menopause and evaluate them negatively. However, except for the MENOPAUSE IS A STRUGGLE/BATTLE metaphor, the other three metaphorical renderings of menopause have also been shown to be flexible enough to accommodate both negative and positive portrayals of this stage of life. The DIVIDED SELF metaphor, in particular, yields a similar number of axiologically positive and negative instances. While those metaphors found in the biomedical literature focus exclusively on the negative aspects of menopause (Deutsch, 1945; Martin, 1987; Niland, 2010), and those found in feminist contexts tend to highlight what is positive about this process (Zeserson, 2001; Quental et al. 2023), three of the metaphors used by UK women identified in our corpus offer a richer view of this stage of their lives by depicting its hardships as well as its advantages.

5. CONCLUSIONS

UK women's conceptualization of menopause involves mainly four conceptual metaphors: MENOPAUSE IS A JOURNEY, MENOPAUSE IS A FORCE, THE DIVIDED PERSON METAPHOR, and MENOPAUSE IS A STRUGGLE/FIGHT. These conceptual mappings allow

them to draw a faithful portrait of this phase of their lives, including its development, its different stages, and its negative and positive aspects.

Unlike biomedical discourse, ordinary women's metaphorical talk about menopause does not make an extensive use of the MENOPAUSE IS A HEALTH CONDITION metaphor (Niland, 2010) or other conceptual mappings that involve its medicalization (i.e., BREAKDOWN SYSTEM and BROKEN FACTORY metaphors; Deutsch, 1945; Martin, 1987). The metaphorical conceptualization of menopause by ordinary UK women does not reflect an understanding of menopause in terms of an illness or health condition. Neither do they focus exclusively on a positive re-framing of menopause, as is the case with those metaphors stemming from sociological (feminist) perspectives (MENOPAUSE IS A LIBERATION/ZEST).

Our data shows that UK women resist those biased metaphors stemming from the biomedical and the feminist realms, and promote, through their use, alternative metaphorical conceptualizations of menopause which suit better its ambiguous nature and its varied effects on women. All metaphors at work in the testimonials under scrutiny reflect the relevance of this period of any woman's life. Three of them (MENOPAUSE IS A JOURNEY, MENOPAUSE IS A FORCE, THE DIVIDED PERSON METAPHOR) cover all aspects of the impact of menopause, both positive (liberating force), and negative (physical, emotional, social impact), in their lives. One of the positive effects of menopause is its capacity to push women towards non-conformism and liberation from social impositions (i.e., the motherhood, caring, beauty and eternal youth mandates). Further research should compare the metaphors arising in the language of UK women with those underlying the conceptualization of menopause by women belonging to other cultures in which some of those social mandates do not end with menopause (e.g., Mediterranean cultures in which women are expected to care for their relatives, including their elder, and also their grandchildren, long after they have entered their menopausal age).

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Exploring the Metaphorical Language of Menstruation. Health, Hygiene or Camouflage?

Explorando el lenguaje metafórico sobre la menstruación. ¿Salud, higiene o camuflaje?

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ABSTRACT: This article is centred on a corpus-based methodology and approach to delve into the metaphoric language surrounding menstruation. Its primary goal is to illuminate prevalent figurative expressions and their implications on societal perceptions concerning women's health and menstruation. Observing a relevant and representative corpus on the topic, our findings underscore a notable thematic concentration on health and hygiene-related metaphors. However, most of them, despite their science-centric nature, carry a significantly negative undertone, perpetuating stereotypes that cast menstruation as an unfavourable and stigmatised experience. This study positions menstruation within a broader social context, revealing a pervasive inclination to camouflage this natural phenomenon. Despite being a fundamental aspect of women's lives, metaphors often portray menstruation as an adverse event, a dark circumstance, or a longstanding taboo, transcending cultural and historical boundaries. By shedding light on these linguistic nuances, this research contributes to a more comprehensive understanding of the language used to discuss menstruation. Through this exploration and evaluation, we advocate for a shift towards inclusive and empathetic discourse surrounding women's health discourse.

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Key words: biomedical discourse analysis, gender-sensitive terminology, corpus-based analysis, metaphors, women's health

RESUMEN: Este artículo se basa en el análisis de corpus como metodología y enfoque para profundizar en el lenguaje metafórico referido a la menstruación. Su principal objetivo es mostrar expresiones figuradas predominantes en este tipo de discurso y analizar sus implicaciones en las percepciones sociales sobre salud femenina y menstruación. Con la observación de un corpus relevante y representativo acerca del tema, nuestros resultados ponen de relieve una notable concentración temática en las metáforas relacionadas con la salud y la higiene. Sin embargo, la mayoría de ellas, a pesar de su carácter científico, conllevan un matiz eminentemente negativo, por lo que contribuyen a la consolidación de estereotipos que presentan la menstruación como una experiencia desfavorable y estigmatizada. De hecho, este estudio engloba la menstruación en un contexto social más amplio y revela una tendencia generalizada a camuflar este fenómeno natural. A pesar de ser un aspecto fundamental de la vida de las mujeres, las metáforas suelen retratar la menstruación como un acontecimiento adverso, una circunstancia oscura o un tabú persistente a lo largo del tiempo que traspasa las fronteras culturales e históricas. Al poner de manifiesto estos matices lingüísticos, este trabajo de investigación permite comprender con mayor rigor cuál es la trascendencia del lenguaje utilizado para hablar de la menstruación. A partir de esta labor de análisis y evaluación, abogamos por un cambio hacia un discurso inclusivo y empático en torno al lenguaje sobre la salud de la mujer.

Palabras clave: análisis del discurso biomédico, terminología sensible al género, análisis basado en corpus, metáforas, salud en la mujer

1. INTRODUCTION

The historical treatment of women's health phenomena has, regrettably, been marred by collective norms that often render natural processes as illnesses or stigmatising syndromes to be hidden from the public eye (Barona, 2023; Wood, 2020; Ussher and Perz, 2014). This overarching tendency is especially evident in the discourse surrounding menstruation, a fundamental aspect of women's lives. Instead of embracing menstruation as a natural and positive occurrence, it has traditionally been relegated to the shadows, obscured by cultural taboos, and darkened with an inclination to view it through a lens of fault or handicap (Blázquez Rodríguez, 2023; Gottlieb, 2020; Jackson and Falmagne, 2013; Luke, 1997; Idoiaga-Mondragon and Belasko-Txertudi, 2019).

The narrative surrounding menstruation, kept by centuries of cultural influence, extends beyond mere perceptions and has penetrated the medical discourse as well (Blázquez Rodríguez, 2023; Jeoung, 2020). In fact, the language used to describe menstruation both in scientific and general discourse has contributed significantly to the perpetuation of negative stereotypes, portraying this natural process as undesirable and in need of concealment rather than acceptance (Bonilla Campos, 2023; Burrows and Johnson, 2005; Johnston-Robledo and Chrisler, 2020; Newton, 2016; Wood, 2020).

Our specific focus is to unravel the metaphorical language encapsulating menstruation. By employing a corpus-based methodology, we aim to shed light on

prevalent figurative expressions and their social implications, transcending the boundaries of negative biases that have clouded the discourse on women's health.

As we navigate the linguistic landscape surrounding menstruation, our mission extends beyond analysis to action. We strive to challenge the historical discourse that has obscured the natural and positive essence of menstruation. This exploration is not merely an academic endeavour but a call to transform the prevailing narrative, fostering inclusive and empathetic discourse that recognises menstruation as an inherent and fundamental aspect of women's lives.

In summary, our overarching goal is to exhibit how figurative language contributes to the consolidation of stereotypes and taboo-centred attitudes involving concealment and silence, which were perpetuated within the discourse surrounding menstruation all over history and somewhat validated with scientific and medical discourse seconding them. After a meticulous observation of the corpus, we aim to bring to light ingrained assumptions and biases on menstruation references. With this knowledge, our ultimate purpose is to propose inclusive and gender-sensitive alternatives in the future. Through this multifaceted analysis, we aspire to contribute meaningfully to the ongoing transformation of the narrative, fostering a language that embraces the natural and positive essence of menstruation within the broader female experience.

1.1. MENSTRUATION THROUGH THE AGES. BIASES IN MEDICAL DISCOURSE

From a scientific perspective, it may be assumed that medical discourse is devoid of stereotypes and biased assumptions (Blázquez Rodríguez, 2023: 133). This belief is particularly rooted in the expectation that specialised language in the medical field is objective, accurate, and respectful, given its significant impact on society and its role in disseminating fair practices (Bobel, 2010; Foucault, 1973; Hyland, 2010; McHugh, 2020; Pao, 2023). Consequently, the recurring metaphors on menstruation in medical language may be initially expected as distant from stereotyped images or stigma, considering the professional overtone attributed to the prototypical discourse of medicine (Bonilla Campos, 2023; Northup, 2020; Pao, 2023; Wilce, 2009; Zeidler, 2013). However, numerous samples of medical and health discourse on menstruation through the ages demonstrate that figurative language referring to this natural process is mainly negative, undesirable, and therefore likely to be camouflaged (Blázquez Rodríguez, 2023; Gottlieb, 2020; Jeoung, 2023; Wood, 2020; Paterson, 2014).

Historically, the perception of menstruation by different doctors and within the medical field has evolved significantly (Barona, 2023: 48). Early medical perspectives often framed menstruation within a context of pathology or imbalance, viewing it as a discharge of toxins or impurities (Gottlieb, 2020; Jackson and Falmagne, 2013; Ussher and Perz, 2014). Ancient Greek and Roman physicians, such as Hippocrates, attributed menstrual symptoms to a supposed excess of "female humours" that needed to be purged from the body (Gómez Sánchez *et al.*, 2012: 375).

During the Middle Ages, menstruation continued to be associated with notions of imbalance and impurity. Some medical practitioners, influenced by prevailing religious and cultural beliefs, regarded menstruation as a consequence of women's inherent inferiority or as a form of punishment for Eve's biblical transgressions (Barona, 2023; Gómez Sánchez *et al.*, 2012).

In the 19th century, as medical understanding advanced, there was a gradual shift toward more scientific interpretations. However, many doctors still viewed menstruation

through the optics of pathology. Menstrual disorders were often pathologized, and prevailing cultural norms influenced the medical discourse, reinforcing negative perceptions (Gómez Sánchez *et al.*, 2012; Jeoung, 2023; Ussher and Perz, 2014).

The early to mid-20th century witnessed increased medicalisation of menstruation. (Ussher and Perz, 2014). Menstrual hygiene products were developed, and medical professionals contributed to the understanding of menstrual cycles (Donat Colomer, 2023; Margaix Fontestad, 2023). Nevertheless, societal taboos persisted, influencing medical discourse and the perception of menstruation as a topic not to be openly discussed (Bobel, 2010; McHugh, 2020; Newton, 2016; Wood, 2020).

In recent decades, there has been a growing acknowledgement within the medical community of the normalcy and importance of menstruation (Blázquez Rodríguez, 2023; Botello Hermosa y Casado Mejía, 2017). Efforts to destigmatise menstrual health (Blázquez Rodríguez, 2023; Hennegan *et al.*, 2021), coupled with advancements in women's health research, have contributed to a more nuanced understanding of menstruation as a natural and essential aspect of reproductive health (Espejo Martínez *et al.*, 2019). Nevertheless, despite contemporary advancements in medical publications, a considerable portion of images and analogies employed today in reputed medical publications echoes the figurative language and stereotypes that have traditionally enshrouded the discourse on menstruation (Cimino *et al.*, 1994; Jeoung, 2023; Patterson, 2014; Semino, 2011). This perpetuation of age-old linguistic constructs contributes to the endurance of negative connotations and a persistent inclination towards the concealment of menstruation references (Jeoung, 2023; Newton, 2016; Weedon, 1987; Wood, 2020). The traces of these linguistic patterns extend beyond menstruation to encompass the broader spectrum of language concerning women's health phenomena (Espejo Martínez *et al.*, 2019).

Throughout history, diverse cultural, religious, and social influences have shaped medical perspectives on menstruation, reflecting broader attitudes. The evolution of these perspectives highlights the intersectionality of medical discourse, gender norms, and cultural beliefs surrounding this natural bodily process, which contributes to the persistence of biases, stereotypes, and assumptions in the present discourse (Johnston-Robledo and Chrisler, 2020; McHugh, 2020; Patterson, 2014)

2. HEALTH AND GENDER-SENSITIVE PERSPECTIVES

2.1. DIGITENDER: A RESEARCH PROJECT AS A FRAMEWORK

The significance of addressing women's health issues through a gender-sensitive view has become increasingly prominent in recent years (Espejo-Martínez *et al.*, 2019; Idoaga-Mondragon and Belasko-Txertudi, 2019; Luke, 1997; WHO, 2022). Responding to this imperative, our project emerged in pursuit of a more equitable society that values gender diversity.

This work is integrated into DIGITENDER, a gender terminology research project (DIGITENDER, TED2021-130040B-C21) that undertakes a comprehensive examination of language within women's health discourse. This project is dedicated to digitising, processing, and digitally publishing open, multilingual terminology resources, with a specific emphasis on gender perspectives in the digital realm. The integrative objective is to generate an extensive and accessible resource set capable of mitigating gender bias in language usage across diverse digital platforms.

At the heart of the research project is the development of a centralised repository containing gender-sensitive terminology. This repository is envisioned as a practical tool for individuals and organisations committed to fostering inclusive and equitable language practices. Our study involves an in-depth analysis of existing terminology resources, the establishment of a digital infrastructure for data storage and dissemination, and the implementation of a community-driven approach to ensure continuous evolution and enhancement of the resources.

In essence, our project aspires to make meaningful contributions toward fostering a more inclusive and gender-sensitive digital society.

DIGITENDER is also related to the creation of *WHealth*, an extensive open-access repository of terms, which serves as a fundamental aspect of the above-described initiative. *WHealth* aims to bring visibility to health problems and issues impacting women, addressing topics such as menstruation, infertility, menopause, and eating disorders. Through this comprehensive resource, the project seeks to empower the public with relevant information, challenging taboos and stereotypes that can contribute to health problems and their assumption as biased or limiting processes.

2.2. MENSTRUATION AND GENDER CONSIDERATIONS

The definition given by *Oxford Dictionary* for menstruation is:

The discharge of blood and fragments of endometrium from the vagina at intervals of about one month in women of childbearing age (*see* menarche, menopause). Menstruation is that stage of the menstrual cycle during which the endometrium, thickened in readiness to receive a fertilized egg cell (ovum), is shed because fertilization has not occurred. The normal duration of discharge varies from three to seven days (...)

(Oxford Dictionary, 2023)

It is worth observing that this definition does not contain any references indicating that menstruation is an illness, a pathology, or a disease, but it alludes to a stage in a cycle when fecundation has not taken place. Therefore, it is assumed that additional constructs may have been culturally disseminated but not lexically supported or preliminarily prejudiced.

In terms of global health, a statement on menstrual health and rights was included in the 50th session of the Human Rights Council Panel discussion on menstrual hygiene management, human rights, and gender equality (2022). This initiative was relevant in the sense that previous global conferences and events did not consider this step significant, as mentioned on the World Health Organisation website:

Menstrual Health was not on the agenda of the International Conference on the Population and Development or the Millennium Declaration. Nor it is explicitly stated in the Sustainable Development Goals targets for goals 3 (health), 5 (gender equality) or 6 (water and sanitation).

(WHO, 2022)

Additionally, some specific actions are also expressly mentioned in this representative organisation's publications for a positive approach to be attributed to menstruation:

WHO calls for three actions. Firstly, to recognize and frame menstruation as a health issue, not a hygiene issue – a health issue with physical, psychological, and social dimensions, and one that needs to be addressed in the perspective of a life course – from before menarche to after menopause. Secondly, to recognize that menstrual health means that women and girls and other people who menstruate have access to information and education about it; to the menstrual products they need; water, sanitation, and disposal facilities; to competent and empathic care when needed; to live, study and work in an environment in which menstruation is seen as positive and healthy, not something to be ashamed of; and to fully participate in work and social activities. Thirdly, to ensure that these activities are included in the relevant sectoral work plans and budgets, and their performance is measured [...] WHO is also committed to breaking the silence and stigma associated with menstruation and to make schools, health facilities and other workplaces (including WHO's workplaces), menstruation responsive. (WHO, 2022)

Given the aforesaid reflections, it is manifested that WHO's directives align closely with the goals of our research project in promoting gender sensitivity. This organisation emphasises the need to destigmatise menstruation and eliminate negative assumptions. Notably, WHO advocates for comprehensive menstrual health, encompassing access to information, education, menstrual products, water, sanitation, and disposal facilities, as well as empathic care. Importantly, it calls for an environment where menstruation is viewed positively, devoid of shame, enabling individuals to fully participate in various aspects of life. It is conceived, therefore, that language is to be integrated into the positive atmosphere promoted and appealed to by this representative body.

The WHO statement serves as a powerful validation of our project's objectives, signalling the global recognition of menstruation as a gendered subject that requires dedicated attention. The acknowledgement of menstrual health as a priority by a global institution in 2022 underscores the overdue need for such initiatives and challenges to transform existing societies.

Furthermore, the identification of menstruation as a gender issue (Song *et al.*, 2016: 185) discloses the evident disparity in the cultural and linguistic treatment of non-female reproductive or hormonal processes in terms of neutrality, which entails a stark contrast with the embarrassment, stigma or pathology-based attitudes exhibited toward individuals menstruating. (Espejo Martínez *et al.*, 2019: 206). Hence the need for a gender-sensitive approach and the core of this research work.

By fostering inclusive, respectful, and equitable language after showing linguistic evidence of unfair and impartial conceptions, our project aims to contribute to breaking the silence and destigmatising menstruation, ultimately enhancing equality among individuals preliminarily prejudiced.

2.3. METAPHORS AND GENDERED WOMEN'S HEALTH DISCOURSE

The utilisation of metaphors in medical discourse is linguistically substantiated, as referenced in a prior work by Navarro-i-Ferrando (2017). This assertion is grounded in the recognition that metaphors serve a fundamental role in bridging our comprehension of the world with the language employed in scientific contexts (Brown, 2003; Navarro-i-

Ferrando, 2017). In our work, the intricate interplay between metaphorical language and medical discourse becomes evident as well, with an essential contribution to shaping our understanding of complex concepts within the realm of women's health.

The integral role of metaphors in scientific language, particularly in conceptualisation and theory representation, has been underlined by scholars for decades, and more recently by Navarro-i-Ferrando in his article (2017: 164), where he expressly alludes to several authors and experts who agree on the relevance of metaphors in science and medicine (Black, 1962; Gentner and Gentner, 1983; Kuhn, 1993). As referenced by Navarro-i-Ferrando (*ibid.*) recent in-depth analyses by Brown (2003: 11) and Zeidler (2013: 101) further illuminate the significance of metaphors in scientific discourse. In the field of Medicine, researchers have approached discourse through genre analysis, as stated by Navarro-i-Ferrando (Yanoff, 1988; Salager-Meyer, 1994; Gotti and Salager-Meyer, 2006; Navarro-i-Ferrando, 2017; Wilce, 2009) and terminology studies (Dirckx, 1983; Cimino *et al.*, 1994).

A noteworthy contribution involves the qualitative analysis of specific metaphors within medical discourse (Navarro-i-Ferrando, 2016, 2017; Semino *et al.*, 2004; Semino, 2008, 2011). According to Semino (2011: 130), metaphors exhibit distinct adaptations across genres with varying social scopes, particularly in terms of communicative and conceptual functions. Research in healthcare and illness, influenced by Sontag's seminal work *Illness as Metaphor* (1978: 18), often adopts a sociological perspective, exploring metaphor usage in therapy, doctor-patient communication, and healing processes (Demjén and Semino, 2016).

In this case, our corpus study has also contributed significantly by revealing the pervasive nature of metaphors in technical medical texts (Mungra, 2007; Navarro-i-Ferrando, 2017), although not exactly to improve communicative interaction or healing attitudes, but to extend, and somewhat endorse, traditional beliefs and conventions on embarrassment and impurity in menstruation.

3. METHODOLOGY

3.1. METAPHORS, GENDER, AND CORPUS ANALYSIS

The corpus analysis serves as both the methodological approach and the analytical tool for identifying prominent figurative patterns and examining their contextual usage, including gendered nuances and recurrent themes (Timofeeva and Vargas-Sierra, 2015). Specialized software, particularly Sketch Engine (2023), facilitated the compilation, location, and contextual analysis of recurring metaphors. This software enabled not only the quantification and identification of key terms and related metaphors but also the automation of processes preceding the qualitative study of gendered conceptions and usual connotations. Particularly noteworthy functions included the 'Wordlist' feature for identifying frequent items according to predefined categories and the 'Concordance' function for displaying frequent keywords in context, facilitating a more nuanced interpretation and evaluation of connotations.

The selection of the corpus source was deliberate and meticulous, taking into account factors such as the recent publication of the monograph that inspired the study, the inclusion of a historical review on menstruation, the predominantly biomedical and scientific discourse, and the expertise of the contributing authors (Leech, 2007). The corpus, compiled via Sketch Engine, is derived from a reputable treatise on menstruation

titled «La menstruación: de la ideología al símbolo» (Donat Colomer, 2023), authored by esteemed experts, men and women. It represents an innovative and comprehensive resource for Spanish discourse on menstruation, integrating current knowledge, frequent terminology, new perspectives on biomedical discourse, and authentic scientific language in women's health.

While biased metaphors and stereotyped images may initially appear concentrated in chapters discussing the historical evolution of menstruation discourse, the qualitative analysis revealed their pervasive presence throughout the corpus. Although adverse and stigmatised patterns are more prevalent in historical references, recurring figurative elements across chapters disclose the persistence of negative associations. The corpus-based study provides statistical confirmation of the gendered analogies and stigmatisation within menstruation discourse, offering a comprehensive and representative sample for analysis (Berber Sardinha, 2002; Bowker and Pearson, 2002; Leech, 2007; Vargas-Sierra, 2012).

The representativeness and value of the corpus stem from its association with a reputable publication, its recent release, its acceptance within the expert community, and the support provided by Sketch Engine. This software enables the identification and display of total frequencies, occurrences, collocates, and contexts based on predefined criteria and categories, facilitating rigorous analysis and interpretation (Baker, 2003; Bowker and Pearson, 2002; Croft, 1991). Following this initial observation, qualitative exploration serves as the next logical step to enhance data interpretation, particularly concerning gendered concepts.

3.2. FIGURATIVENESS IN THE CORPUS

Our research methodology has been delineated aiming to assess the prevalence of figurative patterns associated with gendered concepts (Fernández Díaz, 2013: 50), which act as influencers of social perceptions within menstruation discourse. We posit that these linguistic elements play a crucial role in shaping cultural stereotypes and biases related to women's health, portraying menstruation as a pathology, an unhygienic concern, or a concealed process evoking shame (Jeoung, 2023; Newton, 2016; Wood, 2020).

Our investigation initiates with the creation of a specialised *ad-hoc* corpus (Bowker and Pearson, 2002) in Spanish, consisting of approximately 90,000 words. Despite its modest size and consideration as small (Berber Sardinha, 2002; Vargas-Sierra, 2012), the corpus is strategically tailored to the specialised focus of our research (Leech *et al.*, 1994). As advanced in the section above, text samples are sourced from a credible publication on women's health, authored by medical professionals and experts (Donat Colomer, 2023), ensuring representativeness according to our study's objectives (Leech *et al.*, 1994).

The compilation process involved the inclusion of the whole book as a scholarly compendium notable for its up-to-the-minute and extensive coverage of menstruation. This book includes a comprehensive tour, incorporating anthropological, historical, psychological, and biological perspectives along with recommendations on women's care and details on menstrual alterations, providing a thorough review of its significance both historically and in contemporary contexts. (This compilation was facilitated through the automation capabilities of the *Sketch Engine* software (2023), optimising data quantification and enhancing research efficiency.

In the initial phase of the corpus analysis, we adopt a quantitative approach, focusing on keywords and expressions, particularly perception nouns and adjectives, given their presence in triggering metaphorical senses (Baker, 2003; Cifuentes Honrubia, 1994; Croft, 1991; Gordon and Lakoff, 1971; Halliday, 1978, 1994; Langacker, 2008). This quantitative assessment provides an empirical measure of the significance and prominence of these elements in the discourse.

Furthermore, to comprehensively understand the conceptual landscape of women's health discourse on menstruation, we identify and quantify three mental conceptions arising from the quantitative stage: menstruation is a pathology, menstruation is against hygiene, and menstruation is to be camouflaged. Employing these keywords and their synonymous as search prompts, as well as observing the segments surrounding them, we determine the prevalence of metaphorical sequences, exploring not only their frequency but also their emotional transcendence.

This single-minded approach extends our research scope, offering insights into the connotational nuances of recurrent metaphorical sequences within the discourse. It unveils not only the analogies present, but also their positive or negative implications, contributing to a more refined understanding of how metaphors are intertwined with menstruation discourse shaping cultural narratives on women's health.

Following the quantitative analysis, we progress to qualitative scrutiny, exploring contextual overtones of frequent linguistic patterns. Our objective is to identify specific metaphors and connotations related to menstruation (Timofeeva and Vargas-Sierra, 2015). This qualitative analysis provides insights into the figurative dimensions present in the language related to menstruation across historical periods.

In summary, our corpus analysis methodology leverages the automation capabilities of *Sketch Engine* to compile and search a specialised corpus. This approach allows us to investigate the frequency, figurativeness, and biased content of language related to menstruation. We assert that frequency indicates linguistic relevance and authenticity, while metaphorical and connotational dimensions reveal the extent of embedded stereotypes and biases.

By employing this methodology, we aim to offer a comprehensive understanding of the metaphorical components within women's health discourse, shedding light on their societal impact.

4. RESULTS AND DISCUSSION

The results gleaned from our corpus analysis manifest the dominant metaphorical patterns embedded in women's health discourse, particularly within the realm of menstruation. Our investigation unveils the sociocultural lenses that have influenced the language employed to articulate menstruation women's experiences across different periods and cultures.

4.1. METAPHORICAL NARRATIVES AS SOCIOCULTURAL CONSTRUCTS

Examining the data obtained through *Sketch Engine* search queries, the frequent use of revealing perception nouns such as pain, change, discomfort, unease, inconvenience, silence, irritability, odour, impurity, dirt, disgust, invisibility, upset, or burning pain contributes to a noticeably biased portrayal of menstruation as an unpleasant process, rather than a natural one. Specifically, out of a total frequency of 1,418

occurrences, these nouns constitute 438 (30.9%). Moreover, the contexts surrounding many other nouns, most of them sense-related references, including vision, quantity, intensity, heat, sensation, image, contact (especially blood contact), dryness, size, colour, perception, texture, and volume, also incorporate predominantly negative notions, resulting in an additional 301 occurrences with disagreeable connotations (see Figure 1).

Table 1. Recurring nouns. Source: *Sketch Engine*

NOUNS (66 items) / 1418 Total Frequency (F)							
Noun	F	Noun	F	Noun	F	Noun	F
1 ciclo	272	14 imagen	25	27 frío	10	40 suciedad	3
2 dolor	173	15 espacio	24	28 sequedad	10	41 lengua	3
3 cambio	145	16 mirada	24	29 tamaño	10	42 asco	3
4 experiencia	128	17 contacto	19	30 silencio	9	43 fragancia	3
5 visión	52	18 luz	18	31 color	9	44 invisibilidad	3
6 cantidad	51	19 ojo	17	32 percepción	8	45 textura	2
7 intensidad	50	20 signo	16	33 incomodidad	8	46 disgusto	2
8 calor	38	21 secreción	15	34 irritabilidad	7	47 aroma	2
9 molestia	36	22 piel	14	35 temperatura	7		
10 malestar	35	23 fluido	13	36 olor	7		
11 fuerza	28	24 estímulo	12	37 impureza	5		
12 vista	25	25 sentimiento	12	38 superficie	4		
13 sensación	25	26 humedad	11	39 nariz	4		

The analysis of our corpus reveals a significant tapestry of metaphors and fundamental analogies intricately interlaced into the discourse on women's health. These linguistic constructions vividly portray conventional sociocultural perspectives on menstruation and how women face them, as emphasised by Northrup (2020). The significance of this revelation lies in recognising language as a medium that conveys deeply rooted beliefs.

To exemplify the correspondences related to the fundamental constructs in focus, some of the search findings are exhibited below in Table 2. In this context, the presented capture in Figure 1 depicts a search query for pathology- or illness-centred key nouns, displaying a primary mental conception defining the corpus. The substantial total frequency of these terms related to illness is notable, amounting to 119 occurrences (exclusively as nouns; key adjectives are additional). A sample of accompanying contextual segments is also provided to offer further insights into metaphorical assumptions and their lexical impact. It is worth noting that considering menstruation a pathology or insisting on its symptomatology conveys a figurative interpretation given the scientific evidence and the official recommendations for this cyclic phenomenon to be conceived as a natural process rather than as a disease. Continuous references to menstruation effects, signs, symptoms, pains, and incapacities may be cognitively identified by women as a confirmation that they are ill while menstruating, which is neither exact nor technically true.

Table 2. Frequency of illness-based key nouns with a sample of contextual segments.
Source: Sketch Engine

NOUN (5 items) /119 Total frequency (F)	
Noun	Frequency
1 enfermedad	59
2 malestar	31
3 patología	21
4 sufrimiento	7
5 dolencia	1

Figure 1. Sample of contexts for 'patología'. Source: Sketch Engine

CQL: [lc=="patología"] • 21 208,42 por millón tokens • 0,021%			
Detalles	Contexto izquierdo	KWIC	Contexto derecho
1	doc#0 is, </s><s>Por lo que se refiere a la jurisprudencia y la	patología	sexual, la medicina medieval hablaba de frigidez e im
2	doc#0 es en favor de una interpretación del hecho desde la	patología	, </s><s>Los órganos sensoriales como el olfato se e
3	doc#0 Onán, la masturbación, se convierte así en fuente de	patología	y se responsabiliza a la prostitución de la destrucción
4	doc#0 </s><s>La ambivalente combinación de normalidad y	patología	ha favorecido el cambio "zigzagante" de las teoriza
5	doc#0 proceso en sí patológico (en el que se conectarían	patología	genital y psiquiátrica, por una suerte de "simpatía me
6	doc#0 como el órgano clave para la explicación de cualquier	patología	en las mujeres y para su remedio, </s><s>Es conocid
7	doc#0 ición social. </s><s>2.2. </s><s>Normalidad vs. </s><s>	Patología	: diagnósticos y dilemas en torno al malestar menstru
8	doc#0 po, se ha ido diluyendo la frontera entre normalidad y	patología	, donde el peso del contexto histórico y la sombra de
9	doc#0 primera se incluyó una categoría específica para una	patología	asociada a la menstruación, el trastorno disfórico pre
10	doc#0 de que fuera concebido, hacia los años 30, como una	patología	del ámbito de la ginecología, con la denominación de
11	doc#0 infado, ira, cambios de humor), al considerarlos como	patología	(o sólo justificables como tales), y por tanto como est
12	doc#0 sólo para el sufrimiento, sino lo que representa como	patología	: una parte poco apropiada o auténtica de lo que sign
13	doc#0 a ésta como la construcción discursiva del SPM como	patología	, apoyándose, por un lado, en lo que llama realismo d
14	doc#0 to "normales" no necesariamente es que tiene alguna	patología	, </s><s>Cada cuerpo es un mundo", </s><s>No obst
15	doc#0 iducir, estaría la clave para hablar de normalidad o de	patología	y para intervenir terapéuticamente o no en el climater
16	doc#0 de caso, la menopausia es capaz de desencadenar la	patología	, </s><s>Así, por ejemplo, la prevención de la osteope
17	doc#0 nsidad del fenómeno, sin que llegue a constituir una	patología	, es variable e individualizada para cada persona, </s>
18	doc#0 na, lo que establecería la frontera entre normalidad y	patología	, </s><s>Para reforzar esta dificultad diagnóstica, los
19	doc#0 n genital) clínica y complementaria no detecta ninguna	patología	del aparato genital) o de la pelvis, </s><s>Cuando su
20	doc#0 in coágulos, </s><s>En ocasiones, dependiendo de la	patología	que la produzca, y fundamentalmente si se trata de u

The sample below corresponds to a short collection of recurring nouns with meanings close to the concept of hygiene, dirt, impurity, and their frame semantic field. The contextual examples exposed contain hygiene-based key adjectives, but the content they refer to is determining to understand a wide range of figurative patterns concerning menstruation which are frequently remarked on all over the ages, persisting to the present.

It is interesting to refine that the contextual display of these key adjectives encompasses not only their literal meaning but also a figurative sense, which is visibly influenced by cultural, religious, or mythological factors among others. What we can find frequently expressed in the corpus is not only a set of allusions to dirt or unhygienic circumstances but also some references to spiritual impurity or contamination. This final inference is very revealing to understand the extent to which menstruation may have been prejudiced and gendered, which is likely to have affected and probably still affects women’s cognitive interpretation of their condition when menstruating.

Table 3. Frequency of hygiene-based key nouns with a sample of contextual segments including hygiene-based key adjectives. Source: *Sketch Engine*

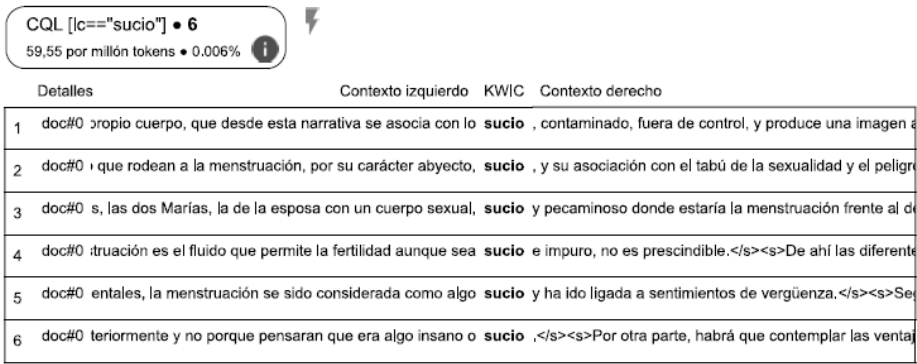
NOUN (5 items) /37 Total frequency (F)	
Noun	Frequency
1 higiene	22
2 impureza	5
3 olor	4
4 suciedad	3
5 asco	3

Figure 2. Sample of contexts for 'impuro' and 'sucio' as adjectives. Source: *Sketch Engine*

CQL [l=="impuro"] • 6

59,55 por millón tokens • 0.006%

	Detalles	Contexto izquierdo	KWIC	Contexto derecho
1	doc#0	lo sagrado, santo o puro, bien a lo profano, peligroso o	impuro	; aunque se haga más énfasis en una o en otra, ambas
2	doc#0	es el fluido que permite la fertilidad aunque sea sucio e	impuro	, no es prescindible.</s><s>De ahí las diferentes restricción
3	doc#0	úes, donde se muestra que se ha destacado el carácter	impuro	y contaminante de la sangre.</s><s>Las mujeres entre
4	doc#0	Frente al énfasis del carácter peligroso, contaminante e	impuro	de los objetos tabuados aquí se remarca el carácter po
5	doc#0	os demás, pues tradicionalmente se ha visto como algo	impuro	y antihigiénico: algodón, telas, pieles de animales, esp
6	doc#0	er en el periodo de la menstruación, ya que era un acto	impuro	y se castigaba incluso con el exilio.</s><s>Incluso en e



In the following figure, the affluence of key nouns related to shame, embarrassment, and taboo is evident, providing a direct explanation for the presence of terms related to concealment, silence, distance, and references to limitation or handicaps, among other similar notions. The contextual selection, with 'embarrassment' as a core term, contains a substantial visual representation of prevalent metaphors resulting in stereotypes on menstruation, which may have prompted women to camouflage their condition on numerous occasions.

It is convenient to bear in mind that the frequency of these perception keywords is relevant in the corpus not only due to the number of occurrences but also given the scientific character of the publication which originated the compilation (Colomer Ed., 2023). In fact, it could be verified in our analysis that the abundance of some perception nouns and adjectives is evident, despite the preliminary assumption of objectivity we may associate with science and medicine (Hyland, 2010). Additionally, the biased sense of such key terms and the contexts they are integrated into also unveils evidence of gendered discourse.

Table 4. Frequency of taboo- and concealment-based key nouns with a sample of contextual segments including embarrassment as a core term. Source: Sketch Engine

NOUN (9 items) /83 Total frequency (F)	
Noun	Frequency
1 tabú	22
2 vergüenza	19
3 aislamiento	10
4 distancia	8
5 silencio	8
6 ocultamiento	7
7 mito	4
8 reclusión	3
9 limitación	2

Figure 3. Sample of contexts for 'vergüenza'. Source: Sketch Engine

CQL [lc=="vergüenza"] • 19
 188,57 por millón tokens • 0,019%

	Detalles	Contexto izquierdo	KWIC	Contexto derecho
1	doc#0	ue implica esa vivencia, a nivel material y simbólico (	vergüenza	, humillación, ocultación, estigma, las deficientes y p
2	doc#0	><s>Asociado a ello, se experimentan emociones de	vergüenza	, humillación, turbación o bochorno ante la posible re
3	doc#0	y actitudes hacia la menstruación y la experiencia de	vergüenza	corporal se asocian a peor calidad de vida relaciona
4	doc#0	to, las reglas de la etiqueta menstrual y el sentido de	vergüenza	corporal se pueden entender como formas de auto-d
5	doc#0	ares confirma, con pocas variaciones, un discurso de	vergüenza	, secreto y silencio, que conduce a distintas formas y
6	doc#0	iversas estrategias de resistencia y negociación de la	vergüenza	y el secreto que rodean a la menstruación, por su ca
7	doc#0	o estatus de mujer, la incomodidad, la ocultación y la	vergüenza	, sobre todo en el espacio escolar y público, debido a
8	doc#0	aso de la humillación, y que transforman en orgullo la	vergüenza	del cuerpo menstrual y en fuente de fortaleza lo que
9	doc#0	las dicotomías entre aspectos positivos y negativos,	vergüenza	y orgullo, temor y alegría, como afectos asociados),
10	doc#0	gerente, teniendo en cuenta el contexto de silencio y	vergüenza	en que la experiencia menstrual aún se desenvuelve
11	doc#0	entre sentidos paradójicos: normalidad, dolor, salud,	vergüenza	, molestias, ser mujer, maternidad y juventud.</s><s>
12	doc#0	os anuncios hacen hincapié en el secreto, en evitar la	vergüenza	y mantener la frescura mediante el uso de imágenes
13	doc#0	sobre la fisiología, enseñaban sobre la ocultación y la	vergüenza	.</s><s>A través del silencio: la menstruación es típi
14	doc#0	ín--está producida.</s><s>Ellas manifestarán culpa y	vergüenza	cuando se saltan esta cultura del ocultamiento, la cu
15	doc#0	ce al estigma sino que produce sentimientos como la	vergüenza	y el rechazo al propio cuerpo, el miedo y la ansiedad
16	doc#0	ad, natural, salud, dolor, incomodidad, desagradable,	vergüenza	, feminidad, maternidad y juventud.</s><s>Estas ide
17	doc#0	riencias y así conseguir la superación del silencio, la	vergüenza	y el miedo o el rechazo a su cuerpo y la sexualidad,<
18	doc#0	rias esta visión de la menstruación fue una fuente de	vergüenza	e hizo que se sintieran más alienados de sus cuerpo
19	doc#0	da como algo sucio y ha ido ligada a sentimientos de	vergüenza	.</s><s>Según Chistiane Northrup, Plinio el Viejo ya

4.2. STEREOTYPED BELIEFS AND GENDERED ATTITUDES

The most prevalent metaphorical patterns related to menstruation are presented in the following table, offering an overview of the most common ones to provide a comprehensive understanding of the cognitive constructs that may influence women and their health. Notably, health and hygiene are frequently referenced, often intertwined with taboos or shame, as well as terms associated with silence or concealment. The recurring notion of limitation is also substantial, reflecting the impact of the unfavourable atmosphere created by these metaphorical representations.

Table 5 discloses a general overview of the main metaphorical segments and their basic interpretation in the corpus. Interestingly, only one of the conceptions shows menstruation as a positive condition – that is when it refers to the origin of fecundation as the origin of a new life. The rest of the constructs are negative, adverse and in many cases visibly prejudiced.

Table 5. Recurring figurative patterns and common conceptions.
Source: Designed by the author from *Sketch Engine* results

Health	Hygiene	Need for camouflage and origin of limitations
Menstruation= illness, pathology	Menstruation= unhygienic period (with insistence on hygiene references)	Menstruation= embarrassment, shame, humiliation, indignity...
Menstruation= lack of harmony, imbalance, disorder	Menstruation= impurity, dirt, and stains	Menstruation= taboo, false beliefs, silence, and inaccurate health myth
Menstruation= social disease	Menstruation= disgusting smells, repugnant vapours, revulsion, repulsion	Menstruation= seclusion, isolation, secret, need for distance...
Menstruation= disease transmission vehicle	Menstruation= poisonous agents, contaminant	Menstruation= dark, muted, opaque and dull condition
Menstruation= mood distortion, pain, tension, fear, lack of motivation, discouragement, and uncontrolled changes	Menstruation= malignant fluids	Menstruation= impediment, handicap, inability, limitation, and interference
Menstruation= origin of life and fecundation– the only positive reference.	Menstruation= decomposition	Menstruation= annoying time, difficulties, dissuasive moment
Menstruation results in → weakness, incapacity, negative mental condition, physical incompetence, unfitness, psychological debility, physical fragility, frailty.	Menstruation results in → repugnance, rejection, disgust, discontent, resistance, antipathy...	Menstruation results in → taboo, silence, distance, seclusion, isolation, reclusion, concealment, silence, social rejection, guilt, fears, contempt...

A more in-depth contextual analysis uncovers a troubling reality conveyed by the discourse – the persistence of gender stereotypes and normalised imagery. Metaphors and emotionally charged language portray menstruation as a period associated with notions of illness, pain, apathy, dirt, impurity, repugnance, disgust, and the necessity for seclusion, concealment (Figure 4 below), or isolation in women, among other concepts. These exclusive associations, defining and impacting only women, have been scientifically normalised (Espejo-Martínez et al., 2019; Fernández Díaz, 2013), extensively propagated, and socially embraced for centuries, as evident in the observed contextual samples from the corpus (Table 5).

Figure 4. Example of recurring contexts with 'ocultamiento' as a key noun. Source: *Sketch Engine*

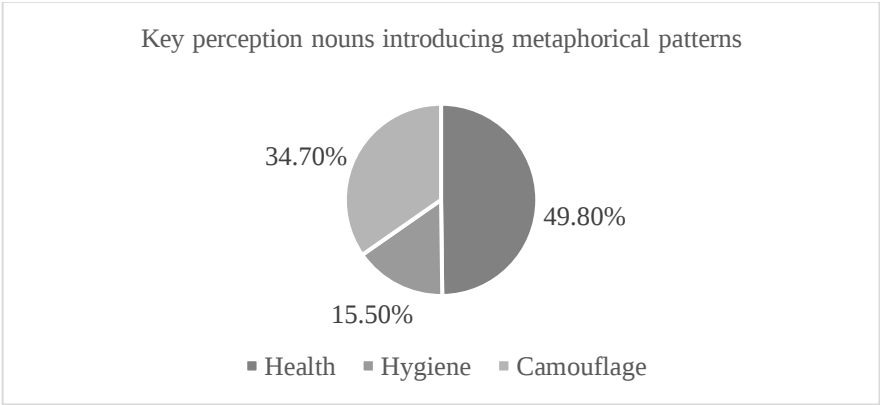
CQL [lc=="ocultamiento"] • 7
69,47 por millón tokens • 0.0069%

Detalles	Contexto izquierdo	KWIC	Contexto derecho
1	doc#0 1 su discurso de protección y seguridad, orientado al	ocultamiento	y borrado de todo indicio menstrual), hasta otras má
2	doc#0 uerza y confirma esa identidad idealizada.</s><s>El	ocultamiento	o la simulación, por miedo a la devaluación de la ide
3	doc#0 ión del peligro menstrual, se produce una cultura del	ocultamiento	que esconde esta marca.</s><s>Karen Houppert (2
4	doc#0 culpa y vergüenza cuando se saltan esta cultura del	ocultamiento	, la cual llegan a interiorizar como si fuera propia.</s>
5	doc#0 3l estrés por tener que gestionar continuamente este	ocultamiento	.</s><s>Todo ello, es descrito como una forma de o
6	doc#0 o, el cumplimiento de estas normas de la cultura del	ocultamiento	, de la vigilancia de la apariencia, de la adopción de
7	doc#0 ico e intocable.</s><s>Por otro lado, el mandato del	ocultamiento	hace que las mujeres construyan un sentimiento de

In terms of occurrences, most metaphorical associations are related to health, since menstruation is directly related to this women’s dimension. For example, the frequency of pathology-based perception terms is 119, whereas 37 occurrences in total correspond to key hygiene words (not all, but the basic ones) and 83 are references to taboos, embarrassment, concealment, or limitations arising from social rejection.

The following graph (Figure 5) shows the exact percentages of key nouns for each cognitive conception, which is of visual help to understand the effect of each one.

Figure 5. Occurrence of key nouns introducing metaphorical patterns.
Source: Designed by the author from *Sketch Engine* results



Significantly, with about 35% of terms referring to embarrassment, limitation and need for seclusion, the constructs we can consider the most prejudiced figurative conceptions are not only affluent but also revealing on the sociocultural effect the language of menstruation has and may have had.

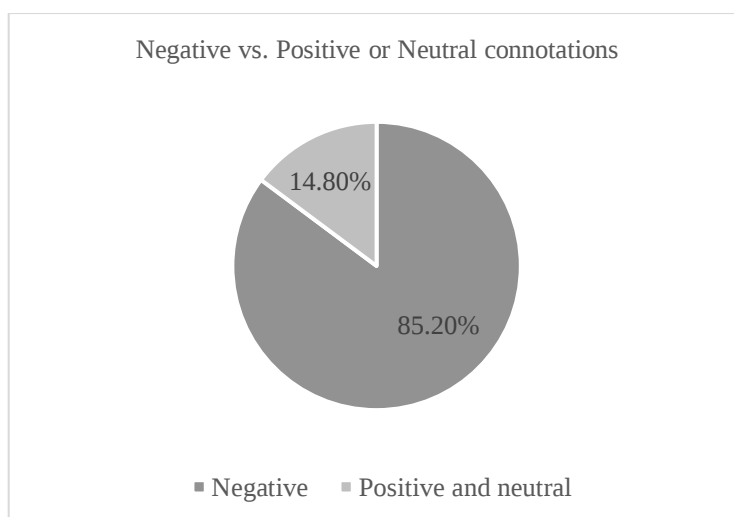
Moreover, at first sight, it can be confirmed with the analysis of main contexts that the intensity of connotations related to the taboo-concealment group of nouns, is more

notable than in the rest of the cases, although some hygiene contexts are also charged with an intense connotation of rejection.

4.3. IMPACT OF NEGATIVE CONNOTATIONS

In the prevailing recurring elements and their respective contexts, the associations and emotions tied to menstruation predominantly gravitate towards the negative end of the spectrum. This prevalent negativity contributes to the reinforcement of gendered perceptions and biases surrounding women's health. It is noteworthy, however, that one notable exception exists – instances where joy and positivity are commonly linked to menstruation, especially in the context of fecundation and fertility. Yet, across most cases, the discourse appears distinctly polarised, with negative effects or considerations not merely emphasised but almost exclusively referenced. In Figure 6, we can see how the connotations are distributed in figurative patterns. It shows how a significant majority of connotations related to menstruation through metaphorical content are adverse.

Figure 6. Connotations in metaphoric segments.
Source: Designed by the author from *Sketch Engine* results



The overwhelming prevalence of negative connotations uncovered in the corpus analysis prompts a critical reflection, particularly in light of the recommendations outlined by the World Health Organization (WHO) in their 2022 statement on Women's Health Rights. The WHO emphasises the importance of recognising menstruation as a woman's health condition, urging a shift from viewing it through the perspective of pathology, hygiene or stigma. In contrast, the notable number of negative conceptions identified in the discourse contradicts the WHO's call for acknowledging the positive aspects of menstruation. This dissonance highlights a significant gap between the recommended approach and the prevailing language constructs in women's health discourse.

Admitting the positive character of menstruation is fundamental not only to respecting women's condition and promoting equality but also to preventing gender-based discrimination. The extensive presence of negative conceptions, as revealed by our analysis, calls for concerted efforts to foster more positive attitudes and cultivate inclusive language practices. Efforts in this direction are crucial to aligning with global initiatives that seek to destigmatise menstruation and promote a more respectful and equitable narrative.

Addressing this disjunction between recommended principles and the actual language use necessitates a multifaceted approach. Initiatives focusing on terminology, awareness (Cabr , 1999), and advocacy can play a crucial role in transforming social perceptions. Gender-sensitive resources aimed at healthcare professionals, scholars, educators, and the general public can contribute to dismantling ingrained stereotypes and fostering a more nuanced understanding of menstruation.

Moreover, media campaigns and public discourse initiatives can be instrumental in reshaping cultural attitudes. By promoting positive narratives and debunking myths surrounding menstruation, these efforts can contribute to creating an environment where women's health is discussed openly, respectfully, and free from the burden of gender biases (Hennegan *et al.*, 2021).

In conclusion, the dissonance between the prevalent negative connotations in women's health discourse and the recommended positive approach by global health authorities calls for urgent attention and action. By embracing inclusive language, challenging stereotypes, and fostering positive attitudes, we can contribute to a cultural shift that respects and celebrates the natural and essential aspects of women's health. This transformation is not only essential for individual well-being but also sustains the broader goals of gender equality and the promotion of women's health rights on a global scale.

4.4. GENDER-SENSITIVE APPROACHES AND THEIR EXPECTED INFLUENCE ON WOMEN'S EXPERIENCES

The comprehensive exploration of metaphorical patterns within the discourse on menstruation has offered profound insights into the influential role these linguistic elements play in shaping social perceptions and cultural biases. Our examination has effectively demonstrated that recurring metaphors, coupled with prevailing connotations, are fundamental components that significantly influence the societal understanding of menstruation.

As proven in the corpus, menstruation is subjected to pathologisation, with symptoms magnified to depict it as a disease rather than a natural process. Moreover, references to dirt and lack of hygiene have been recurrent, extending to include mentions of disgusting smells and colours, contrary to the World Health Organization's recommendations. This analysis reaffirms that menstruation is frequently portrayed as a phenomenon to be concealed, rooted in feelings of embarrassment, shame, and negative influence.

What emerges starkly from this analysis is the prevalence of negative connotations and emotions linked to menstruation. This exposes the pervasive presence of stigmatised beliefs and enduring stereotypes, significantly impacting how women's experiences are perceived and communicated in the public sphere (Coupland, 2003). The language and discourse surrounding menstruation have long been entrenched with biases,

contributing to a narrative that can adversely affect individuals experiencing menstruation (Weedon, 1987).

The results exhibit the enduring influence of conventional perceptions and biases preserved in women's health discourse (Northup, 2020). These stereotypical conceptions have been expanded and culturally transmitted through language and specialised discourse, shaping women's experiences and affecting their self-perception (Northup, 2020; Slade *et. al.*, 2009). It becomes evident that specialised terminology plays an essential role (Alcaraz et al., 2007; Ciapuscio and Kuguel, 2002) in defining how women understand and relate to their own bodies and natural processes (Foucault, 1973).

Our findings emphasise the dire need for a gender-sensitive approach in women's health discourse. Language is not just a tool for communication but a reflection of social values and beliefs. To foster a more inclusive and equitable society, it is imperative to address the deeply rooted stigmas and biases that language perpetuates.

Conclusively, the results of this study highlight the extensive influence of language on women's health and experience. By unravelling the connotations and metaphors within menstruation discourse, we take a critical step towards challenging and reshaping cultural perceptions, ultimately fostering a more informed and gender-sensitive society. This journey from analysis to advocacy underscores the imperative for more respectful, inclusive, and gender-sensitive language practices as we strive to cultivate a linguistic landscape that respects, includes, and empowers women in discussions about their health and experiences.

5. CONCLUSIONS

The in-depth exploration of metaphors within the medical discourse on menstruation has yielded essential insights into their profound impact on cultural biases and social perceptions. This investigation effectively illustrates that recurring metaphors and persistent connotations in specialised and scientific publications are determining elements in shaping general attitudes and assumptions towards menstruation. Specifically, our analysis affirms the prevalent pathologisation of menstruation, figuratively magnifying or scorning its symptoms as if it were an annoying disease rather than a natural process. Additionally, references to dirt and hygiene-related negativity, including allusions to unpleasant smells and fluids, persist against WHO's recommendations. Eventually, we have concluded that menstruation is shown as a phenomenon to be concealed, obscured, silenced, or masked due to the embarrassment, shame, and negative influence it allegedly entails.

Undoubtedly, a noteworthy revelation from our study is the prevalence of negative connotations and emotions linked with menstruation, uncovering deeply ingrained stigmatised beliefs and enduring stereotypes. These pervasive unfavourable perceptions significantly impact how women's experiences are perceived and communicated within the public domain. On this point, our corpus analysis has proven that the metaphorical language surrounding menstruation has been entrenched with unsympathetic biases, perpetuating a narrative that can adversely affect individuals undergoing menstruation.

In response to these findings, our research assumes a broader mission – one committed to transforming gendered perceptions into more constructive and equitable alternatives. We firmly assert that employing gender-sensitive terminology is fundamental in challenging the existing circumstances. Through advocating for the

creation and dissemination of inclusive language resources taking this research as a starting point, our project endeavours to disrupt the cycle of stereotypes and biases pervasive in women's health discourse.

In essence, this research is intended to serve as a catalyst, emphasising the claim for more respectful, inclusive, and gender-sensitive language practices. As we move forward, our goal is to cultivate a society where women's health language is not only precise and rigorous but also unprejudiced and respectful, laying the foundation for a more equitable and enlightened discourse.

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Género y salud reproductiva: base cognitiva de la terminología relativa a las infecciones de transmisión sexual (ITS) y análisis de su uso discursivo¹

Gender and reproductive health: cognitive basis of sexually transmitted infection (STI) terminology and analysis of its discursive use

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RESUMEN: La salud de las mujeres y los hombres muestra diferencias debido a su conformación biológica por sexo, pero también derivadas del género por circunstancias socioculturales. Así, existe una relación entre la construcción social del género y los comportamientos y actitudes de hombres y mujeres ante la salud, la sexualidad y la reproducción (Moreno y Carrillo 2016; Ruiz Cantero 2019). Con la incorporación de la perspectiva de género, se ha mostrado la persistencia y la prevalencia de ciertas ideologías

¹ Esta publicación forma parte del proyecto de investigación «Digitalización, tratamiento y publicación en línea de recursos terminológicos multilingües abiertos con perspectiva de género en la sociedad digital (TED2021-130040B-C21)», financiado por el Ministerio de Ciencia e Innovación/Agencia Estatal de Investigación/10.13039/501100011033 y por la Unión Europea «NextGenerationEU/PRTR».

² El orden de las autoras es estrictamente alfabético. La primera autora se ha encargado del estudio terminológico, realizando análisis de la base cognitiva e ideológica de las denominaciones y estableciendo una tipología de los términos según la base cognitiva. La segunda autora ha llevado a cabo el diseño y construcción del corpus ad hoc y realizado el análisis de la representación discursiva y la selección léxica en relación con las ITS estudiadas. Ambas autoras se han ocupado de analizar las narrativas de las ITS en los textos del corpus.

sexistas relacionadas con el cuerpo y la libertad sexual de las mujeres. Probablemente, uno de los temas que mejor refleja estos patrones ideológicos es el de las Infecciones de Transmisión Sexual (ITS). El objetivo de este estudio es analizar la base cognitiva de la terminología empleada en el ámbito de las ITS y mostrar su representación discursiva en los medios de comunicación. Para ello, creamos un corpus textual *ad hoc* a partir de revistas divulgativas y blogs de salud sexual en el que comprobaremos si los artículos abordan las ITS más frecuentes con perspectiva de género. Los resultados muestran que los términos por sí mismos no presentan una carga ideológica ni tampoco sus usos en el discurso, pues las revistas muestran sensibilidad de género en el tratamiento de las ITS.

Palabras clave: género, salud, terminología, infecciones de transmisión sexual, ideología, representación discursiva.

ABSTRACT: Women's and men's health shows biological sex differences, but there are also gender-related differences due to socio-cultural circumstances. Thus, there is a relationship between the social construction of gender and the behaviours and attitudes of men and women towards health, sexuality and reproduction (Moreno y Carrillo 2016; Ruiz Cantero 2019). With the incorporation of the gender perspective the persistence and prevalence of certain sexist ideologies related to women's bodies and sexual freedom has been shown. Probably one of the topics that best reflects these ideological patterns is Sexually Transmitted Infections (STI). The aim of this study is to analyse the cognitive basis of the terminology used in the field of STIs and to show its discursive representation in the media. To do this, we have created an ad hoc textual corpus from magazines and sexual health blogs in which we will check whether the articles address the most frequent STIs from a gender perspective. The results show that the terms themselves are not ideologically loaded, nor are their uses in the discourse, as the magazines show gender sensitivity in their treatment of STIs.

Key words: gender, health, terminology, sexually transmitted infections, ideology, discursive representation.

1. INTRODUCCIÓN

Este estudio aborda la estrecha relación entre lenguaje y medicina y se enmarca en el contexto de dos proyectos de investigación, DIGITENDER y NEOTERMED, que, aunque con objetivos distintos, se complementan en el análisis crítico del lenguaje biomédico y las narrativas relacionadas con la salud de la mujer. Por un lado, contamos con el Proyecto DIGITENDER³, cuyo objetivo es la digitalización, tratamiento y publicación en línea de recursos terminológicos multilingües abiertos con perspectiva de

³ DIGITENDER: Digitalización, Tratamiento y Publicación en Línea de Recursos Terminológicos Multilingües Abiertos con Perspectiva de Género en la Sociedad Digital, dirigido por Chelo Vargas Sierra y M. Isabel Santamaría-Pérez. Para más información se puede visitar su página web: <https://digitender.iulma.ua.es/>

género en la sociedad digital. Por otro, nos situamos en el proyecto NEOTERMED⁴, centrado en la neología y la terminología en ciencias de la salud, cuyo objetivo es el estudio de la variación y el análisis multidimensional del discurso biomédico relacionado con la salud reproductiva con el fin de favorecer la alfabetización en salud y la igualdad de género.

A partir de estudios anteriores (Estopà, 2012 y 2019; Domènech, Estopà y Santamaría, 2022; Santamaría, 2023a y 2023b), se ha comprobado que el avance científico en el contexto médico está fuertemente ligado tanto al lenguaje como a las necesidades sociales y permite analizar la evolución cultural, científica, económica, política e ideológica que ha experimentado la sociedad. Durante mucho tiempo las ciencias de la salud han estado ciegas al género, mostrando una mirada patriarcal y sesgada hacia la salud y el cuerpo femenino, con importantes consecuencias para su bienestar. Solo en los últimos treinta años la medicina se ha hecho sensible al género y al sexo, influenciada de forma positiva por el feminismo y sus políticas y acciones; es decir, estamos ante una medicina que tiene en cuenta las diferencias biológicas y las estructuras de poder socioculturales que marcan las desigualdades entre las personas.

Si bien es cierto que la salud de las mujeres y la de los hombres muestran diferencias debido a su conformación biológica por sexo, también las hay derivadas del género por circunstancias socioculturales. Así, existe una relación entre la construcción social del género y los comportamientos y actitudes de hombres y mujeres ante la salud, la sexualidad y la reproducción (Moreno y Carrillo, 2016; Ruiz Cantero, 2019). Con la incorporación de la perspectiva de género, se ha avanzado mucho en el ámbito, pero persisten ideologías sexistas relacionadas con el cuerpo y la libertad sexual de las mujeres. Nos planteamos si uno de los temas que mejor refleja estos patrones ideológicos es el de las Infecciones de Transmisión Sexual (ITS), tema sobre el que aún hoy recae un cierto tabú o sigue connotado negativamente y que necesita ser visibilizado. Dentro de las enfermedades silenciosas, aquellas que no desarrollan síntomas, se incluyen las enfermedades ‘silenciadas’ u ‘ocultadas’, que sí presentan síntomas, pero las personas que las padecen se resisten a admitirlo públicamente porque se consideran vergonzosas. Entre estas enfermedades se encuentran las que causan las ITS.

Al tiempo que disminuye la propagación del VIH, la enfermedad de transmisión sexual más conocida, con mayor investigación y centro de atención desde los años ochenta, tanto en el ámbito sanitario como en la divulgación en campañas sanitarias, otras infecciones como la gonorrea, la sífilis o la clamidia no paran de aumentar desde hace una década, debido a cambios sociales estructurales que favorecen y facilitan las relaciones sexuales. Aunque la mayoría de estas infecciones se producen en hombres, el incremento en las mujeres alcanza más de un 1.000 %, según datos del observatorio de salud femenina Bloom. De hecho, ante esta situación el Ministerio de Sanidad aprobó en 2021 un *Plan de prevención y control de la infección por VIH y las ITS*, que además de impulsar y coordinar acciones conjuntas para su prevención y diagnóstico, también tiene como objetivo evitar su tratamiento estigmatizado y discriminatorio, sobre todo, en determinados colectivos y grupos de población.

⁴ Proyecto financiado por la Consellería de Innovación, Universidades, Ciencia y Sociedad Digital de la Comunidad Valenciana en la Convocatoria AICO 2021, dirigido por M. Isabel Santamaría Pérez y Carmen Marimón Llorca [CIAICO/2021/074]. Para más información, se puede visitar su página web: <https://www.neotermed.org/>

Por otra parte, el discurso médico posee una presencia importante en el discurso divulgativo de los medios de comunicación. Para muchas personas la prensa es un medio fiable de información, por lo que la influencia de lo que en ella se nos cuenta es muy importante. Hay que tener en cuenta que el desarrollo de internet y las redes sociales en las últimas décadas ha facilitado el acceso a este tipo de conocimiento especializado a través de muchas publicaciones en línea –revistas, portales, blogs, páginas web, etc.– orientadas a la divulgación científica, con un grado de especialización medio-bajo y enfocadas a distintos aspectos temáticos sobre la salud. En estas publicaciones suelen incluirse un amplio abanico de temas relacionados con la salud y el bienestar, y en muchos casos asociados a las mujeres: embarazo, menopausia, trastornos alimentarios, relaciones de pareja, etc. La actualidad y la inmediatez a las que están expuestas estas publicaciones implica que tengan que abordar cuestiones que ocupan un lugar central en la evolución de la sociedad actual, como por ejemplo dar una mayor visibilidad a ciertos problemas o enfermedades de la mujer. Con respecto a la divulgación sobre las distintas ITS, dado que se trata de un problema de salud pública y organizaciones como la OMS alertan periódicamente de su incremento, los medios de comunicación deberían hacerse eco de su repercusión y, tanto en la prensa general como en artículos divulgativos sobre la salud, difundir su terminología a la vez que se define y se informa de aspectos relacionados con las enfermedades que causan (síntomatología, tratamiento, prevención).

Tal y como señala Sanmartín (2023), existe una estrecha vinculación entre las expresiones lingüísticas y la construcción conceptual y representación de la realidad por parte de quienes hablan. Siguiendo a Van Dijk (1999: 337): «la forma más obvia, y por lo tanto más ampliamente estudiada, de expresión ideológica en el discurso puede encontrarse en las palabras escogidas para expresar un concepto». Por tanto, cualquier selección léxica que realiza el hablante implica un posicionamiento ideológico, y así se ha demostrado en las descripciones sobre la conexión entre percepción de la inmigración y el sustantivo *ilegal* (Portolés, 2011); o sobre algunos neologismos, como *turismofobia* (Sanmartín 2019), *menas* (Martín Piñeiro, 2019), *gordofobia* (Guerrero Salazar, 2020) o *turismo ecológico y sostenible* (Sánchez Manzanares, 2020).

Por todo lo anterior, nos preguntamos si en el discurso de los medios sobre las ITS hay un sesgo ideológico de género y si, en tal caso, estaría motivado por la base cognitiva misma de la denominación, según lo que conceptualiza, o si tal sesgo se debería a que la representación de las ITS en discurso está condicionada por una ideología patriarcal que discrimina a las mujeres con una vida sexual activa y que mantiene frecuentes relaciones sexuales.

El objetivo general de este estudio es analizar la base cognitiva de la terminología empleada en el ámbito de las ITS, así como la representación con relación al género de las ITS en el discurso de los medios de comunicación. Para ello llevaremos a cabo, en primer lugar, un estudio terminológico en el que analizaremos lo representado conceptualmente en las denominaciones de las distintas ITS y estableceremos una tipología de las mismas; en segundo lugar, realizaremos un análisis discursivo cuantitativo-cualitativo de los términos de las ITS asociadas a la mujer o con mayor prevalencia en ellas, atendiendo a su presencia en el discurso de los medios de comunicación con el fin de mostrar el ocultamiento en la representación discursiva de las ITS en la mujer y la persistencia y la prevalencia de ideologías sexistas.

Los resultados mostrarán de qué manera las decisiones léxicas o terminológicas que se realizan influyen en la comprensión y representación de temas concretos relacionados con la salud sexual y, por otra parte, cómo se revela la ideología sexista en

la representación de las ITS en discurso. Con ello podremos observar si la construcción discursiva de la salud reproductiva y sexual y las nuevas narrativas están desmontando ciertos estereotipos anclados en la sociedad o si persisten marcos conceptuales relacionados con las mujeres que siguen transmitiendo ideologías propias de una sociedad patriarcal.

Con el fin de proceder ordenadamente, en el apartado siguiente (2) se expone el contexto sociosanitario en el que nos situamos y la inclusión de la perspectiva de género a la hora de abordar las ITS. En el siguiente apartado (3) se explica el corpus y la metodología de análisis. En el punto (4) abordamos el análisis de la terminología de las ITS y en (5) la representación en el discurso de los medios de comunicación de las ITS. Finalmente, presentamos las conclusiones.

2. LAS ITS DESDE UNA PERSPECTIVA DE GÉNERO

2.1. LAS ITS: UN PROBLEMA DE SALUD PÚBLICA EN AUMENTO

La salud sexual forma parte de la salud integral de las personas y tiene relación con su bienestar y calidad de vida. Parte del cuidado de la salud sexual es la prevención de los problemas de salud derivados de las Infecciones de Transmisión Sexual (ITS), definidas como infecciones que se transmiten de una persona a otra a través del contacto sexual vaginal, oral y anal, producidas por bacterias, virus o parásitos. De acuerdo con la información obtenida en Medlineplus hay más de 20 tipos de ITS y la mayoría afectan a hombres y mujeres, pero con consecuencias más graves para la salud de estas últimas.

En el *Diccionario de Términos Médicos* (DTM)⁵ aparecen otras formas alternativas o sinónimas a la denominación de ITS, como *enfermedad de transmisión sexual*, *enfermedad venérea*, *infección venérea*, *mal venéreo*, dependiendo del contexto y registro. En la actualidad se prima el término *infección de transmisión sexual*, pero *enfermedad de transmisión sexual* sigue siendo la forma predominante, pues si hacemos una búsqueda en Google en páginas en español, en el último año se obtienen más de dos millones de resultados para *ETS* frente a los 11.000 de *ITS*.

Aunque normalmente en las fuentes consultadas se tratan como sinónimos, no son totalmente equivalentes. En el informe publicado por FEXITS (Foro de Expertos en ITS) o el Observatorio Bloom, las infecciones sexuales se diferencian de las enfermedades por el hecho de que una ITS implica la presencia de un patógeno de transmisión sexual, y cuando el patógeno desencadena una enfermedad, se habla de ETS. Así, por ejemplo, el VIH es una ITS, pero puede desarrollar el síndrome de la inmunodeficiencia adquirida, el sida, una de las ETS más conocidas.

Independientemente de la denominación empleada, las infecciones de transmisión sexual (ITS) son un problema importante de salud pública, debido a su alta incidencia, pero también como consecuencia de las complicaciones derivadas de la falta de diagnóstico y tratamiento precoces. Para hacer frente a este problema de Salud pública se ha desarrollado el Plan Estratégico para la Prevención y Control de la Infección por el VIH y otras ITS (2021-2030) en España, cuyo objetivo es impulsar y coordinar acciones para eliminar el VIH y las ITS como problema de salud pública en 2030, a través de un

⁵ En el *Diccionario Panhispánico de Términos Médicos* (2023) se añaden dos sinónimos más por reducción léxica: *enfermedad sexual* e *infección sexual*.

programa de prevención, diagnóstico precoz y tratamiento, y una serie de estrategias para evitar el estigma y la discriminación asociadas a estas infecciones. La novedad de este Plan es que incorpora el enfoque de género y la diversidad sexual, lo que supone «abordar de forma explícita la desigualdad de las normas y roles de género, las dinámicas de poder, la violencia machista [...]» (2021: 18). Además, el Plan tiene en cuenta «a grupos de población clave o que presentan una mayor vulnerabilidad ante el VIH y otras ITS, tal y como las define ONUSIDA y, por otro, a población general, con una especial atención a la población joven y a las mujeres» (2021: 5).

Los informes revisados constatan un crecimiento general de las ITS, pero existe una marcada diferencia de género, ya que, aunque los hombres registran un mayor número de casos, son las mujeres las que han experimentado un mayor incremento de diagnósticos de ITS. Dentro de estas, cabe diferenciar aquellas infecciones dentro de la clasificación EDO (Enfermedades de Declaración Obligatoria) –cuyas cifras son registradas y contabilizadas por las administraciones públicas– y aquellas infecciones que no han de ser notificadas (Virus del Papiloma Humano y Virus del Herpes Simple) de forma obligatoria y cuyos nuevos casos no son registrados ni tienen un seguimiento oficial y sistemático. Según los últimos datos recogidos por el Ministerio de Sanidad (2022), las ITS con mayor prevalencia en las mujeres son la clamidia –donde los diagnósticos en mujeres superan el 50 %–, la gonorrea y la sífilis.

Otro de los datos preocupantes que derivan del informe institucional es que las mayores tasas de incidencia se producen entre mujeres jóvenes, de entre 20 y 24 años, a edades más tempranas que en los hombres. En términos de edad, las ITS no afectan a todas las mujeres por igual: las más jóvenes tienden a registrar un mayor número de casos en comparación con las mujeres de avanzada edad, especialmente de clamidia. Conforme se avanza en edad, se reducen los casos de clamidia y aumentan los de sífilis y gonorrea. Esta situación inversa, a mayor edad, menos casos diagnosticados, se explica por los hábitos sexuales, porque conforme se avanza en edad, mujeres mayores de 35 años registran menos casos de ITS al reducirse el número de parejas sexuales y las prácticas de riesgo. Con respecto al uso de métodos profilácticos, la situación varía según la identidad sexual de las mujeres: en el caso de las mujeres cis, emplean métodos de barrera para evitar embarazos; en cambio, mujeres homosexuales, mujeres bisexuales, mujeres trans utilizan estos métodos para prevenir ITS.

2.2. ITS, IDEOLOGÍA Y TABÚ

Aunque la incidencia de las ITS sometidas a vigilancia sea menor que en los hombres, a excepción de la infección por clamidia, su aumento exponencial en mujeres, su mayor incidencia en chicas jóvenes y en mujeres inmigrantes, conlleva la necesidad de elaborar estrategias de prevención específicas adaptadas a ellas, pero sobre todo debemos buscar una explicación para esta situación.

Moreno y Carrillo (2016: 72) insisten en la idea de que, pese a todos los cambios sociales con respecto a la sexualidad femenina, «la autonomía de las mujeres en términos sexuales y reproductivos todavía está proscrita socialmente» y «persiste el estigma social asociado al cuerpo y a las conductas de las mujeres jóvenes y solteras, en función de determinados estereotipos de género que se unen a otras desigualdades sociales como clase social, etnia, generación, entre otras».

En relación con el tema que nos ocupa, las ITS, que son infecciones que se transmiten por vía sexual, están connotadas negativamente, pues se contagian por tener muchas y variadas relaciones sexuales y de forma irresponsable, al no usar métodos barrera para frenar su transmisión. Se construye socialmente una imagen negativa en general, pero en particular en el caso de las mujeres como sexualmente demasiado activas e irresponsables, y con ello se refuerza la visión dicotómica de las mismas como vírgenes/prostitutas. También se perpetúa la ideología judeocristiana de «temor ante la incontrolable y peligrosa naturaleza de la sexualidad femenina» (Moreno y Carrillo 2016: 73). Este imaginario y construcción social hace que las enfermedades sexuales estén totalmente estigmatizadas, sean tabú y se escondan, tal y como se refleja en las respuestas de mujeres encuestadas por el Observatorio Bloom: «sigue habiendo mucho estigma»; «fruto de ese estigma»; «se genera un estigma que te mueres». Esta situación las hace sentir culpables y ocultar la enfermedad: «te sientes responsable»; «sientes que algo está mal»; «te sientas bastante sola, sole y solo porque lo vives de forma aislada».

En general, las pacientes se sienten juzgadas por los mismos profesionales que muestran una falta de sensibilidad y atención, principalmente cuando el médico es un hombre: «Mi experiencia en el médico fue mala, muy mala»; «Hay mucha falta de sensibilidad y dejadez en cuanto a la atención...»; «al ginecólogo le daba reparo o pensaba que me iba a dar vergüenza»; «Yo me sentí juzgada por este hombre».

Finalmente, las mujeres encuestadas denuncian la falta de información clara y transparente y la necesidad de mayor educación sexual: «no me informaron de nada»; «falta muchísima información»; «la gente tiene muy poca conciencia sobre lo que son las ITS». La ausencia de un conocimiento sobre las ITS trae consigo el miedo: «empecé a temer lo peor»; «me preocupó aún más», lo primero que sentí fue miedo»; «estaba en shock»; a la vez, genera sensación de culpa: «sentí vergüenza, pero lo peor fue la culpa, el sentirme una inconsciente y una irresponsable».

Si en general se detecta poca información, esta es aún mayor en el caso de mujeres con otra identidad sexual, mujeres lesbianas o trans; por tanto, se sigue practicando la medicina con sesgo de género y poco inclusiva con la diversidad sexual: «nadie antes le había informado que podía contraerlo siendo lesbiana»; «siendo lesbiana puedes contraer ITS como hepatitis, gonorrea, sífilis. No hay información dirigida a las mujeres».

3. CORPUS Y METODOLOGÍA

Para la realización de este estudio acotamos, por un lado, el conjunto terminológico en el que analizaremos la base cognitiva de las denominaciones de las ITS; por otro lado, establecemos un corpus textual *ad hoc* para analizar la representación discursiva de las ITS en los medios de comunicación

El conjunto terminológico está constituido por las denominaciones usadas para nombrar las diez infecciones sexuales más frecuentes, que suman un total de 40, sin contar las variantes que resultan de una abreviación formal o un cruce léxico; estas diez infecciones, si recurrimos a la denominación más empleada, serían las siguientes (por orden alfabético): *candidiasis*, *chancroide*, *clamidia*, *gonorrea*, *herpes genital*, *ladilla*,

sida, sífilis, tricomonirosis, virus del papiloma humano. Más adelante, presentaremos una tabla en la que aparecen los 40 términos analizados.

Con respecto al corpus textual, se han seleccionado 6 revistas de divulgación sobre salud. Considerando, además, una mayor apertura de la juventud en las relaciones sexoafectivas, añadimos una revista con temáticas del ámbito de la salud, <https://azsalud.com/>, de creación reciente (2018) y con un equipo de jóvenes al frente, y una web destinada a los jóvenes donde se trata esta temática en la sección de estilo de vida o salud, <https://experienciajoven.com>. El corpus ha sido creado manualmente para la investigación y está constituido por ocho publicaciones donde se han revisado todas las noticias publicadas sobre ITS desde 2015; contiene 66 545 *tokens* y 58 052 palabras.

A partir de la interfaz de búsqueda que ofrece cada publicación, hemos buscado noticias relacionadas con infecciones sexuales desde el 2015, mediante palabras clave (*ITS, ETS, infección sexual, enfermedad sexual, sífilis, clamidia*, etc.). Tal y como se registra en la tabla 1, hemos accedido a escasos artículos sobre enfermedades de transmisión sexual en estas publicaciones electrónicas, en total, 66.

Tabla 1. N.º de artículos sobre ITS por publicación

Revistas	Año de publicación	Clasificación	Nº de artículos sobre ITS (desde 2015)
Cuerpo y mente	1990	Revista de salud	17
Saber vivir.tve	1997	Web de salud	27
Psicología y mente	2014	Web de salud mental	7
Yalpp.com	2022	Web de salud y bienestar	0
Muy Interesante	1981	Revista de divulgación científica	12
Azsalud.com	2020	Web de salud	4
Experienciajoven.com	2020	Web de salud y psicología para jóvenes	0
https://tusaludybienestar.com/	2019	Revista de salud	0

El corpus textual compilado se ha explorado con las funciones Concordancias y Lista de palabras de la herramienta de análisis lingüístico *Sketch Engine*. Se ha combinado una perspectiva cualitativa con un método basado en corpus (Martínez Sánchez y Santamaría Pérez, 2023) que nos ha permitido analizar las palabras frecuentes, los colocados y la caracterización semántica para determinar la selección temática (Mapelli, 2023; Pontrandolfo y Piccioni, 2022). En particular, la función Lista de palabras nos ha permitido observar los lemas más frecuentes a partir de los cuales hemos reconocido diferentes categorías semánticas y las connotaciones del léxico empleado. También hemos realizado una exploración manual para el análisis cualitativo, en el que

presentaremos citas indicando la publicación, pero no la fecha del artículo, por actualizarse este periódicamente.

Para el análisis de la base cognitiva de la terminología relativa a las ITS, nos hemos servido, por un lado, de dos diccionarios especializados: el *Diccionario panhispánico de términos médicos (DPTM)* de la Real Academia Nacional de Medicina de España y las Academias de ALANAM (<https://dptm.es/>), actualizado en noviembre de 2023, y el *Diccionario médico-biológico, histórico y etimológico (DiccioMed)*, coordinado por Cortés Gabaudan (<https://dicciomed.usal.es/introduccion-cientifica>); por otro lado, para el estudio etimológico también empleamos el *Diccionario histórico de la lengua española (DHLE)* de la Real Academia Española, en su versión electrónica actualizada de 2018 (<https://www.rae.es/dhle/>); y el *Diccionario crítico etimológico castellano e hispánico (DCECH)*, de Corominas y Pascual, publicado entre 1980 y 1991.

4. TÉRMINOS DE LAS ITS: ANÁLISIS Y TIPOLOGÍA COGNITIVA DE DENOMINACIONES

Conviene observar, por un lado, que la terminología de las enfermedades se traslada en algunos casos a la de las infecciones, como es el caso de la gonorrea, enfermedad causada por infección por el gonococo *Neisseria gonorrhoeae*, mientras que en otros casos sucede al contrario y así, por ejemplo, la infección por el virus del papiloma humano da nombre a la enfermedad del virus del papiloma humano. Esto tiene que ver con la relación de contigüidad entre causa y efecto, que motiva usos metonímicos en los dos sentidos. Por otro lado, conforme al Principio de Variación formulado por Cabré (1999), en el ámbito de las ITS encontramos formas alternativas de denominación de un mismo concepto o diversas manifestaciones de una forma, las cuales generan sinonimia y polisemia, respectivamente.

En la siguiente tabla presentamos, en la primera columna, las denominaciones de 10 ITS, dispuestas por orden alfabético atendiendo a la denominación más empleada para cada una de ellas y dando a continuación de esta, en cada caso, la relación de sinónimos disponibles; en la segunda columna, recogemos el patógeno que la genera. En la primera columna puede observarse la variación terminológica para la denominación de una ITS, llegando a constar nuestro conjunto terminológico de análisis de un total de 40 denominaciones si no sumamos las variantes.

Tabla 2. Representación de la variación denominativa y etiología de las ITS

ITS	ETIOLOGÍA
candidiasis; sinónimo: hongos	<i>Candida albicans</i>
chancroide; sinónimo: chancro blando	<i>Haemophilus ducrey</i>
clamidia; sinónimos: clamidiosis (variante: clamidiasis), linfogranuloma venéreo	<i>Chlamydia trachomatis</i>
gonorrea; sinónimos: blenorrea (infrecuente), gonococia, uretritis blenorragica, uretritis gonocócica; sinónimos coloquiales: gota matinal, gota militar	<i>Neisseria gonorrhoeae</i>

ITS	ETIOLOGÍA
herpes genital (variantes: herpes simple genital, herpes progenital)	Virus del herpes simple
ladilla (coloquial); sinónimos: piojo del pubis, Pthirus pubis, ftiriasis, pediculosis púbica (variantes: pediculosis, pediculosis del pubis, pediculosis pubiana)	Ladilla
sida; sinónimos: síndrome de inmunodeficiencia adquirida, VIH	Virus de la inmunodeficiencia adquirida
sífilis; sinónimos: chinche (coloquial), lúes (variantes infrecuentes: lúe, lúes venérea, lúe venérea), mentagra (variante: mentulagra), mal de bubas, mal venéreo, mal francés, mal gálico (variante: gálico), mal napolitano, morbo gálico, podagra (variante: pudendagra)	<i>Treponema pallidum</i>
tricomoniasis; sinónimos: tricomonas, trichomonas vaginalis	<i>Trichomonas vaginalis</i>
virus del papiloma humano (variantes: papiloma virus, virus del papiloma de herpes, papilomavirus humano); sinónimos: condiloma acuminado, verruga genital	Virus del papiloma humano (VPH)

En nuestro análisis de los términos consignados en la tabla hemos llegado a establecer los siguientes tipos de denominación atendiendo a su base cognitiva desde el punto de vista de su creación:

- Denominaciones por el patógeno (virus, bacteria o parásito) (17): *candidiasis, clamidia, clamidiosis, ftiriasis, herpes genital, gonococia, gonorrea, hongos, ladilla, pediculosis púbica, piojo del pubis, Pthirus pubis, tricomonas, tricomoniasis, trichomonas vaginalis, virus del papiloma humano, VIH*
- Denominaciones por signos de la enfermedad (15): *blenorrea, condiloma acuminado, chancroide, chancro blando, gota matinal, gota militar, linfogranuloma venéreo, mal de bubas, mentagra, podagra, uretritis blenorragica, sida, síndrome de inmunodeficiencia adquirida, uretritis gonocócica, verruga genital.*
- Denominaciones genéricas basadas en metáforas o metonimias (7): *lúes (venérea), mal francés, mal gálico, mal napolitano, mal venéreo, morbo gálico, chinche.*
- Denominaciones por eponimia (1): *sífilis*

En la clasificación de los términos hay que tener presente que tanto la denominación más frecuente como cada uno de los sinónimos pueden pertenecer a tipos distintos. Por ejemplo, el término *virus del papiloma humano* pertenece al tipo de denominaciones por el patógeno y su sinónimo *condiloma acuminado* al tipo por signos de la enfermedad. Además de clasificar los términos en alguno de los tipos establecidos, realizaremos cuando sea pertinente un análisis de los étimos para dilucidar si se fundan en algún tipo de representación objetiva o figurada (metafórica o metonímica) con una base cognitiva o ideológica de orden sexual. Por otro lado, comprobaremos la dependencia terminológica del inglés en el ámbito de la salud sexual, pues, por lo general, los términos se introducen en español a partir del inglés, donde se documentan con anterioridad. Esto sucede igualmente en otras disciplinas científicas, como han constatado García Palacios y Humbley (2012: 20) con relación a la terminología de distintas lenguas románicas, que es calcada de la terminología inglesa.

4.1. DENOMINACIONES POR EL PATÓGENO (METONIMIAS)

La denominación de la infección se reduce, por metonimia, a la denominación del virus que la causa. La OMS publicó un comunicado en 2015⁶ sobre las buenas prácticas en la denominación de nuevas enfermedades humanas minimizando su impacto en actividades como el comercio, los viajes o el turismo, así como en el bienestar animal, y para evitar cualquier ofensa a cualquier grupo humano (cultural, social, nacional, regional, profesional o étnico). En dicho comunicado advierte que podrá emitir informe con nueva propuesta de denominación⁷ si se divulgara alguna inapropiada, si bien reconoce la potestad de los organismos responsables de la taxonomía y nomenclatura de los patógenos, que no se ven directamente afectados. Entre los principios de estas buenas prácticas, expone los siguientes: 1) usar términos descriptivos genéricos; 2) usar términos descriptivos específicos; 3) incluir el nombre del patógeno, si se conoce, junto con otros descriptores, pero sin equiparlo al nombre de la enfermedad, puesto que el patógeno puede originar otras enfermedades⁸; 4) usar nombres cortos y revisar las siglas que sustituyen a nombres largos. Comprobaremos que en las denominaciones de las ITS se siguen, por lo general, estos criterios, a excepción del 3), puesto que en ocasiones se equiparan patógeno y enfermedad; además, algunos descriptores específicos darían como resultado una denominación que no se inscribiría entre las recomendadas, puesto que atentaría contra la imagen de algún grupo humano, como veremos.

1. *candidiasis, hongos*

El hongo *Candida albicans* produce la ITS candidiasis, por lo que la denominación se basa en el patógeno. Si examinamos su origen, encontramos que, según el *DPTM*, procede de *Candid(a) albicans* + *-iāsis* gr. ‘enfermedad’, documentado en ingl. desde 1951. Por otra parte, *Candida* se acuña en 1923 y procede del lat. científico

⁶ Accesible en este enlace: <<https://www.who.int/publications/i/item/WHO-HSE-FOS-15.1>>

⁷ La propuesta de denominación podría ser ratificada o no en el International Classification of Diseases (ICD) –gestionada por la propia OMS–, que finalmente proporcionará una denominación estándar. La OMS no pretende con sus propuestas interferir en el ICD, sino cubrir la brecha entre la identificación de una nueva enfermedad humana y la asignación de un nombre definitivo en el ICD.

⁸ Curiosamente, como ejemplo se da ya en 2015, antes de la pandemia de la COVID-19, la denominación *novel coronavirus respiratory síndrome*.

Candida [*candida(m)* lat. ‘blanca’]. Por tanto, la denominación del hongo se basaría en un signo de la infección, por hacer referencia a la secreción blanca que se produce durante la misma. En cuanto a la variante *hongos*, sería el hiperónimo del hipónimo *Candida*.

2. *clamidia, clamidiosis*

El nombre de la bacteria que causa la infección es del género *Chlamydia*. El *DPTM* da como étimo de *clamidia* el lat. científico *chlamydia* [*khlamyd-* gr. ‘capa corta’ + *-ia* lat., sufijo neutro plural], documentado en ingl. desde 1945. Estamos ante un sentido metafórico en griego: analogía entre el manto que envuelve los hombros y la incrustación de la bacteria en la célula infectada, envolviendo su núcleo. Por derivación sufijal se forma *clamidiosis* (*clamidi(a)* + *-ōsis* gr. ‘proceso patológico’), documentado en ingl. desde 1971.

3. *herpes genital*

El herpes es una enfermedad provocada por la infección que consiste en una dermatosis inflamatoria por el virus del herpes o herpesvirus. En *DiccioMed* se nos da como étimo de *herpes* la forma del lat. *Herpēs*, que procede del gr. *Hérpēs* ‘que rampa’, por referencia al recorrido que es similar al que traza una serpiente al reptar. Por tanto, etimológicamente estamos ante una denominación metafórica. Es el único caso en el que encontramos uso de términos sinónimos diferenciados para hombre y mujer, pues en la anterior edición del *DPTM*, el *Diccionario de Términos Médicos* (2012), se indicaba para la voz *herpes genital* el uso de *balanitis herpética* (donde *balanitis* es una inflamación de la mucosa del glande que en este caso se produce por el virus del herpes, pero que también puede producirse por la bacteria *Candida*, que causa la ITS candidiasis) y *herpes prepucial* para el varón, mientras que para la mujer se emplea *vulvitis herpética* y *herpes vulvar*. Esta observación ha desaparecido en el *DPTM*.

4. *gonorrea, gonococia*

La denominación *gonorrea* toma una parte léxica de la denominación del patógeno, la bacteria *Neisseria gonorrhoeae*, que se denomina también *gonococo*. Según el *DPTM*, procede del lat. medieval *gonorrhoea(m)* del gr. *gonórroia* [*gon-* ‘órganos sexuales’ + *-o-* + *rhoiā* ‘flujo’], docum. en esp. en la forma *gomorrea* desde 1495 y después reintroducido en su forma culta. Por consiguiente, tenemos referencia a uno de los signos de la enfermedad, la secreción vaginal o del cuello uterino.

Del sinónimo con el que se nombra la bacteria, *gonococo*, deriva *gonococia*. El étimo de *gonococo* es, según el *DPTM*, *gono(rrea)* + *kokko-* gr. ‘grano’, gr. cient. ‘bacteria redondeada’, docum. en ingl. desde 1889. Por tanto, etimológicamente la denominación alude a la forma redondeada de la bacteria sobre la base de la metáfora del griego *kokko* ‘grano’.

5. *ladilla, piojo del pubis, Pthirus pubis, ftiriasis, pediculosis púbica*

El parásito, cuyo nombre científico es *Pthirus pubis*, pero cuya denominación más frecuente es *ladilla*, se emplea para denominar la ITS. La ladilla es un insecto que se transmite por contacto sexual pero que, según el *DPTM*, no parece transmitir enfermedad alguna. Este diccionario observa que, aunque fue voz coloquial, *ladilla* se usa ampliamente en el ámbito médico. Por lo que respecta a su etimología, procede del lat. tardío *blatella(m)* [*blatt(am)* lat. ‘ácaro’ + *-ellam* lat. ‘pequeña’]; docum. en esp. desde 1493. Por otro lado, el piojo es también un insecto áptero del mismo suborden que la ladilla y la pediculosis es la infestación por piojos, por lo que las denominaciones *piojo del pubis* y *pediculosis púbica* presentan la especificación de la zona afectada. Por último, *ftiriasis* deriva de la base *Pthirus*.

6. *tricomonas, trichomonas vaginalis, tricomoniasis*

El protozoo *Trichomonas vaginalis* es causa de la ITS conocida como *tricomoniasis*, pero que también se conoce por el nombre del patógeno, que a veces se presenta en la forma reducida *tricomona(s)*. Según el *DPTM*, el término *tricomona* procede del lat. cient. *Trichomona* [*trikho-* gr. ‘pelo’ + *moná(s)* gr. ‘unidad’, gr. cient. ‘organismo unicelular’], acuñado en 1836. Por tanto, se tiene un descriptor genérico del organismo modificado por *vaginalis*, término específico referido al tramo infectado (en las mujeres, la tricomoniasis provoca secreción vaginal con mal olor, picazón genital y micción dolorosa, mientras que los hombres generalmente no tienen síntomas). Por derivación sufijal a partir de *tricomona* se forma *tricomoniasis*, que, por tanto, puede clasificarse como denominación por el patógeno.

7. *virus del papiloma humano*

El étimo de *papiloma* pasó del griego al latín con el significado de ‘pezón’, lo que se relaciona por analogía con la forma puntiaguda de las verrugas que son signo de esta infección; por tanto, etimológicamente estamos ante una metáfora a la hora de denominar al patógeno que hace referencia, por otra parte, a un signo de la enfermedad, la verruga. Por otro lado, la especificación *humano* se presenta porque estamos ante un virus de distribución universal que produce infección tanto en humanos como en animales. Finalmente, la variante *virus del papiloma de herpes o papilomavirus* se corresponde con la denominación inglesa *herpes papilomavirus*.

En los medios de comunicación se difundió ampliamente el término *virus del papiloma humano*, frente a la escasa aparición de los otros términos, a partir de 2007, cuando comenzaron a comercializarse en España las vacunas para prevenir infecciones por el VPH y se incluyeron en el calendario vacunal de niñas; en 2023, se ha recomendado para varones⁹.

8. *VIH* (sinónimo: *sida*)

Esta sigla de *virus de la inmunodeficiencia humana* se ha generalizado para la denominación de la infección que da lugar al *sida*.

4.2. DENOMINACIONES POR SIGNOS DE LA ENFERMEDAD (METONIMIAS)

En el *DPTM* se diferencia *signo* de *síntoma*, pues el primero es una manifestación objetiva de una enfermedad o síndrome, mientras que el *síntoma* es subjetivo por cuanto solo puede ser observado por la persona que lo experimenta. Teniendo en cuenta esta distinción, las denominaciones aquí clasificadas se refieren a signos, o al conjunto de signos y síntomas, de las enfermedades causadas por la ITS.

9. *blenorrea* (sinónimo: *gonorrea*)

La denominación *blenorrea* es definida en el *DPTM* como ‘Flujo mucoso procedente de la uretra o la vagina’, con lo cual representa conceptualmente un signo de la enfermedad.

10. *condiloma acuminado, verruga genital* (sinónimo: *virus del papiloma humano*)

⁹ La naturaleza infecciosa del VPH fue descrita en 1894, pero la enfermedad asociada no se supuso causada por un virus hasta 1907, por lo que la denominación sinónima por el patógeno es posterior –el virus no fue observado en el microscopio electrónico hasta 1949–.

Como así nos informa el *DPTM*, *condiloma* procede del griego *kondýlōma* ‘verruga’ [*kondyl(o)*- ‘nudo’ + *-ōma* ‘tumor’¹⁰], siendo la *verruga* un tumor benigno; por otra parte, *papiloma* y *papiloma cutáneo* se presentan como sinónimos de *verruga* y, en efecto, el étimo de *papiloma* –docum. en fr. desde 1858– es el término griego *papill(am)* ‘tumor’ lat. ‘pezón’ + *-ōma* gr. ‘tumor’. En cuanto al modificador *acuminado* ‘terminado en punta’, es una especificación referida a la forma de la verruga, contenido este que también aparece en el sentido ‘pezón’ de *papill(am)* en latín; el *DPTM* indica que procede del lat. *acūmināt-u(m)/-a(m)* ‘puntiagudo’ y que fue reintroducido y se documenta en ingl. desde 1646.

La otra denominación, *verruga genital*, especifica, no ya la forma de la verruga, sino dónde se localiza, si bien en la web de la Asociación Española Patología Cervical y Colposcopia¹¹ se detalla que puede afectar, además de a los genitales, a otras áreas mucosas como la boca. En la misma web definen los condilomas como lesiones causadas por la infección del virus del papiloma humano –con superficie rugosa similar a la cresta de un gallo–, con lo cual se confirma que la denominación referencia los signos; sin embargo, más adelante, identifica *condiloma* como denominación de una infección de transmisión sexual al informar de que es la de mayor frecuencia.

En la web profesional de una clínica especializada en citopatologías¹², se recoge la información sobre la denominación histórica de estos signos:

Los romanos llamaban «higos» a las lesiones condilomatosas perianales y las consideraban como un signo inequívoco de practicar relaciones receptivas anales. Posteriormente disminuyó la incidencia de infección por virus del papiloma humano (VPH) durante toda la Edad Media, posiblemente debido a la menor tolerancia que existía en la sociedad, situación que persistió durante el puritanismo y la revolución industrial. No se consideró su transmisión sexual hasta 1956, cuando se comprobó la aparición frecuente de verrugas genitales en los soldados de la guerra de Corea que habían tenido relaciones sexuales con mujeres afectas de condilomas. En los años 60 hubo un gran incremento de las infecciones por VPH, situación que persiste en la actualidad.

11. *chancroide, chancro blando*

En este caso, la bacteria *Haemophilus ducreyi* produce una infección que se manifiesta mediante úlceras mucocutáneas como las denominadas *chancro*, con lo cual estamos ante un signo de la infección. El étimo de *chancro*, según el *DPTM*, es el fr. *chancre*, que procede del lat. *cancer* ‘úlcerica cancerosa’, docum. en esp. desde 1814.

12. *gota matinal, gota militar* (sinónimo: *gonorrea*)

La denominación genérica *gota* parece referirse a la secreción en forma de gota que se produce en la uretra por su inflamación como resultado de la infección. Por tanto, sería una metáfora referida a este signo de la enfermedad.

¹⁰ Nos indica, además, el *DPTM* que fue reintroducido en fr. y se documenta en esta lengua desde 1560; además, hace notar que el sufijo *-oma*, que denota el resultado de un proceso, solo se utiliza en palabras griegas antiguas reintroducidas.

¹¹ Enlace accesible en: <<https://www.aepcc.org/condilomas/>>

¹² Véase en el siguiente enlace: <<https://www.citorushtc.com/post/el-virus-del-papiloma-humano-en-la-historia>>

13. *linfogranuloma venéreo* (sinónimo: *clamidia*).

La infección por algunos serotipos de la bacteria *Chlamydia trachomatis* tiene entre sus manifestaciones clínicas el linfogranuloma venéreo (LGV), signo de la enfermedad. El término *linfogranuloma* designa una lesión de tipo granulomatoso en un ganglio linfático y el modificador *venéreo* hace referencia a que resulta de relaciones sexuales; como indica el DPTM, el étimo de *venéreo* -*rea* ‘transmitido por contacto sexual’ es el lat. *venere-u(m)/-a(m)* [de *Vener(is)*, genitivo de Venus, diosa del amor y del sexo, + *-e-u(n)/-a(m)*] ‘relacionado con el amor y el sexo’ (docum. en esp. desde 1427). Por tanto, *venéreo* se funda sobre una sinécdoque del individuo (antonomasia del nombre propio por el nombre común).

14. *mal de bubas* (sinónimo: *sífilis*)

Según el DPTM, *buba* procede del latín medieval **būba*, del lat. tardío *būbōn(em)*, del gr. *boubōn* ‘ingle’, ‘tumor en la ingle’, que se documenta en fr. en 1230 y en esp. desde 1494. En cuanto a la expresión *mal de bubas*, donde *mal* es sinónimo de *enfermedad*, supone una especificación atendiendo a estas lesiones en tanto que signos.

15. *mentagra, mentulagra, podagra, pudendagra* (sinónimo: *sífilis*)

Otros términos para denominar la sífilis, según el DHLE, son *mentagra*, *mentulagra*, *podagra* y *pudendagra*¹³, todos ellos tomados del latín científico y relacionados entre sí por cuanto probablemente se basan en una metáfora que representa un signo de la infección: gota por secreción que provoca la infección, como sucedía con las denominaciones *gota matinal* y *gota militar* de la gonorrea. Como sinónimo de *pudendagra* nuestro diccionario histórico recoge en su primera acepción, además de *sífilis*, *sifilismo* y *sifiliberto*.¹⁴

16. *uretritis blenorragica; uretritis gonocócica* (sinónimo: *gonorrea*)

El proceso inflamatorio de la uretra (uretritis) por la infección por el gonococo o gonococia (*gonocócica*) y la blenorrea o flujo asociado, da lugar a estas dos denominaciones por signos de la infección.

17. *síndrome de inmunodeficiencia adquirida, sida*

El DiccioMed define *síndrome* como ‘Conjunto de síntomas y signos que concurren en una enfermedad, de forma que la presencia de alguno de ellos suele ir asociada con otros; la etiología de cada uno puede ser diversa’. Por tanto, podemos clasificar la denominación *síndrome de inmunodeficiencia adquirida* en este grupo, en la que se especifica como signo principal una inmunodeficiencia no congénita. La siglación de este término se ha convertido en nombre común, *sida*.

4.3. DENOMINACIONES GENÉRICAS BASADAS EN METÁFORAS O METONIMIAS

18. *lúes* (sinónimo: *sífilis*), *mal venéreo*

La forma *lúes* (variante, *lúe*) es una abreviación de *lúes venérea* (variante, *lúe venérea*) y procede del lat. científico *lues* ‘contagio; enfermedad contagiosa; epidemia’, del verbo *luere* ‘desatar, soltar’. Según el DHLE, *lues*, acompañada generalmente del modificador *venerea*, se atestigua en español al menos desde 1563. Por tanto, la referencia genérica a la infección de *lúes* se especifica mediante *venérea*, que sitúa la voz en el

¹³ El término *pudendagra* fue introducido por Gaspar de Torella, historiador, matemático, en su descripción de la enfermedad en 1497 (Leitner et al., 2007: 6).

¹⁴ El DHLE da como probable etimología de *sifiliberto*, usado en Cuba, el cruce entre *sífilis* y *Filiberto*, con intención humorística.

ámbito sexual, como antes comentamos al tratar este modificador (véase *linfogranuloma venéreo*). Según el *DPTM*, mientras el ámbito geográfico de uso de *lúes* es España y México, la forma completa *lúes venérea* (que se usa solo en contextos históricos) se extiende además en otros países latinoamericanos. Finalmente, del uso de *mal* como sinónimo de *enfermedad*, resulta *mal venéreo*.

19. *mal francés; mal gálico; mal napolitano; morbo gálico; regalo de Colón* (sinónimo: *sífilis*).

La denominación de la ITS consta de una base genérica, *mal* o *morbo*, y un modificador locativo (*francés, napolitano, gálico*) que da lugar a una denominación metonímica. El uso de *morbo* (étimo: lat. *morbu(m)* ‘enfermedad’, docum. en esp. desde 1270) como sinónimo de *mal* es hoy infrecuente, pero ambos se han usado como sinónimos de *enfermedad*.¹⁵ La creación por metonimia de estos términos se basa en la relación de contigüidad entre el «producto» (el mal) y su lugar de procedencia (Francia o, en la antigua Europa, la Galia y Nápoles)¹⁶. En cuanto a la denominación *regalo de Colón* tiene que ver con la creencia de que fueron los descubridores de América los que trajeron de allí la enfermedad, según apostilla Corominas al referirse a la preferencia en castellano de las denominaciones *mal francés* o *mal gálico*; por esta creencia también ha recibido la denominación *púa de los indios*. A partir del siglo XVIII se extiende el empleo de *sífilis*, hoy el término más frecuente, por reprobarse estas denominaciones que asocian la infección a algún país o región y dañan así su imagen.

20. *chinche* (sinónimo: *sífilis*)

Probablemente se trate de una denominación metafórica porque este insecto, denominado también *chinche de las camas*, desarrolla la mayor parte de su actividad por la noche y es transmisor de enfermedades, con lo cual se establece una analogía con la infección por práctica de relaciones sexuales.

4.4. DENOMINACIONES POR EPONIMIA

21. *sífilis*

Se ha puesto de relieve que en la actualidad en las ciencias médicas se insta a no usar epónimos en terminología. De hecho, gran parte de los epónimos se introducen en este campo a finales del siglo XIX y principios del XX, cuando dominan como lenguas científicas el inglés y el alemán, pero comienzan a evitarse conforme avanza el siglo XX a favor del uso de términos más descriptivos, priorizándose denominaciones que incluyan nombres de objetos que permitan una asociación con la enfermedad, técnica, estructura anatómica, etc. (Aleixandre-Benavent *et al.*, 2015: 165). Por ejemplo, con respecto a los epónimos que nombran estructuras anatómicas, Duque-Parra *et al.* (2018: 88) indican que, además de difundirse en artículos científicos la inconveniencia de su uso, en 1933 el Comité Internacional de Nomenclatura Anatómica publicó una declaración para la

¹⁵ En el *DPTM* se definen *morbo* y *mal* como sinónimos de la acepción 2 de *enfermedad*: ‘Conjunto de alteraciones, síntomas y signos que se organizan de acuerdo con un esquema temporoespacial determinado, que obedece a una causa concreto y que se manifiesta de modo similar en personas diferentes, lo que permite clasificar e identificar las distintas enfermedades’.

¹⁶ El *DPTM* indica también como sinónimo de *sífilis* el uso de la abreviación *gálico*, lo que sería resultado de un tipo de elipsis en *mal/morbo gálico* que Sánchez Manzanares (2006: 22) propone denominar *elipsis metonímica*.

eliminación formal de la eponimia en la terminología morfológica¹⁷ y recuerdan que existe un sistema internacional de *Terminología anatómica, histológica y embriológica*.

El DHLE indica que *sífilis* se documenta en esp. desde 1828 y que procede del lat. científico *Syphilis*, nombre de un pastor¹⁸ que contrae el *morbus gallicus* en el poema del médico veronés G. Fracastoro titulado *Syphilis sive morbus gallicus*, en el que se describe la enfermedad y que fue publicado en 1530. Fracastoro elige este nombre propio porque en griego tiene el sentido ‘pastor’ (*siph* ‘cerdo’ y *philus* ‘amor’) y rehúsa usar *morbus gallicus* para nombrar la enfermedad, reemplazándolo por *lúes* o *plaga* (Leitner *et al.*, 2007: 7). Corominas indica que el mismo Fracastoro empleó posteriormente *syphilis* en un tratado médico en latín para nombrar la enfermedad, pero que el término no se generaliza hasta siglos más tarde (se documenta en inglés en 1718; en francés, en 1808; en cast., en 1884).

Por tanto, se trata de un epónimo, del tipo *personalidad literaria* (Aleixandre-Benavent *et al.*, 2015: 165), que toma el nombre propio de un personaje de la ficción con esta enfermedad. Martín Camacho (2021: 265-267) señala que la mayoría de los epónimos se fundamentan en una relación de metonimia, metáfora o antonomasia¹⁹, si bien considera que en ocasiones obedecen a causas extralingüísticas históricas (entre los ejemplos de este último caso, señala *moisés* con el sentido ‘cuna portátil’); además, nos advierte de que no puede examinarse la eponimia como un mero caso de cambio semántico, por cuanto la recategorización de los epónimos puede implicar una modificación de las propiedades morfosintácticas de la base, lo que solo ocurre en un cambio semántico para la elipsis semántica. Como metonimia, la considera como una extensión del significado primigenio –siguiendo, en este punto, a Alcaraz Varó y Martínez Linares (2004)– del tipo el efecto por la causa. Por otro lado, en los estudios semánticos, el tipo de antonomasia del nombre propio por el nombre común se ha observado como metáfora, como así hace Le Gern (1980); en el caso del epónimo *sífilis* podemos identificar como base de la metáfora la analogía que se establece entre los individuos enfermos del *morbus gallicus* y el pastor Syphilis del poema del siglo XVI.

5. REPRESENTACIÓN DISCURSIVA DE LAS ITS EN REVISTAS Y BLOGS DE SALUD DIVULGATIVOS

5.1. LÉXICO Y CATEGORÍAS SEMÁNTICAS

Una vez realizado el análisis lingüístico-terminológico donde se ha mostrado que no existe sesgo de género, vamos a fijarnos en la manera en que se representan estas ITS en los medios de comunicación seleccionados para comprobar si en su uso discursivo se muestra sensibilidad de género.

En primer lugar, nos fijaremos en las palabras más frecuentes y categorías semánticas. Para ello, seleccionamos los términos con mayor recurrencia mediante la búsqueda por *wordlist>noun*, *wordlist >adjective*, *wordlist>verb* y analizamos y

¹⁷ En este sentido, Duque-Parra *et al.* (2018: 87-88) señalan que los epónimos carecen de valor descriptivo e informativo sobre las estructuras que nombran y presentan diferentes sentidos en su uso, lo que dificulta el aprendizaje por parte de los nuevos profesionales de la salud.

¹⁸ Syphilo fue castigado con esta enfermedad por el dios Apolo por haberlo blasfemado.

¹⁹ En la retórica clásica la antonomasia corresponde a una sinécdoque del individuo, como así está, por ejemplo, en Fontanier (1977 [1830]: 95).

categorizamos semánticamente los primeros 50 sustantivos, adjetivos y verbos de forma manual. En este caso, la primera categoría semántica que hemos extraído está relacionada con el ser humano o partes del mismo.

Encontramos 2 341 sustantivos de la frecuencia total que es de 15 491. Los más frecuentes son los nombres que designan a los propios individuos: *persona* (266), *mujer* (233), *hombre* (143) o *pareja* (78), que suman 720 (30,7 %). Pese a que estas enfermedades son más habituales en hombres y se transmiten por relaciones entre parejas, el sustantivo *mujer* es más frecuente en el corpus (10%) que el de *hombre*, con un 6 %, lo que mostraremos que está relacionado con el hecho de que los artículos del corpus tratan cómo afecta la ITS a la salud reproductiva de las mujeres. En este tipo de textos divulgativos se busca también el distanciamiento y la objetividad a través de sustantivos como *caso* (232), *contacto* (70) o referencias metonímicas mediante el término *cuerpo* (53) o partes del cuerpo, *zona* (64).

En cuanto a los adjetivos relacionados con esta categoría hemos hallado 876 de una frecuencia total de 4 942 y predominan los relacionados con la práctica *sexual* (428) o partes íntimas del cuerpo: *vaginal* (192), *genital* (122), *oral* (55), *anal* (37). Cabe destacar que, dentro de los adjetivos relativos a personas que pueden sufrir ITS, tenga mayor presencia el adjetivo *femenino* (22) que el adjetivo del sexo opuesto, *masculino* (7).

La segunda categoría está relacionada con la medicina, pues estamos tratando infecciones o enfermedades de transmisión sexual. De ahí que los sustantivos más frecuentes sean *enfermedad* (387), *infección* (355), *tratamiento* (211), *síntoma* (210), *salud* (101), *virus* (184), *bacteria* (81), *vacuna* (72) y las denominaciones généricas: *ETS* (81) e *ITS* (56) o los distintos tipos de ITS: *clamidia* (156), *gonorrea* (132), *sífilis* (86), *sida* (85), *VPH* (64), *candidiasis* (63). Las denominaciones de las ITS aparecen entre estos sustantivos con una representación del 28.7%. De igual modo, hallamos adjetivos propios de esta categoría: *inmunitario* (30), *inmune* (24), *bacteriano* (22), *crónico* (27), *médico* (24), *grave* (46) y verbos como *infectar* (117) o *contagiar* (65).

Por otra parte, encontramos un léxico connotado negativamente para referirse a este tipo de infecciones sexuales, porque se las considera un *riesgo* (147), un *problema* (95), se asocia al *dolor* (117), hay *contagio* (82), y otros sustantivos que se valoran negativamente dentro de este contexto como *causa* (84), *contacto* (70), *transmisión* (206), *diagnóstico* (59). También encontramos verbos que se asocian a un contexto negativo como *provocar* (144), *afectar* (123), *causar* (102), *evitar* (85), *contraer* (72), *transmitir* (69), *aumentar* (61), *detectar* (57), *prevenir* (53), *padecer* (41), *sufrir* (41), *proteger* (37). Finalmente, hallamos adjetivos valorativos relacionados con las enfermedades sexuales: *común* (80), *importante* (74), *frecuente* (61), *grave* (46), *alto* (28), *difícil* (28). Un resultado llamativo, aun siendo el tema las infecciones y enfermedades sexuales, es la poca presencia de la palabra *sexo* en el corpus (65). Si a ello se suma que para evitar las infecciones se recomienda el uso de métodos barrera como el *preservativo*, su presencia en el corpus es testimonial también (57). De manera que, con estos resultados obtenidos a partir de la selección léxica, se muestran las categorías semánticas que predominan y la carga negativa que rodea estas enfermedades.

5.2. NARRATIVAS DE LAS ITS EN EL DISCURSO

En segundo lugar, si nos fijamos en la representación discursiva de las ITS más frecuentes actualmente como son la clamidia, la gonorrea o la sífilis, se observa que hay

narrativas marcadas por el género o referencias a la identidad sexual solo por lo que se refiere a la salud reproductiva. Cuando se tratan infecciones o enfermedades sexuales que afectan a ambos sexos por igual («puede producirse en hombres y mujeres», «afecta por igual a hombres y mujeres»), se centran principalmente en los síntomas, que en este caso sí marcan la diferencia entre hombres y mujeres («a veces difieren ligeramente los síntomas entre hombres y mujeres», «otras veces la diferencia es mayor») y en el tratamiento de la enfermedad. La principal referencia a las mujeres viene dada cuando en estos artículos se tratan las consecuencias de la infección, ocupando en la exposición los efectos sobre la reproducción mayor espacio y haciendo notar que estas enfermedades tienen repercusiones más graves o complicaciones para la salud de la mujer. Lo comprobamos en los siguientes extractos. Por ejemplo, con respecto a la clamidia, con mayor prevalencia en las mujeres, se destaca que en la mujer la infección puede desembocar en infertilidad, aborto, malformaciones en el feto, incluso la muerte:

Y es que la clamidia no tratada puede terminar generando enfermedad pélvica inflamatoria capaz llegar a provocar infertilidad, e incluso puede degenerar en un embarazo ectópico. (*Muy interesante*)

En el caso de transmisión a un feto durante el parto, la clamidia puede llegar a generar problemas de infecciones oculares e incluso neumonías en el pequeño, o incluso el nacimiento de bebés con bajo peso. También aumenta en gran medida la posibilidad de aborto. (*Psicología y mente*)

Igualmente, se subraya el riesgo de infertilidad y de complicaciones durante el embarazo y el parto y las consecuencias para el bebé que acarrearán otras ITS. En cambio, en el caso de la infertilidad del hombre, se menciona en escasas ocasiones y nunca se desarrolla este aspecto.

- Gonorrea: En las mujeres puede provocar enfermedad inflamatoria pélvica que aumenta el riesgo de infertilidad o de embarazos ectópicos. (*Cuerpo y mente*)
- Tricomoniasis: En mujeres embarazadas se ha visto que puede provocar prematuridad y bajo peso en el recién nacido, e incluso puede llegar a transmitirse la enfermedad al feto. (*Psicología y mente*)
- Sida: También puede producirse el contagio madre-hijo en mujeres embarazadas que no siguen ningún tratamiento, tanto durante el parto como en la lactancia. (*Psicología y mente*)

Otra de las narrativas de las ITS en los medios es el desconocimiento y la falta de información: «se trata de un tipo de infección poco discutida a nivel social»; «es el desconocimiento por parte de la mayoría de la población respecto a las vías de contagio». Ello deriva en la necesidad de más educación sexual como el mejor instrumento para prevenir las infecciones de transmisión sexual. Esta desinformación conduce en ocasiones a la discriminación de determinados colectivos como gais, prostitutas o drogadictos:

La realización de la prueba es algo esencial en ello, pero mucha gente aún piensa que el VIH es cosa de gais, de personas trabajadoras del sexo, usuarios de

drogas... por lo que no se realizan la prueba porque no creen que el VIH tenga algo que ver con ellas. Y al final, acaban transmitiendo la infección por desconocimiento. (*Saber vivir*)

A la vez, la discriminación motiva angustia a la hora de realizarse las pruebas del sida: «A nadie le gusta ser estigmatizado como una persona adicta a las drogas o sexualmente promiscua, y sobre todo a nadie le gusta ser relacionado con esta enfermedad» (*Cuerpo y mente*).

Entramos así en otra narrativa, la de las prácticas sexuales, en la que se focaliza en su frecuencia y en la monogamia frente a las parejas múltiples. Ciertamente, la idea de ITS está asociada a la promiscuidad, tanto en hombres como en mujeres, pero sabemos que la condena social es mayor para las mujeres y que una mujer sexualmente activa se identifica como promiscua. En los artículos de nuestro corpus se alerta del riesgo que supone la actividad sexual para la mujer: «Es cierto que todas las mujeres activas sexualmente corren cierto riesgo» (*Psicología y mente*), pero no se detecta discriminación ni asociación negativa con relación a la frecuencia. No se representa discursivamente una reprobación explícita a que la mujer tenga múltiples parejas, más bien se insiste en el riesgo de contagio, como así se muestra en un artículo sobre el virus del papiloma humano, en el que previamente hay una referencia a la monogamia:

Es frecuente que el contagio se produzca en la juventud, permanezca en un estado latente y se reactive al cabo de un tiempo. Esto explica el porqué hay mujeres a las que se les detecta el virus aunque hayan tenido una relación monogámica durante mucho tiempo. (*Cuerpo y mente*)

Es importante tener en cuenta este aspecto si no tienes pareja estable. De hecho, tener parejas sexuales distintas, así con un inicio precoz en las relaciones y un sistema inmunitario débil son factores de riesgo ante un posible contagio. (*Cuerpo y mente*)

Especialmente esta advertencia se presenta en los artículos dedicados a ITS con mayor prevalencia en mujeres, como la clamidia:

Corren más riesgo de contraerla aquellas personas jóvenes, especialmente en el caso de mujeres, personas con parejas sexuales múltiples, que no utilicen preservativo. (*Psicología y mente*)

La infección por clamidia puede darse en cualquier etapa de la vida pero ahora mismo el grupo de riesgo más grande son las mujeres menores de 25 años que no tienen pareja estable o tienen más de una pareja sexual y que no usan siempre preservativo en las relaciones. (*Saber vivir*)

Finalmente, otra narrativa tiene que ver con el uso de métodos barrera para la prevención; seleccionamos esta cita de un artículo dedicado a la tricomoniasis:

Para evitar este tipo de patologías, practicar sexo de forma protegida con la utilización de preservativos es esencial. (*azsalud.com*)

Excepcionalmente en algún artículo se presenta la imagen de la mujer como una persona irreflexiva en sus prácticas sexuales por no usar preservativo:

Hay mujeres tan desesperadas y necesitadas de amor que acceden a no usar condón durante el sexo creyendo que así las querrán más. (*Cuerpo y mente*)

Otros hombres como él mantendrían relaciones sexuales con una mujer atractiva sin usar condones. (*Cuerpo y mente*)

6. CONCLUSIONES

Del análisis realizado resulta que los términos de las ITS no presentan sesgo de género, puesto que, excepto en el caso de *sífilis* y de denominaciones por patógeno o por signo, en las que se presenta en la denominación una especificación referida a las partes sexuales afectadas (principalmente, a la vagina, el pubis y la uretra), no se realiza referencia alguna a la identidad sexual de las personas afectadas por la infección. En la mayor parte de los casos la denominación se realiza por referencia al patógeno (42.5%) y por referencia a signos de la enfermedad que causa la infección (37.5%); en los restantes casos, la denominación se funda sobre metáforas o metonimias, excepto en el caso de *sífilis*, el único epónimo del conjunto terminológico. Se ha constatado una práctica, hoy desaconsejada por la OMS, como es la referencia al lugar de origen de la infección o de los portadores en las denominaciones genéricas por usos metonímicos situacionales (por ejemplo, *mal francés*), lo que implica una estigmatización del grupo humano localizado en esa área geográfica, pero cada vez son menos empleados estos términos.

El procedimiento que se identifica con mayor frecuencia en la creación de los términos de las ITS es la metonimia. Así, son metonímicas las denominaciones de las ITS por el patógeno y por signos de la enfermedad, por un lado, y por otro, también lo son aquellas denominaciones que podemos considerar metonimias situacionales, en la medida que especifican el lugar de origen o la procedencia de los portadores. También en los étimos de la base léxica (o bases) de algunas denominaciones hemos localizado metáforas o metonimias que nos muestran la base cognitiva del término. Solo encontramos una denominación por eponimia, *sífilis*, que da nombre a una de las ITS que ha generado más denominaciones creativas. Por otra parte, el nombre del patógeno etimológicamente puede conceptualizar por metáfora su forma o por metonimia su modo de actuación, del mismo modo que ocurre con el nombre de los signos.

En consecuencia, no hay patrones cognitivos que reproduzcan una ideología de género en la constitución de la terminología de las ITS. En todo caso, podría deducirse el tabú social con relación al sexo a partir del hecho de que apenas hay en las denominaciones referencia al campo de la sexualidad, excepto en alguna especificación como *vaginalis* o *pública* o de forma figurada en su origen, en *venéreo*, por referencia a Venus, diosa del amor y del sexo.

En cuanto a su interpretación en discurso, advertimos que su conceptualización únicamente viene marcada con relación a la mujer por una idea altamente institucionalizada en la cultura patriarcal como es su rol de madre, pues suelen exponerse en los artículos analizados las consecuencias de las ITS en su salud reproductiva (en algunos casos, la infertilidad) y cuáles son los riesgos durante el embarazo y el parto y cómo afecta al bebé una mujer contagiada; mientras, la infertilidad en el hombre es apenas

mencionada. Esto explica que hayamos constatado en el análisis de frecuencia de palabras en los textos del corpus que es mayor la aparición del sustantivo *mujer* que la de *hombre*, lo que también guarda relación con la alarma social que produce que se vea amenazada la capacidad reproductiva de la mujer.

A excepción de este aspecto, no se tratan en los artículos las ITS de forma diferenciada con relación a las mujeres, lo que da prueba de que se está avanzando al incluir la perspectiva de género en la divulgación médica. Es más, en ocasiones los textos analizados muestran los errores en la percepción social, así como la desinformación, con respecto a las personas infectadas, lo que conduce a la discriminación por razón de sexo, especialmente de grupos cuya identidad sexual no es la heteronormativa. Como conclusión de este estudio preliminar podemos decir que ni los términos de las ITS ni las narrativas sobre estas infecciones en los medios analizados muestran una carga ideológica, al contrario, se habla de estas enfermedades de forma variada, inclusiva y con perspectiva de género.

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Denominative variation in the terminological representation of Women's Health

Variación denominativa en la representación terminológica de la salud de la mujer

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ABSTRACT: Medical language is characterized by its veracity, precision, and clarity (Navarro, 2009). However, due to the different communicative situations and contexts in which it is used, it is one of the special languages with more terminological variation (Bowker and Hawkins, 2006). From the point of view of terminology work, in any of its applications: language planning, standardization or translation, the first steps consist of structuring the subject area and accurately define the conceptual field (Cabré, 2005; ISO, 2022; Wright, 1997), and variation is usually an obstacle during this stage. This paper presents the findings of a study for the elaboration of terminological resources on Women's Health from a corpus of specialized academic articles in English. Preliminary results reveal a lack of uniformity in the identification of the most representative lexical units regarding issues that specifically affect Women's Health. This analysis offers a typology of denominative variation in the subject field of Women's Health in academic journals in English prior to initiate the delimitation of the conceptual field in Spanish and standardize terminology equivalence in order to ensure efficient communication.

Key words: women's health; denominative variation; terminology management, medical language

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RESUMEN: El lenguaje médico se caracteriza por su veracidad, precisión y claridad (Navarro, 2009). Sin embargo, debido a las diferentes situaciones y contextos comunicativos en los que se utiliza, es una de las lenguas de especialidad con mayor variación terminológica (Bowker and Hawkins, 2006). Desde el punto de vista del trabajo terminológico, en cualquiera de sus aplicaciones: planificación lingüística, normalización o traducción, los primeros pasos consisten en estructurar el área temática y definir con precisión el campo conceptual (Cabré, 2005; ISO, 2022; Wright, 1997), y la variación suele ser un obstáculo durante esta etapa. Este artículo presenta los resultados de un estudio para la elaboración de recursos terminológicos sobre la salud de la mujer a partir de un corpus de artículos académicos especializados en inglés. Los resultados preliminares revelan una falta de uniformidad en la identificación de las unidades léxicas más representativas en relación con los temas que afectan específicamente a la salud de la mujer. Este análisis ofrece una tipología de la variación denominativa en el campo temático de la salud de la mujer en revistas académicas en inglés antes de iniciar la delimitación del campo conceptual en español y estandarizar la equivalencia terminológica con el fin de garantizar una comunicación eficaz.

Palabras clave: salud de la mujer; variación denominativa; gestión terminológica, lenguaje médico.

1. INTRODUCTION

The most established currents in the study of terminology, language planning (Auger and Rousseau, 1987; TERMCAT, 1990; Wüster, 1998; Arntz and Picht, 1995) and standardization (2022), agree on the key phases of terminology work: preparation of the work, organization and presentation of the work, and revision. The first phase focuses on the preparation of the work, the choice, structuring, and conceptual delimitation of the area, as well as the compilation of documentary resources available. It is in the second phase, term extraction and delimitation of terminological units, that variation plays a key role. According to Sager:

The lexicon of a special subject language reflects the organisational characteristics of the discipline by tending to provide as many lexical units as there are concepts conventionally established in the subspace and by restricting the reference of each such lexical unit to a well-defined region. Beside containing a large number of items which are endowed with the property of special reference the lexicon of a special language also contains items of general reference which do not usually seem to be specific to any discipline or disciplines and whose referential properties are uniformly vague or generalised. (Sager, 1990, p. 19)

These preliminary stages of terminology work are foundational to the development and refinement of a specialized language within a particular domain. This crucial phase involves systematic exploration, organization, and analysis of terminology

to establish a robust foundation for effective communication. Terminology, which comprises specialized terms unique to a particular domain, holds a significant role in guaranteeing precision, clarity, and consistency in communication among professionals, researchers, and stakeholders. This is in line with Navarro (2009: 90) who notes that, in the case of medical language the three main features of scientific language in general, and of medical writing in particular, are truthfulness, precision and clarity; in other words, what is expressed in a scientific text should not be false, ambiguous, incomprehensible, shocking, or cumbersome to read.

One of the fundamental distinguishing features of specialized languages is their purpose for exchanging technical or specialized knowledge: definitions of specialized language include aspects that differentiate it from the general language such as its use in specialized communication, the type of texts in which it appears and the use of specific terminology (Alcaraz, 2000; Dubuc and Lauriston, 1997; Resche, 2000; Picht, 1987; Wright and Wright, 1997).

Lerat (1997: 18) highlights that a specialized language should not be limited to terminology alone. This is because, apart from employing specialized terms, it also encompasses non-linguistic symbols within sentences that include the standard linguistic elements of a particular language. Furthermore, Lerat notes that the level of specialization contained within a text varies depending on the specific communication requirements. Cabré (1993: 137) further rationalizes the significance of terminology in specialized languages from a communicative perspective. She emphasizes that specialized discourse deviates from general language norms due to various factors, including subject matter, interlocutors' specific traits, communicative situation, or transmission channel.

For Sager (1990: 215), the use of variation revolves around different hypotheses: the differences between text types; the higher density of alternative forms in special language discourse; alternative designations are realized by means of absolute synonyms, the use of contextual synonyms and the choice of the immediate hyperonym; variation may be created by a process of abbreviation; in compound terms the preferred mode of abbreviation is that of omitting one element; and, contextual abbreviation or reduction.

In any case, it is traditionally emphasized that, in order to facilitate specialized communication and knowledge transfer, terms are relatively fixed elements and should not be subject to variation (Picht, 1987; Sager, 1990; Wüster, 1998). However, as Bowker and Hawkins (2006: 80) point out, different studies reveal that, even within the boundaries of specialized communication, terminological variation exists, and they highlight that one specialized field in which terminological variation seems particularly prevalent is medicine, the subject matter of this study. According to Bowker and Hawkins (2006: 100), «Language, and particularly specialized language, cannot be completely random or people would not understand one another; however, it does admit a greater degree of variability than previously thought.»

This variation is due to conceptual motivational factors, linguistically motivated and socially motivated factors (Bowker and Hawkins, 2006, p. 82). According to these authors, it is complex to deduce both conceptually motivated and socially motivated factors simply by studying a corpus, so although «Linguistically motivated term choices are not as important as conceptually motivated term choices with regard to the potential for meaning distortion, but they are important nonetheless because they will affect the naturalness or idiomaticity of the text.» (Bowker and Hawkins, 2006, p. 92).

As a lexical-semantic phenomenon, denominative variation refers, according to Tercedor-Sánchez (2011), to linguistic representations that share with the main term

certain semantic and conceptual features that are activated in certain contexts and situations. Likewise, Freixa (2006: 52) presents a typology of five causes for terminological variation: dialectal, due to the origin of the authors; functional, due to different communicative registers; discursive, due to the stylistic and expressive needs of the authors; interlinguistic, due to contact between languages; and finally, cognitive, due to different conceptualizations and motivations.

In a study on denominative variation in the language of mathematics, Freixa and Montané (2006: 212) conclude that the causes for the appearance of synonymous forms in mathematical terminology coincide with those of other fields of knowledge and that the most frequent reason for variation is the stylistic need to avoid repetition, to vary the expression so that the text does not sound too repetitive and that the degree of specialization of the texts would be the least convincing cause of denominative variation. According to Freixa and Montané (2006: 212), among the causes of denominative variation are lexical changes when substituting an element of the terminological syntagm for a synonym; reductions of the extension and the base of the syntagm; lengthening, in which a semantic aspect of the concept is introduced in the denomination; morphosyntactic changes, such as the alternation between the presence and absence of the definite article; and graphic changes, common in the language of mathematics:

It is possible that the particular characteristics of specialised texts determine denominative alternatives, and therefore it may be necessary to add a type of textual causes (and maybe even other types). It is very probable that, for each of the identified types, the different sub-cause identified may be described a little further, as a result of the analysis of real texts from different domains of specialty, from different levels of specialisation and different languages. (Freixa, 2006: 70-71)

From the perspective of translation studies, Alarcón-Navío et al. (2016: 118) point out that one of the consequences of variation is that the translator must face a high degree of uncertainty both at the cognitive level (since it affects comprehension) and at the level of equivalences. According to (Tercedor-Sánchez and López-Rodríguez, 2012), in medicine, medical concepts can be lexicalized in diverse ways depending on their appropriateness to a specific communicative situation or the facet or dimension of the concept in question.

For this work, a corpus of journals specialized in Women's Health composed of articles from three journals: *Journal of Women's Health Care*, *Women's health issues and Women's Health*, was analyzed over a period of three years (2021-2023) with a total of 405 articles and 1,957,385 words to empirically observe the type of terminological variations carried out in issues affecting Women's Health and how to address them. The study was carried out using corpus linguistics techniques, with Sketch Engine. The corpus-based approach to study combining forms in context seems an adequate option as supported by previous research (Prieto-Velasco et al., 2012; Freixa, 2006; Sager, 1990; Peters et al., 2018; Wiese, 2018). Following Bowker and Hawkins (2006: 101) «By studying these terms in context, we were able to uncover a number of regular patterns of variation, which allowed us to deduce various possible motivations behind term choice, including conceptual, linguistic and social motivations».

It should be noted that this is a preliminary study, prior to the development of terminology databases on Women's Health in English and Spanish. In a first phase, the

aim is to identify the type of terminological variations in English in order to, later on, contrast the results with those obtained in a similar study with a corpus of scientific articles in the field of Women’s Health written in Spanish.

2. METHODOLOGY

This work is based on the analysis of a corpus of research papers specialized in Women’s Health from 3 journals: *Journal of Women’s Health Care*, *Women’s health issues* and *Women’s Health*, during a period of three years (January 2021-April 2023) with a total of 405 articles and 1,957,385 words to observe empirically the type of terminological variations in medical language on Women’s Health and identify the trends and patterns, and linguistic variations within this domain.

Table 1. Corpus data

Journal title	Publisher	Number of articles	Country of publication	Journal impact factor (JCR)
Journal of Women’s Health Care	Longdom Group	96	Belgium	5.14
Women’s health issues	Elsevier	103	USA	3.053
Women’s Health	Sage	206	UK	2.4

These publications were chosen because of their academic rigor, because they are peer reviewed, international, and indexed in prestigious databases, they focus on Women’s Health, and each publication provides different approaches that will be useful to observe terminological variation, object of this study. Thus, *Journal of Women’s Health Care* (JWHC) contains research based, clinical and non-clinical, diagnostic, and social aspects in the field of medical sciences in the form of articles, review articles, case reports, and short communications. *Women’s Health Issues* (WHI) is the official journal of the *Jacobs Institute of Women’s Health* and is dedicated to improving the health of women in the context of the U.S., health care delivery system and policymaking processes. Finally, *Women’s Health* (WHE) focuses on all aspects of women’s healthcare, from childhood/adolescence to menopause and beyond, with primary research, systematic reviews, meta-analyses, and reviews from both low- and high-resource countries.

The Sketch Engine tool was used for the analysis of the corpus, and in a first phase, the basic functions of keyword identification and word lists were applied to gain preliminary insights into language structure, usage, and variability. In this application, keywords are defined as typical words and phrases of the corpus because they appear more frequently than in the general language when compared to the reference corpus *English Web Corpus* (enTenTen) composed of 52 billion words.

With the data obtained in this first phase and the evaluation of previous studies on variation in terminology, we proceeded to design an ad hoc framework of analysis to organize and structure the findings obtained during the corpus analysis. To this end, a first approach to linguistic variation (Sager, 1990; Freixa, 2006; Freixa and Montané, 2006; Arntz and Picht, 1995) was proposed, focused on aspects such as lexical changes, synonyms, abbreviations, omissions and morphosyntactic changes.

Other useful features of Sketch engine in this research included Word Sketches, which offer comprehensive information about a word, including its collocations, grammatical relationships, and common contexts, as well as the Thesaurus and Synonymy, which allow for the examination of word relationships, the discovery of synonyms, and the identification of related terms.

As a starting point for the description of the conceptual field, the definition of Women's Health of the National Institute of Child Health and Human Development was used: «Women's health is a broad category that includes health issues that are unique to women, such as menstruation and pregnancy, as well as conditions that affect both men and women, but that may affect women differently, such as heart disease and diabetes.»² And the definition from the National Library of Medicine of the National Institutes of Health of the United States: «Women's health refers to the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being»³.

The Medical Literature Analysis and Retrieval System Online (MEDLINE), a bibliographic database of life sciences and biomedical literature, part of the larger PubMed database, maintained by the United States National Library of Medicine (NLM), also provides the range of specialties and focus areas of Women's Health, as shown in Table 2.

Table 2. Range of specialties and focus areas in Women's Health

1.	Birth control, sexually transmitted infections (STIs), and gynecology
2.	Breast cancer, ovarian cancer, and other female cancers
3.	Mammography
4.	Menopause and hormone therapy
5.	Osteoporosis
6.	Pregnancy and childbirth
7.	Sexual health
8.	Women and heart disease
9.	Benign conditions affecting the function of the female reproductive organs

These working definitions, together with the categories proposed by the National Library of Medicine (Table 2), were used as a starting point for locating denominative variations in the initial structure of the conceptual field of Women's Health. For this purpose, after the identification of keywords, the Thesaurus functionality of Sketch Engine was used to generate lists of synonyms belonging to the semantic field under study. However, since the lists are produced based on the context in which the words appear in the selected corpus, the results are not always precise. In order to address any inaccuracies, the author implemented a manual revision process to identify synonyms

² <https://www.nichd.nih.gov/health/topics/womenshealth>

³ <https://medlineplus.gov/ency/article/007458.htm>

with a greater similarity in meaning than what was provided by the automatic processing of Sketch engine.

3. DENOMINATIVE VARIATION IN WOMEN'S HEALTH LANGUAGE

This part of the analysis and discussion of the findings is divided into four sections where the results of the initial corpus analysis method are examined. After that, it concentrates on the particular discoveries regarding changes in vocabulary and grammar structure. This section thoroughly investigates the patterns, trends, and factors that impact the selection of denominations, revealing the ever-changing nature of language within the studied context. Through a detailed exploration of denominative variation, this analysis seeks to unravel the complexities inherent in the selection and usage of terms, offering insights into the factors that contribute to the diversity of denominations observed. This discussion is not only an exploration of linguistic nuances, but also a reflection on the broader implications of denominative choices on communication within the domain of medical articles on Women's Health.

3.1. PRELIMINARY APPROACH TO CORPUS: FREQUENCY LISTS

An initial analysis of the wordlist of the first 100 most frequent nouns in the corpus reveals that the most common medical specialties correspond to the nine categories proposed by the National Library of Medicine (Table 2).

Table 3. Most frequent nouns in corpus

Item / Frequency in corpus distribution			
woman	19,889	breast	1,427
health	19,508	Sex	1,380
pregnancy	5,259	depression	1,271
care	7,748	infection	1,213
risk	3,629	anxiety	1,087
birth	3,186	contraception	931
HIV	3,116	menopause	732
cancer	2,958	vaccine	663
child	2,722	syndrome	643
mother	2,464	obstetrics	629
covid-19	2,271	fertility	624
screening	1,754	cycle	617
abortion	1,494		

From this selection of the 25 most frequent nouns, terms such as *health*, *care*, *risk*, and *screening*, may be adequate for several of the specialties; however, other terms such as *pregnancy*, *birth*, *cancer*, *breast*, and *sex*, correspond to the specialties indicated by the National Library of Medicine (Table 2).

Next, a second analysis was carried out, this time on keywords, to find the frequency of the keywords in the focus corpus and reference corpus, which yields more significant data (Table 4) that will be useful for the detailed analysis in the second part of this analysis and discussion section.

Table 4. Frequency of keywords in focus and reference corpus

Item	Frequency (focus)	Frequency (reference)	Score
postpartum	1,880	90,608	272.3
antenatal	772	38,583	170.26
maternal	3,503	464,254	146.75
contraceptive	1,421	152,735	146.23
obstetric	623	39,101	136.81
menstrual	1,183	136,259	131.93
perinatal	659	57,364	122.46
cervical	1,501	223,325	116.18
contraception	931	141,071	101.42
gestational	566	63,981	99.70
cesarean	410	35,601	93.49
gynecology	477	53,483	91.77
ANC	817	137,519	90.62
HPV	757	124,127	90.05
postnatal	433	46,188	89.01
morbidity	739	129,885	85.27
menopause	732	133,100	83.07
pregnancy	5,259	1,356,464	81.67
IPV	302	22,429	79.85
depressive	624	111,815	79.56
endometriosis	455	72,003	75.43
childbirth	656	141,549	71.38
vaginal	782	180,815	71.26
prenatal	612	130,567	70.425
reproductive	1764	495,270	69.837

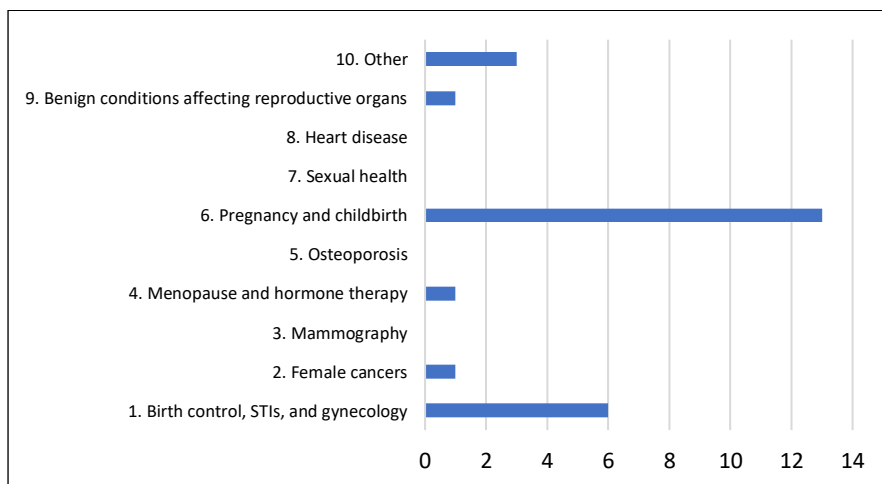
As in the results shown in Table 3, along with generic terms that apply to general Women's Health and clinical studies such as *cross-sectional*, *obstetric*, *morbidity* and *gynecology*, other terms highlight the most common specialties in Women's Health such as *postpartum*, *antenatal*, *contraceptive*, *menstrual*, *cervical*, *gestational*.

Although most specialties are represented in this list (Table 4), a more detailed analysis reveals that the focus of the publications is on specialty 6, pregnancy and childbirth, with almost 50% of the most frequent words in the corpus.

Also noteworthy is the appearance of abbreviations in this list of the most frequent words, ANC (antenatal care), HPV (human papilloma virus) and IPV (intimate partner violence). The latter, IPV, acquires special relevance since, although it is a term more commonly used in social and legal fields, its frequency of appearance (302 cases) in studies on Women's Health requires attention since it is usually included in studies related to mental health. Similarly, the word *depressive* with 624 occurrences or terms such as *depression*, *anxiety*, and *trauma*, which although do not appear in the list of the 25 most frequent words are very common in the corpus, support the need to include the section on mental health in studies on Women's Health.

Figure 1 shows the distribution of terms according to the initial Women's Health classification. In addition to the relevance of Category 6 (pregnancy and childbirth) it is also noteworthy that other specialties such as *heart disease*, *sexual health*, *osteoporosis*, and *mammography*, are not represented during this initial stage of corpus observation.

Figure 1. Distribution of terms and Women's Health specialties



3.2. FREQUENT MULTI-WORD TERMS

Finally, the extraction of multi-word terms was performed, which ultimately will illustrate more precisely the denominative variation object of this study. Using the Keywords function, Sketch Engine identifies what is unique in the focus corpus (medical articles) compared to the reference corpus (English Web Corpus 2021) and provides a list of multi-word units which are typical of a corpus or which define its content or topic and which will constitute the beginning of the detailed research on denominative variation in

the field of Women's Health. Terms related to generic clinical research were removed from the list, such as *associated factor*, *formal analysis*, *odds ratio*, *systematic review*, or *cross-sectional study*, which appear frequently due to the textual characteristics of the genre studied. Only the terms related to Women's Health were selected for further study as shown in Table 5.

In line with the analyses of the previous lists (Tables 3 and 4) the specialties of *pregnancy and childbirth*, *cancer*, and *birth control* occupy the most representative positions. However, a large number of occurrences of terms such as *depressive symptom* and *intimate partner violence* stands out. A detailed study of these multiword terms reveals that of the 460 occurrences of *intimate partner*, the collocates found are limited only to words such as *abuse*, *violence*, and *homicide*.

Table 5. Most frequent multi-word terms from corpus

	Multi-word term	Frequency (focus)	Score
1	women's health issues	605	214.77
2	cervical cancer	1,060	169.47
3	women's health	1,076	168.64
4	maternal health	543	146.62
5	antenatal care	448	137.88
6	maternal morbidity	358	122.03
7	depressive symptom	526	121.26
8	maternal mortality	458	112.69
9	pregnant woman	1,523	104.3
10	intimate partner	447	101.4
11	reproductive health	595	91.09
12	unintended pregnancy	297	90.9
13	reproductive age	288	87.85
14	substance use	729	87.20
15	cervical screening	241	78.49
16	contraceptive method	248	78.12
17	severe maternal morbidity	208	74.40
18	postpartum period	225	73.88
19	contraceptive use	234	72.75
20	cervical cancer screening	218	71.44
21	menstrual cup	217	71.09
22	birth weight	319	67.75
23	maternal death	234	67.66
24	family planning	413	65.84
25	cancer screening	317	63.49

3.3. PATTERNS OF LINGUISTIC VARIATION: LEXICAL CHANGES

This section presents a closer view of the patterns of lexical change found during the analysis of the corpus with special attention to the cases where denominative variation is remarkable, as compared with the other instances of variation.

3.3.1. *References to the subjects of the study: women*

Although in the language of academic medical research reference to subjects of study is usually carried out using a gender-neutral language, in the corpus analyzed, the terminology used to refer to these subjects presents the highest degree of variation found during the study. As shown in Table 6, the method to refer to the clinical study subjects and the recipients of the medical treatment or research presents up to nine different forms (Table 6).

Table 6. References to subjects of study

Lemma	Occurrences in corpus
woman	19,890
participant	5,047
patient	3,631
mother	2,421
people	1,520
individual	970
female	391
lady	344
subject	214

As it can be seen in Table 6, the references to the subjects of study are mostly made by means of the lemma *woman*, with 50% of the cases. The occurrences of common terms such as *individual* and *subject*, are almost negligible, barely reaching 1%. In order to determine whether these variations correspond to a specific pattern, collocation analyses were carried out for each of the items in Table 6 and it was found that, as pointed out by different authors (Alarcón-Navío et al., 2016; Bowker & Hawkins, 2006; Freixa, 2006; Tercedor, 2011), it was due to stylistic variation in most cases, and in others, such as *participant*, *patient* and *subject*, it was a contextual variation as this is the most accepted terminology in the performance of surveys and clinical studies. However, Table 7 shows some examples in which many of the references to study subjects are made indiscriminately.

Table 7. Examples of denominative variation in the notion of the subject of study.

lemma	pregnant	race/origin	age
participant	participants who were pregnant	English-speaking participants	participants who are aged 30 years
patient	Pregnant patient	Spanish-speaking patient	patient age <20
subject	nonpregnant subjects	subjects were Japanese women	elderly subjects
individual	pregnant individuals	White individuals	individuals aged 18
woman	pregnant women	black women	young women
female	pregnant female	Kosovan Albanian females	Females aged 9-45 years old
mother	pregnant mothers	Canadian mother	31 years old mother
lady	pregnant ladies	Ghanaian ladies	middle-aged ladies
people	pregnant people	Black people	people aged 50 years

As shown in Table 7, all the variants collocate with contexts referring to pregnancy, race/origin, and age. However, the variants *subject* and *participant* affect the naturalness or idiomaticity of the text (Bowker and Hawkins, 2006, p. 92) as they require further syntactic changes: *participants who are aged 30 years*, *subjects were Japanese women...* This mechanism to include pronouns, prepositions or copular verbs will be detailed later as it is probably one of the most frequent methods of variation.

Gender-inclusive language aims at including all individuals regardless of their gender identity or expression in order to promote gender equality and respecting diverse identities and experiences and seeks to avoid making assumptions about a person's gender and to be sensitive to the fact that not everyone identifies as strictly male or female. However, recent gender-inclusive language approaches in healthcare and medical settings promote linguistic changes to make biological sex less visible that have sparked the discussion between patients, clinicians, and academics. Linguistic changes aimed at gender inclusivity might inadvertently lead to a reduced visibility of the concept of biological sex, making it more challenging to articulate clearly in healthcare and medical education. With regards to gender-inclusive terminology, collocations with related terms such as *TNB*, *transgender*, *non binary*, *cisgender* or *agender*, mostly collocate with the gender-neutral language used in medicine as in the following examples: *genderfluid participant*, *Non binary participant*, *transgender and nonbinary (TNB) individuals*. However, in other cases such as *transgender*, the corpus analysis reveals a wider variety of options: as *transgender* collocates with nouns such as *women*, *population*, *persons*, *individuals*, *patients*, *young adults*, and *adolescents*.

To illustrate variation in context, different keywords have been chosen from the nine specialties selected for this study to observe recurring patterns that would help illustrate the cause for variation. From the results shown in Table 7 it can be concluded that the reason for the variation in the form of address to the subject of medical studies is mainly due to stylistic and contextual reasons, since the analysis of the corpus reveals that

all the variants seem interchangeable, even within the same research article. To refer to the subjects of clinical studies, *woman* is the most frequent word in the corpus, although in collocations with *pregnant*, to express origin or race, or age, are practically interchangeable with the other alternatives.

What seems clear is that *participant*, *patient*, and *subject* are more naturally used in contexts related to the description of studies, surveys, and experiments. Proof of this is that a very recurrent pattern of *participant/patient/subject* + verb is observed, as in the examples «*One participant described..., another patient remarked..., one subject shared...*», which is not observed in the rest of the variations. In addition, these three terms are frequently found in the methodology section.

Participant, with 2486 occurrences, appears as the subject of verbs such as *report*, *describe*, *express*, *share*, *state*, *experience*, *mention*, which reveals a clear interaction with the subjects of study and the subsequent analysis of the data obtained. With the term *patient* (896 occurrences), something similar happens, although instead of reporting verbs, the most common collocations are with verbs indicating reception of treatment, experiential verbs, or endurance verbs such as: *receive*, *undergo*, *experience*, *present*, *feel*, or *suffer*. Finally, in the case of *individuals* (970 occurrences), common in the medical scientific literature, it is located mainly in the introduction of the studies, indicating that they have not yet undergone the study, or in the analysis and discussion section, after the surveys and experiments, and is usually placed with verbs such as *be*, *seek*, *experience*, *suffer*. Some examples are shown below:

- A cystic fibrosis study found that 50% of **individuals** who had screened negatively...
- Many **individuals** choose not to disclose sexual victimization across their life span.
- **Individuals** were eligible for this study if they...
- 10 **individuals** did not sign the consent form to participate in the study....
- Black and Native American **individuals** are particularly burdened by...

Although with less intensity, only in 52 cases, the same happens with *subject* as subject of the verb: *participate*, *exhibit*, *undergo*, *report*, *experience*:

- **Subjects** reported personal barriers...
- Male **subjects** experience a stronger «inflamm-aging» syndrome...
- ...the female **subjects** exhibited a higher antibody response...
- 24 **subjects** underwent vaginal delivery...

Finally, collocations with the word *pregnant*, confirm the preference in this type of publications for the use of *woman*. There exists variation, however negligible if we consider the number of occurrences of this collocation, 1523.

Table 8. Collocations with pregnant

Collocations with pregnant	Occurrences in corpus
pregnant + woman	1523
pregnant + mother	111
pregnant + lady	26
pregnant + person	16
pregnant + people	40
pregnant + patient	20
pregnant + participant	4

3.3.2. Synonyms

In medical language, it is common to use synonyms to make terminology more understandable to less specialized users. However, even though the corpus analyzed is aimed at a specialized audience, the use of synonyms is a frequent artifact for lexical variation.

Table 9. Lexical variations

Reference term	Occurrences in corpus	Lexical variant	Occurrences in corpus
menstrual cycle	190	individuals' cycles	1
		feminine cycle	3
		28-day cycle	24
		cycle	381
cervical cancer	650	cervix cancer	4
		cancers of cervix	1
		cancer of the uterine cervix	1
ovarian cancer	75	cancer of ovary	5
antenatal	772	prenatal	742
unintended pregnancy	297	unwanted pregnancy	170
		unplanned pregnancy	166
uterus	71	womb	7
colon cancer	4	colonic cancer	4
		cancer of colon	1
colorectal cancer	11	colon and rectal cancer	2
breast cancer	762	cancer of the breast	1

Table 9 reveals that, apart from *menstrual cycle/cycle* and *antenatal/prenatal*, most lexical variations lack significance in their occurrence frequency within the corpus. This observation aligns with the principle of monosemy and mononymy, which asserts that a term should denote a singular concept, and conversely, a concept should be denoted by a singular term. In fact, in most of the cases the alternative term is formed by lexical patterns (*cancer of ovary*) or ellipsis of the main term (*cycle*).

Other cases such as *mammography screening* run parallel in occurrences with *breast screening*, and as shown in the examples below:

- Adjusting the frequency of mammography screening...
- Periodicity of mammography screening...
- ...have a limited understanding of the harms of breast screening...
- ...the benefits of breast screening are less clear...
- ...factors involved in breast cancer screening...

Although the corpus reveals no difference between the collocations of *unwanted*, *unplanned* and *unintended* with *pregnancy*, there seems to be a slight difference between them, as some concordances provide further explanation of the use of *unwanted* as mistimed, or something done at the wrong moment: «...associated with increased risk of having an unwanted or mistimed pregnancy...», «...and pregnancy intentions (wanted, mistimed, or unwanted)...», ...«wanting to get pregnant but not at this time [mistimed pregnancy]...», «used to calculate the odds of having an unwanted or mistimed pregnancy versus wanted pregnancy...».

This mechanism is also frequent in the corpus, thus revealing that authors are aware of their use of denominative variations and at the same time express their concern for their use of medical terminology as self-evident and reflect the essential characteristics of the concept it designates.

Finally, it should be noted that *unplanned* appears exclusively in collocations with *pregnancy*, while *unwanted* appears with *sexual activity*, *sex*, and *unintended* also collocates with *consequences*, *outcome*, *births*, and *conceptions*.

3.4. PATTERNS OF LINGUISTIC VARIATION: MORPHOSYNTACTIC CHANGES

Table 10. Frequent patterns of morphosyntactic changes

Type of variation	Reference item	Occurrences in corpus	Alternative	Occurrences in corpus
morphological variants	gynecological	70	gynecologic	51
orthographic variants	gynaecological	100	gynecological	70
			gynecologic	51
	fetus	81	foetus	28
	anemia	297	anaemia	195
	cesarean birth	410	Caesarean birth	175
	dysmenorrhea	41	dysmenorrhoea	8
	edema	10	oedema	2
	hemorrhage	83	haemorrhage	6

Type of variation	Reference item	Occurrences in corpus	Alternative	Occurrences in corpus
ellipted forms (pre-paid telephone card vs. phone card)	menstrual cycle	190	cycle	381
graphical variation (online vs. on-line)	nonpregnant	26	non-pregnant	121
	prevention of mother to child transmission	16	Prevention of mother-to-child transmission	6
	Non-medical	15	nonmedical	9
	non-use	19	nonuse	5
permutation	cervical cancer	650	cancers of cervix	1
	ovarian cancer	75	cancer of ovary	5

In medical terminology, many terms are derived from Latin and Greek roots, and Latin spelling is often used to form the basis of these terms. However, modern medical terminology has undergone modifications over time to form comprehensive and precise terms. As illustrated with the examples from Table 10, in the case of *cycle*, it seems that the prevailing method is the omission and the use of the ellipted forms, although the reference term is *menstrual cycle*.

3.4.4. Abbreviations

The use of abbreviations in medical research articles is a widespread practice that aims to enhance clarity, conciseness, and readability. Abbreviations are used throughout the main body of medical articles to represent medical terms, study variables, and statistical measures to streamline the text and make it more accessible to readers. In our corpus, abbreviations deserve special attention since there is no specific pattern in the way they are integrated into the text. As in most specialized languages, in order to synthesize information, abbreviations are commonly used to present and discuss a wide range of concepts, conditions, and treatments. In our corpus, abbreviations appear mostly without the full form, as in the following examples:

- This study explored the postresidency provision of **EPL** management...
- Expanding **EPL** management in family medicine office-based settings...
- We defined medication management of **EPL** as using...

While in other cases it appears in parentheses after the complete form:

- One in five women will experience early pregnancy loss (EPL), or miscarriage,
- Early pregnancy loss (EPL) is a common experience.

Table 11. Use of acronyms vs. full forms in corpus

Acronym	Occurrences in corpus	Full form	Occurrences in corpus
HPV	757	Human papillomavirus	171
STI	110	Sexually transmitted infection	76
SMM	438	severe maternal morbidity	231
HCV	125	Hepatitis C virus	35
IPV	302	intimate partner violence	358
EPL	116	Early pregnancy loss	22
IUD	147	intrauterine device	76
SHR	118	sexual and reproductive health	141
PMTCT	51	prevention of mother-to-child transmission	22
PCMH	198	patient-centered medical home	61
ANC	817	antenatal care	478
AIDS	496	Acquired Immune Deficiency Syndrome	27
BSE	129	Breast Self Examination	77
CBE	14	Clinical Breast Examination	6
BC	94	birth control	139
ER	45	emergency room	33
PRAMS	98	Pregnancy Risk Assessment Monitoring System	43
LBW	213	low birthweight	32

One of the reasons for including the full form without context is due to the possibility of ambiguities as in the case of the acronym: CDC, which may represent *Cancer Prevention and Control*, *Communicable Disease Control*, and *Centers for Disease Control and Prevention*, and which was not possible to process accurate frequencies as in most cases it did not appear in the text with enough context to distinguish the correct one.

As an illustration, of the 757 occurrences of the acronym *HPV*, only in 31 instances it appeared in brackets after the full form, which is an indication of the consolidation of this acronym in the field.

- Human papillomavirus (HPV), a sexually transmitted disease,
- Awareness and attitude towards human papillomavirus (HPV) vaccine among medical students
- Self-sampling for human papillomavirus (HPV) testing

The case of *Intimate partner violence* (IPV), or the pattern of abusive behavior within an intimate relationship where one partner seeks to assert power and control over the other, was mentioned before as it involves a significant public health concern but is not included in Medline indices. This is the only term that is more frequently used in its full form than its acronym.

4. CONCLUSIONS

For this research paper we conducted a comprehensive analysis of a corpus of medical articles to explore patterns, trends, and linguistic variations within the domain of Women's Health. By means of a corpus-based approach, the study focused on understanding the language used in medical literature, aiming to uncover insights into terminology denominative variation and key themes prevalent in the corpus analyzed. With this aim in mind, we employed Sketch Engine as linguistic tool and design an ad hoc methodology based on previous studies to extract meaningful information from the medical corpus and examine frequency patterns of specific terms and identify common collocations.

Overall, this research work on denominative variation of the terminological representation of Women's Health has revealed a nuanced landscape shaped by linguistic choices and identified several factors influencing the selection of terms, focused on linguistic motivation and the presence of accepted shortened forms such as abbreviations or acronyms.

Based on the evidence found in the corpus, we can conclude that in the field of Women's Health, lexical changes are not as frequent as expected in medical language, apart from the references to the subject of study - women - which as shown in the analysis and discussion section, is by far the most frequent lexical change in the corpus.

On the other hand, morphosyntactic changes correspond with the results found in the literature consulted (Bowker and Hawkins, 2006; Daille et al., 1996; Freixa, 2006; Velasco et al., 2013) and include morphological variants, orthographic variants, ellipted forms, graphical variation, and permutation.

Special attention was given to the use of abbreviations, which are prevalent in medical language, as they facilitate concise and efficient communication among healthcare professionals and are widely accepted within the medical community, although in the case of the corpus analyzed revealed a quite irregular usage.

This study highlights the significance of clear and consistent language in the domain of Women's Health, where effective communication is paramount. The observed denominative variations emphasize the need for a thoughtful approach to terminology selection, to ensure precision and comprehension in the communication between medical professionals, researchers, and the broader audience. The findings offer a foundation for future studies to explore deeper into the implications of denominative choices on communication and the overall advancement of healthcare practices in the specific context of Women's Health. Further research should consider the impact of linguistic choices on readability and comprehension, with implications for both healthcare professionals and the wider audience.

The shortcomings of variation lie in the incorporation of modern technologies and information retrieval systems in which terminology plays a crucial role in facilitating accurate and efficient access to information and where the use of precise and standardized terms is key. Thus, standardization, consistency, indexing, and synonym management are

among the aspects required for a smooth information retrieval workflow and consequently for a proper preparation of terminology management work.

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Biting into the Bitter Reality: A Metaphorical Exploration of Food Disorders

Mordiendo la amarga realidad: una exploración metafórica de los trastornos

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ABSTRACT: This study investigated the metaphorical representation of eating disorders in a bilingual corpus of blogs. The analysis yielded three common metaphors: ED IS A JOURNEY; ED IS A WAR and ED IS A CONTAINER. Two language-specific metaphors emerged: ED IS A LIVING ENTITY in the Spanish subcorpus and ED IS A BODY in the English subcorpus. The journey and war metaphors demonstrated subtle linguistic nuances, with the Spanish speakers emphasizing the disease's challenges and the English speakers emphasizing the prospects for recovery. The specific metaphors ED IS A LIVING ENTITY and ED IS A BODY highlighted cultural variations in agency, with the Spanish speakers portraying themselves as passive sufferers and the English speakers viewing themselves as active agents in the recovery process. This cultural divergence aligns with the distinct value orientations of American and Spanish cultures.

¹ The order of the authors is strictly alphabetical. The first author was in charge of the linguistic analysis of the data. The second author compiled the corpus and planned the study. Both authors wrote and revised the article in equal parts.

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While the limited text corpus precludes definitive conclusions, the findings align with previous research on conceptual metaphors in ED discourse. Further investigation is warranted to establish the figurative potential of different languages and determine whether either language employs more metaphors in the ED communicative domain.

Key words: eating disorder, metaphor, bilingual corpus, cultural differences.

RESUMEN: Este artículo investiga la representación metafórica de los trastornos de la alimentación (TA) en un corpus bilingüe de blogs. Se han encontrado tres metáforas comunes: TA ES UN VIAJE, TA ES UNA GUERRA y TA ES UN CONTENEDOR. Por otra parte, han surgido dos metáforas lingüísticas específicas: TA ES A UNA ENTIDAD VIVA en el subcorpus español y TA ES UN CUERPO en el subcorpus inglés. Las metáforas del viaje y de la guerra muestran sutiles matices lingüísticos, ya que los hispanohablantes hacen hincapié en los retos de la enfermedad y los angloparlantes en las perspectivas de recuperación. Las metáforas específicas TA ES A UNA ENTIDAD VIVA y TA ES UN CUERPO han puesto de manifiesto variaciones culturales en la agencia, ya que los hispanohablantes se describían a sí mismos como enfermos pasivos mientras que los angloparlantes se veían a sí mismos como agentes activos en el proceso de recuperación. Esta divergencia cultural concuerda con las distintas orientaciones de valores de las culturas estadounidense y española. Aunque el corpus textual limitado impide alcanzar conclusiones definitivas, los resultados son consistentes con investigaciones previas sobre metáforas conceptuales en el discurso relacionado con los TA. Se necesitaría una investigación más amplia para evaluar el potencial figurativo de los dos idiomas y determinar si alguno de ellos emplea más metáforas en el ámbito comunicativo de los TA.

Palabras clave: trastornos de la alimentación, metáfora, corpus bilingüe, diferencias culturales.

That is why all the girls in town
Follow you all around
Just like me, they long to be
Close to you
The Carpenters

1. INTRODUCTION

Eating Disorders (EDs) are behavioral conditions that can be harmful physically, psychologically and socially. They include types such as anorexia nervosa, bulimia nervosa, binge eating disorder and rumination disorder, among others, with high rates, especially in young women.

Previous quantitative research has been focused primarily on treatment models and diagnosis. In qualitative studies, researchers have paid attention to eating disorder etiology and the recovery process. The metaphorical language used in this domain has not been explored enough, although some papers have highlighted its role as a mechanism

for conveying ideas, thoughts, emotions, attitudes, or values (Charteris-Black, 2004; Skarderud, 2007; Goren-Watts, 2011; Wilson, 2016; Charles, 2021).

Metaphors abound in any linguistic use: general language, oral or written modality, different text types and speakers make use of them with a low degree of awareness. Conceptual metaphors are useful mechanisms in facilitating thought and understanding the world: how human beings frame different experiences and aspects of reality. They allow us to represent a conceptual domain (target domain), in terms of another domain (source domain), which is less abstract and closer to our experience or knowledge (Lakoff and Johnson, 1980; Kövecses, 2002).

From a discourse perspective (Cameron, 2003, 2007), metaphors are seen as multifaceted linguistic devices used not only to convey conceptual content (ideational function) but also to facilitate interaction (interpersonal function). Due to their persuasive function in discourse, metaphors allow us to conduct reasoning in terms of a certain conceptual framework. Several works have shown that metaphors are effective persuasion mechanisms³.

Meta-analytic research conducted by Sopory and Dillard (2002) analyzes metaphors' suasive effectiveness over their literal counterparts and identifies that the persuasive impact is maximized «when the audience is familiar with the metaphor target, the metaphor is novel, is used at the start of a message, is single, and nonextended» (Sopory and Dillard, 2002: 413). Burgers et al. (2016) attest to the power of metaphors and other rhetorical tools in persuading an audience, such as hyperbole and irony. Finally, Figueras (2017) analyzes how metaphors work as efficient persuasion devices to sustain the speech act of asking, giving and receiving advice in interactions with a recovery forum for eating disorders.

This article aims at identifying and retrieving metaphors to later analyze them under the Conceptual Metaphor Theory (CMT) framework, successfully applied in numerous studies of the use of metaphors in health discourse (Semino and Demjén, 2017). Our corpus-based study offers a qualitative analysis of the use of metaphors on EDs in a bilingual corpus. A reading-and-tagging approach was adopted to determine if a lexical unit is used metaphorically in its specific context. For this purpose, we followed the Metaphor Identification Procedure (Pragglejaz Group, 2007). Metaphors were also qualitatively analyzed by evaluating their use and functions in ED discourse, according to the Critical Metaphor Analysis (CMA).

We have built a bilingual corpus of 84 blogs (49 in Spanish and 35 in English), compiled from different sources, to identify and analyze, from a contrastive perspective, the metaphors used in both languages.

Our research questions are:

1. What are the metaphors employed in the bilingual ED corpus?
2. Do metaphors present cultural differences in each subcorpus?
3. Is English more metaphorical than Spanish in this communicative domain?

³ «Since metaphor involves constructing something in terms of something else, the choice of the “something else” (or source domain) affects how the “something” (or target domain) is represented. More specifically, metaphors can be used to persuade, reason, evaluate, explain, theorize, offer new conceptualizations of reality and so on» (Semino, 2008: 31).

This article is developed in four more sections. Section 2 includes a theoretical framework and refers to related work in the field of metaphor and EDs. Section 3 is devoted to describing the corpus that has been compiled and the methodology used to extract and classify metaphors. Next, in Section 4, we provide a metaphor analysis and the results obtained from the most frequent key domains. Finally, in section 5 some concluding remarks are offered.

2. THEORETICAL FRAMEWORK

2.1. CONCEPTUAL METAPHOR THEORY AND EDs

From the etymological point of view, the term ‘metaphor’ designates the transfer from one word to a different one, considering the components of the etym *metapherein*. For Lakoff and Johnson, metaphor is «pervasive in everyday life, not just in language but thought and action (1980: 3). Linguistic metaphors are possible because there are metaphorical concepts, that is metaphors in our conceptual system, which is «metaphorically structured and defined» (Lakoff and Johnson, 1980: 6).

Conceptual metaphors are defined as systematic sets of correspondences or mappings between two different domains: the target domain is partly structured in terms of the source domain. The metaphor is defined as being based on a similarity between both domains. To know a conceptual metaphor is thus to know a set of mappings between a target domain (A) that is comprehended through a source domain (B). Conceptual metaphors need to be distinguished from metaphorical linguistic expressions. These expressions are the reflection of the conceptual mapping *A is B* in the language. This view of metaphor constitutes the basis of Conceptual Metaphor Theory (CMT) (Lakoff and Johnson, 1980; Lakoff, 1993; Lakoff and Johnson, 1999).

Health discourse is very rich in metaphorical expressions and extensive research have been carried out (Harrington, 2012; Semino and Demjén, 2017; Climent Roca and Coll-Florit, 2023). An illness is usually a target domain because it represents a complex experience that can be mapped onto a simpler source domain. Doctors and researchers usually employ metaphors to make uncommon concepts more understandable to the public, whereas patients and family members use figurative language to describe and share their experiences with illness (Ten Have and Gordijn, 2022).

Some pathologies are usually described by military metaphors or journey metaphors, which are two very different ways to convey the impact and experience of the disease. Using a certain metaphor can trigger positive or negative associations, leading to social rejection or implying therapeutical benefits, respectively (Trad, 1993). In the case of EDs, different studies examine the metaphors provided by patients in their descriptions of the illness process. Mathieson and Hoskins (2005) examined the metaphors of change (e.g., RECOVERY IS A JOURNEY) in the narratives developed by young female patients recovering from an ED and pointed out the importance of congruence between counsellors’ views and patients’ metaphors. Skårderud (2007) studies the bodily concreteness of symptoms in anorexia nervosa. Through a series of research interviews with ten female patients, he examines not only the metaphorical meaning of the anorectic behavior but also the reflective function or capacity of making mental representations. The occurrence of different concretized metaphors (not experienced as indirect but direct

expressions) found in the analysis suggests a reduced symbolic capacity and reflective function in anorexia nervosa due to the established equivalence between bodily and emotional experience.

Finally, regarding the use of metaphors in interactions, we highlight two studies on digital discourse. The first one (Figueras, 2017) analyzes the functions of metaphors employed in an Internet forum created to support people in recovery from an ED. Metaphors traditionally used in medicine are identified: ED IS A CONTAINER, RECOVERY IS A BATTLE, and RECOVERY IS A JOURNEY. In the context of the forum, these metaphors combine the ideational function with interpersonal functions. They are used by members of the group both to share knowledge and to strengthen social relations. The second one (Galíndez et al., 2020) is a qualitative and descriptive study of the cognitive-therapeutic functionality of metaphors about EDs. Metaphors identified in this work are: ANOREXIA IS A SPACE, ANOREXIA IS A PERSON, ANOREXIA IS A PHYSICAL ENTITY and ANOREXIA IS AN ANIMAL.

2.2. CULTURE AND ED METAPHORS

Eating is an indispensable act for a human being to survive. Nonetheless, it is not only a biological function but also a cultural one. EDs are acknowledged to be complex and multifaceted conditions involving biological, psychological, environmental, and sociocultural factors (Culbert et al., 2015). Traditionally, EDs have been extensively analyzed from biological and psychological standpoints, and a good number of studies follow a sociocultural approach (Martínez et al., 1993; Garner, 1996; Levine and Smolak, 2010). This perspective focuses on the role that society and culture may have in the development of this disorder.

Specifically, Toro (1988, 1996) studies the sociocultural factors related to bulimia and anorexia. These diseases are linked to advanced stages of economic development and high levels of education, such as those found in Western countries. Anorexia also presents a much higher percentage of women affected compared to the number of men. The reason may be an overvaluation of body image, which can lead to a destructive internalization from the psychic point of view. The contemporary aesthetic pattern of thinning culture and the sexual role of the female body also facilitate the development of these pathologies. In her book *The Beauty Myth*, Naomi Wolf (1991) considers hunger, along with work, sex, religion and violence, one of the areas to which women are subjected to the «beauty myth». She relates this culture of thinness to patriarchal structures, which allow social control to be exercised over women under the excuse of disease.

EDs have also been related throughout history to moral and religious meanings and can be understood as a form of asceticism, which advocates penance in the form of fasting (Pinto, 2000). Other authors, such as Bell (1985), show that disorders such as anorexia are viewed in different eras as a mode of feminine self-affirmation. In *Holy Anorexia*, Bell finds analogies in the clinical history of Italian saints, such as Catherine of Siena, and women suffering from EDs. These women who lived in religious congregations in Italy between the X and XIV centuries present behavioral, ingestive,

cognitive and emotional traits like those of anorexia nervosa. Physical mortification may, in this sense, lead to moral elevation. The refusal of food symbolizes the rejection of the body and the self. With this attitude of self-destruction, women refuse their traditional role in the provision of food, and a biological and sociocultural intersection can be established (Pinto, 2000). At the same time, anorexia implies, from this historical perspective, a self-perception inhabited by the body that can be observed in this example:

- (1) Solo me sentía bien si salía todo. Porque me encontraba mal, porque tenía que «sacar» ese malestar, porque no pasaba nada (BLOGES19_M) [*I only felt good if everything went well. Because I felt bad, because I had to «get it out», because nothing was wrong*].

This feeling can be compared to that of medieval saints talking about an evil force that possessed them. There is a rupture in the mind-body unity through a mental procedure of alienation.

Esthetic patterns and other sociocultural factors affecting EDs, such as family pressure, mass media and social networks, may be subject to cultural variation. Culture appears to be one of the main reasons for differences in metaphorical expressions across languages⁴. Variation may stem from differences in value orientations (Hofstede, 1980) or differences in source domain events, more salient in one culture than in another (Deignan, 2003; Figueras, 2021)

The analysis of cross-linguistic differences regarding ED representations in social discourse can help us better understand how different cultures frame and communicate experiences of different pathologies by shaping beliefs, attitudes and behaviours related to food, body image and health (Cariola, 2021).

3. CORPUS METHODOLOGY

Our methodology is inspired by the Pragglejaz Procedure, published in 2007. This method identifies and analyzes metaphors in discourse. It is based on a cognitive theory of metaphor (Conceptual Metaphor Theory), which holds that metaphors are part of our natural way of thinking and speaking. Metaphors allow us to understand and communicate abstract or complex ideas by comparing them to more concrete concepts.

An adapted version of The Pragglejaz Method, consisting of five steps, was followed in this paper:

1. Identification of the metaphor: The first step is to identify the words or expressions that could be metaphorical. This can be done using several criteria, such as incongruity, novelty, repetition, or intensity.

⁴ According to Kövecses (2002), some conceptual metaphors appear to be near-universal: HAPPY IS UP is a shared metaphor in English and Chinese), but others are culture-specific HAPPINESS IS FLOWERS IN THE HEART is found in Chinese, but not in English.

2. Assignment of a source domain: The second step is to assign a source domain to the metaphor. The source domain is the concept or idea that is being compared to the target domain.
3. Assignment of a target domain: The third step is to assign a target domain to the metaphor. The target domain is the concept or idea that is being conceptualized by the metaphor.
4. Identification of the relationship between domains: The next step is to identify the relationship between the source and target domains. This relationship can be one of similarity, analogy, comparison, or contrast.
5. Interpretation of the metaphor: The final step is to interpret the meaning of the metaphor. This must be done considering the context in which the metaphor is used.

The Pragglejazz Method is flexible and can be applied to different text types. It is a well-grounded theoretical method used in a wide range of metaphor research.

Table 1 provides a detailed breakdown of the composition of each sub-corpus. The size in words and lines (sentences) is balanced in both cases, but the length of the blogs is greater in the English texts analyzed.

Table 1. Distribution of data in both subcorpora

ENGLISH			SPANISH		
Word	Lines	Documents	Words	Lines	Documents
585632	34785	70	704031	34107	224

The Spanish narratives were extracted from general blogs, mainly *Proyecto princesas* and *Cómete el mundo*, which encompass articles on various eating disorders⁵. These blogs are intended for professionals, family members, and individuals affected by the disorder, but our corpus has focused on the testimonials of those who have successfully overcome the disorder and share their experiences navigating the recovery process. The English texts originate primarily from two American sources: *Tabitha Farrar* and *The Emily Program*. These sources exhibit a more clinical and commercial orientation, primarily offering treatment services⁶. In line with the Spanish blogs, our focus has been on testimonials rather than resources designed to assist professionals and family members.

From an ethical standpoint, obtaining consent to utilize the data for this study is not mandatory as all the information is readily accessible in the public domain, residing in publicly accessible blogs. Additionally, we do not replicate the entirety of the texts, but

⁵ <https://cometeelmundotca.es/>
<https://proyectoprincesas.com/>

⁶ <https://tabithafarrar.com/>
<https://emilyprogram.com/>

merely a small selective portion, adhering to the principles governing fair use and quotation rights.

Our approach to the disease stages deviates from the established clinical classifications. We base our annotation on three distinct phases within the ED narrative, which we have termed the First Stage, the Second Stage, and the Third Stage. This classification is of a discursive and communicative nature, reflecting the patients' subjective understanding of their illness trajectory. Notably, the analyzed narratives primarily focus on the second and third stages. More commonly, the blogs provide a chronological account of all three stages within a single text (mixed texts). We have not encountered any narratives that exclusively address the First Stage, as patients are often in a state of denial or shock that impedes their recognition of the disorder. During recovery or the struggle towards recovery, patients are compelled to share their experiences through blogging, often with the intention of aiding others.

4. DISCUSSION: METAPHOR ANALYSIS AND RESULTS IN THE CORPUS *DIGITENDER-ED*

The qualitative analysis of the main metaphors in the corpus *DIGITENDER-ED* has revealed some similarities but also significant differences in the representation of EDs in the two languages of the subcorpora. A larger corpus would be necessary to analyze the metaphors used throughout the ED process further.

The blogs' main metaphors describing experiences with EDs are shown in the next two sections. First, section 4.1 analyzes the common metaphors identified in both languages. Secondly, in section 4.2, we address metaphors specific to one of the languages.

The examples of metaphors in the corpus are labeled indicating the blog to which they belong (*BLOGES* for the Spanish blog and *BLOGEN* for the English blog), the text number and the stage in which they were classified (2 for the second stage, 3 for the third or M for the mixed texts). Thus, *BLOGEN5_S2* is the label corresponding to the English blog, text number 5, classified in the second stage.

4.1. COMMON METAPHORS FOR DESCRIBING EDS IN THE CORPUS *DIGITENDER-ED*

Three main conceptual domains are common in the corpus, appearing in the Spanish and English subcorpora. ED is represented as a *JOURNEY*, a *WAR* and a *CONTAINER*. Journey and war metaphors are conventional mechanisms frequently used in health discourse, not only used to conceptualize physical illness but also mental conditions (Semino, 2008; Coll-Florit et al., 2021).

As Coll-Florit et al. point out, war and journey metaphors can be empowering or disempowering for patients:

«...travel scenarios are empowering when the patient is in charge of the journey, but not otherwise; and, in turn, war scenarios trigger a sense of threat and fear when the disease is the enemy, thus they are demotivational when patients are reduced to battlefields, but may also provoke solidarity or may be a way of attracting attention, changing beliefs and taking action» (Coll-Florit et al., 2021: 99).

ED IS A JOURNEY

The conceptualization through this pervasive source domain shows the difficulties of the process (Campbell and Longhurst, 2013; Figueras, 2021). Recovery is represented as a forward movement throughout the long and hard process of the disease. In this way, finding some difficulties, stumbles, and falls that do not impede reaching the final stage is logical.

- (2) El proceso, o el camino, como yo lo llamo, es largo. Es un **camino** que no es recto. Está lleno de curvas, con piedras que te hacen tropezar. Al principio, cuesta mucho levantarse, mucho. A medida que voy cayendo, sé que iré levantando (sic). (BLOGES13_M) [*The process, or the road, as I call it, is long. It is a road that is not straight. It is full of curves, with stones that make you stumble. At the beginning, it is hard to get up, very hard. As I fall down, I know that I will get back up again*].
- (3) La **cuesta** es dura, pero si no la subes, te ahogas. (BLOGES37_M) [*The slope is hard, but if you don't climb it, you drown*].
- (4) Es un largo y duro **camino**, pero se puede salir, siempre recuerda que un tropezón no es caída. Admito que antes no veía el fin del **túnel**, pero acá está. En este momento comienza una nueva **etapa**. (BLOGES42_M) [*It is a long and hard road, but you can get out, always remember that a stumble is not a fall. I admit that before I did not see the end of the tunnel, but here it is. At this moment a new stage begins*].
- (5) La recuperación es un **camino** difícil, de recaídas, de incompreensión, (...) pero quiero empezar a caminarlo y sé que no estoy sola. Quiero empezar a vivir todo lo que me he estado perdiendo en la media vida que llevo metida en este infierno. (BLOGES48_M) [*Recovery is a difficult road, of relapses, of misunderstanding, (...) but I want to start walking it and I know I am not alone. I want to start living everything I have been missing in the half life I have been stuck in this hell*].

In examples (2-4), the patient describes the difficulties encountered when starting the recovery process. The curves and stones in the road lengthen this process. However, the patient gets up and moves on when a fall occurs. The conventional spatial orientation metaphor appears clearly. UP is positive and DOWN is negative. In the description of the experience, the willingness to move forward with the help of other people is shown (5), which implies the influence of the environment in overcoming the disease. This influence of relatives and friends is common in a culture such as Spanish, which tends towards collectivist values.

In English blogs, as examples (6-9) show, the same conceptual domain is used with a slight difference in the metaphorical narrative. The disease is also represented as a journey whose final stage is recovery, as explicitly stated in (6), but patients do not foreground the difficulties of the process. On the contrary, from a more optimistic and empowered perspective, they communicate the progress and achievements that allow

them to overcome the disease. The use of the word *journey* in (7) and especially in (9), with the collocation *embark on a journey*, represents the responsible and firm decision to start the process of change and self-improvement that has recovery as its ultimate goal (Campbell and Longhurst, 2013).

- (6) These are the realizations that I have made thus far after reading and thinking much. I am sure I will have many more on this **road** to recovery. For now I just eat and rest. (BLOGEN9_S2)
- (7) Understanding committing to change was a very long **journey** for me... What worked for me was learning that to participate in the fear that my brain was suggesting was a choice. It didn't feel like a choice, but it was a choice. (BLOGEN5_S2)
- (8) And in only a few months, I have **come so much farther** in recovery than I did in the many years I was in quasi recovery. (BLOGEN13_S3)
- (9) Are you ready to embark on a **journey** towards a healthier and happier you? Let me share with you the holistic approach to nutrition that helped me overcome my struggles with an eating disorder. (BLOGEN15_S3)

ED IS A WAR

Military language can frame disease by referring not only to danger but also to control and discipline (Ten Have and Gordijn, 2022: 577). ED is personified as an enemy to be defeated or is experienced as a battle to be fought (Hodgkin, 1985; Campbell and Longhurst, 2013; Semino, 2008; Semino and Demjén 2017; Flusberg et al., 2018; Figueras, 2021).

This highly conventional metaphor provides a sense of agency in the recovery process and, as we saw in the journey metaphor, an awareness that the battle or war may be lost to a strong enemy.

Although the military metaphor is employed in both subcorpora, the perspective adopted is slightly different. The linguistic terms offer different connotations and nuances. The military representation is clear: ED is a battle or a fight to be won (10-11), in which a lot of effort is needed to defeat your opponent (11). In this narrative, the patient is an opponent, a soldier, and may pay a high price for victory. This is what the patient wonders with the rhetorical question «What was left of my life?» (12).

- (10) ¡Este pulso lo gano yo! ¡Ganaré a la anorexia! (BLOGES41_M) [*I'll win this battle! I'll beat anorexia!*]
- (11) Cada vez que tengo el plato delante es una **batalla** para mí. Sobre todo, en las cenas. (BLOGES4_S2) [*Every time I have the plate in front of me, it's a battle for me. Especially at dinner.*]

- (12) Después de tantos años conviviendo con el monstruo de la anorexia, ¿qué quedaba de mi vida? Hoy 14 años después de la gran **lucha**, tengo el alta...con el tiempo conseguí ir rompiendo barreras. (BLOGEES14_M)
[After so many years living with the monster of anorexia, what was left of my life? Today, 14 years after the great struggle, I have been discharged...with time I managed to break down barriers.]

In the Spanish subcorpus there is a violent confrontation between the sufferer and the illness reflected in the use of the term *fight*. The framing in English is slightly different due to the use of the word *struggle*. In her analysis of ED metaphors in the American and Spanish Press, Figueras (2021: 14) states that the concept of *struggle* in the narrative context of EDs «includes those taxing efforts to “manage” the set of typical behaviors associated with the disorder, such as decisions about food intake». We can observe this imagery in (13) and (14). The term *struggle* also offers the sense of overcoming a difficulty. The patient is perceived as an agent with the willpower to deal with a problem: the disorder (15).

- (13) I myself have been **struggling** to give myself permission to eat, particularly on days that I don't attend the programme (currently attend 3 days a week). (BLOGEN8_S2)
- (14) When I then make myself eat it anyways, I feel like I messed up and feel super guilty. I am just confused because if I do not eat the cake, then I am worried **I am giving in** to my eating disorder and if I do eat the cake **I am also giving in** to my eating disorder because I self-sabotaged and deprived myself possibly of food that I really wanted... (BLOGEN21_M)
- (15) Are you ready to embark on a journey towards a healthier and happier you? Let me share with you the holistic approach to nutrition that helped me overcome my **struggles** with an eating disorder. (BLOGEN15_S3)

ED IS A CONTAINER

Another spatial metaphor and the same linguistic term are used to conceptualize the disease in English and Spanish (Coll-Florit et al., 2021, Figueras 2021). In (16-17), ED is represented as a rapid and increasing succession of events despite the help provided by others (16).

- (16) You're on a downward **spiral** and too dizzy to and scared to leap off even though you see softness and arms to catch you all the way round. We have to trust ourselves and jump! (BLOGEN4_S2)
- (17) En lo que entras en una **espiral** bastante jodida en la que la enfermedad va más allá de coger peso o adelgazar, si no (sic) que se toma una forma de vida con hábitos nocivos para la salud. (BLOGES49_M) [When you enter

a pretty fucked up spiral in which the disease goes beyond gaining weight or losing weight, but it becomes a way of life with habits that are harmful to your health].

Illness is represented in both supracorpora as a location enclosing the patient and difficult to escape from. The source domain can be a trap, a prison, a pit or a hell. The spatial metaphor ED IS A CONTAINER helps to shape this representation, as shown in examples (18-21) from the English subcorpus:

- (18) I have been caught in the anorexic **trap** since I was 14. I'm now 54.
(BLOGEN34_M)
- (19) Therapy helped me see things differently, admit that I did need help and recognize that I never want to be back in that painful **place** again.
(BLOGEN23_M)
- (20) And often, during recovery. As I saw and felt things change, as I daily, hourly, did the opposite of what my eating disorder wanted me to do — and felt how easy it actually was to do that. As I walked though the walls that my head had constructed around me and discovered that they were never really walls in the first place. They were doors I could have pushed open at any time. When I realised that I had only been **trapped** in my eating disorder because I had been too afraid to even try and not be trapped...
(BLOGEN14_S3)
- (21) I developed anorexia on my own, I had to **let go** on my own.
(BLOGEN10_S2)

It is important to note that in examples (19-21), the patient seems to show some agency in dealing with the ED and assuming responsibility for the recovery process.

Although the agency is not clearly predicated on the subjects, the conceptualization of the disorder is similar in Spanish. The disease is described as a prison in which the patient is imprisoned (22) and also represented as a living organism (ED IS A PLANT) that takes root and establishes itself permanently.

In examples (23-26), the metaphor ED IS A CONTAINER is used in conjunction with the conventional orientational metaphor UP IS POSITIVE, DOWN IS NEGATIVE, which in health discourse becomes HEALTHY IS UP, SICKNESS AND DEATH IS DOWN (Lakoff and Johnson, 1980).

As shown in the examples below, the illness is perceived as a prison or an abyss (22), a pit where the patient never touches the bottom and keeps going down (23-25) or a hell from which she cannot get out (26). This conceptualization is also identified by Galíndez et al. (2020).

- (22) Esta terrible enfermedad tan juzgada y malentendida me mantiene prisionera en una **cárcel**, que ha extendido sus **raíces** sobre mi mente haciendo que mi vida solo cobre sentido si se basa en medir calorías, en contar gramos, en calcular y planificar todo con exactitud con el fin de que mi físico se mantenga al borde del **abismo**. (BLOGES3_S2) [*This terrible disease so judged and misunderstood keeps me prisoner in a jail, which has spread its roots over my mind that my life only makes sense if it is based on measuring calories, counting grams, calculating and planning everything with accuracy in order to keep my body on the edge of the abyss.*]
- (23) Poco a poco fui entrando en un **pozo** profundo, negro, sin luz, sin aire... Que iba asfixiándome más y más. Era hora de cambiar, llevaba 11 años **prisionera** en aquel pozo, tenía que agarrarme con todas mis fuerzas a esas cuerdas que la vida me lanzaba, porque sin darme cuenta, había dejado de vivir todo este tiempo. (BLOGES30_M) [*Little by little I was entering a deep, black well, without light, without air... That was suffocating me more and more. It was time to change, I had been a prisoner in that well for 11 years, I had to hold on with all my strength to those ropes that life was throwing me, because without realizing it, I had stopped living all this time.*]
- (24) Es así como **caí** en lo que es la bulimia nerviosa, desde donde hace 5 años estoy instalada. (BLOGES18_M) [*That's how I fell into bulimia nervosa, where I've been living for 5 years.*]
- (25) Esperas **tocar fondo**, pero siempre hay un fondo más bajo donde **caer**. Y cuanto más abajo estás, menos escuchas a la gente que te quiere, más te alejas. (BLOGES39_M) [*You hope to hit bottom, but there's always a lower bottom to fall to. And the lower you are, the less you listen to the people who love you, the further away you get.*]
- (26) Quiero empezar a vivir todo lo que me he estado perdiendo en la media vida que llevo metida en este **infierno**. (BLOGES48_M) [*I want to start living everything I've been missing in the half-life I've been stuck in this hellhole.*]

In example (22), the subject both refers to her experience and describes the social consideration of the disease as «so judged and misunderstood». In her narrative, we get a glimpse of the influence of the environment on people suffering from an ED and how the illness is conceptualized according to the relationship between the individual and the group. In this case, we can sense the stigma that the ED can entail. However, the group influence can play a positive role in overcoming the disease, as shown in examples (5) and (25). According to Hofstede's cultural dimensions (1980, 2011), Spanish society

tends to show traits of collectivism valuing social relationships and community cohesion. This orientation could help us understand those narratives including references to social influence.

4.2. SPECIFIC METAPHORS FOR DESCRIBING EDs IN THE ENGLISH CORPUS AND THE SPANISH SUBCORPUS

Two distinct metaphorical constructs have emerged from the DIGITENDER-ED corpus, each exhibiting a remarkable linguistic distribution within the Spanish and English subcorpora. Specifically, the Spanish bloggers consistently employ the metaphor ED IS A LIVING ENTITY, while their English counterparts predominantly favor ED IS A BODY.

ED IS A LIVING ENTITY

In their metaphorical narrative, the patients resort to another pervasive ontological metaphor to describe the ED in Spanish as a being dissociated from its own self.⁷ The illness is personified as a friend from whom the sufferer cannot detach herself and whose friendship is not desired (27-28). Galíndez et al. (2020) also identifies negative qualities in the conceptualization of anorexia in terms of a person. It may be conceived of as a thief who steals everything you own. In (29) the conceptualization leads us to the metaphor of control. The disease dominates the patient, who is shown as an apparently passive subject who cannot exercise any kind of control.

- (27) **Amiga**, estoy intentando despedirme de ti comiendo... pero cuanto más avanzo, más te enganchas a mí. (BLOGES1_S2) [*My friend, I'm trying to say goodbye to you by eating... but the further I go, the more you get hooked on me.*]

- (28) Es como una «**amiga**», «**conocida**», un **familiar** que vuelve a entrar en tu vida sin haberlo llamado. BLOGES21_M) [*It is like a «friend», an «acquaintance», a relative who re-enters your life without having called you.*]

- (29) Tienes una enfermedad que **te acompaña** desde hace tiempo y que te hace mucho daño... Se va apoderando de ti y no te deja vivir tu vida. (BLOGES6_S3) [*You have a disease that has been with you for a long time and that hurts you a lot... It is taking you over and does not let you live your life.*]

These metaphors of the friend or the unwanted guest turn out to be quite creative and unconventional compared to the common metaphors of both subcorpora (Kövecses, 2002).

⁷ The examples below seem to show a fragmented entity, described by Lakoff and Johnson as the scattered self-metaphor (Lakoff and Johnson, 1999) and related to mental disorders such as depression (Coll-Florit et al., 2021).

In the following examples (30-32) we observe that this being manifests itself in the form of an inner voice that makes all the decisions. The image offered by the patient as a mere puppet in the hands of the disease is very significant.

- (30) No sabía qué hacer para **acallar** mi cabeza, no sabía qué estaba pasando, pero sabía que no era yo, que las decisiones no las estaba tomando yo. (BLOGES10_M) [*I didn't know what to do to quiet my head, I didn't know what was going on, but I knew it wasn't me, that the decisions weren't being made by me.*]
- (31) Era tan potente esa **voz**, que parecía su **títere**, y la Irene verdadera estaba cada vez más y más muerta. (BLOGES30_M) [*That voice was so powerful that it sounded like her puppet, and the real Irene was becoming more and more dead.*]
- (32) Un día, de repente, apareció en mi cabeza una **voz** diciéndome que, si hacía lo que ella decía, me ayudaría y me haría feliz de nuevo. Esa voz...era la anorexia...Esa pequeña voz **controlaba** lo que hacía, decía, comía. (BLOGES15_M) [*One day, all of a sudden, a voice appeared in my head telling me that if I did what it said, it would help me and make me happy again. That voice...it was the anorexia...That little voice controlled what I did, what I said, what I ate.*]

This personified eating disorder can be envisioned as a malevolent force (monster) that forms alliances with other such entities, such as bulimia, to solidify its dominion (33). This metaphorical embodiment is extended metonymically, portraying the disorder as the sharp claws of a predatory animal capable of inflicting harm and ensnaring its target (Galíndez et al., 2020), as evident in (34). Moreover, this living entity metaphor intertwines in (35) with another domain: THE MIND IS A CONTAINER, where the disorder resides as a malevolent tenant, a LIVING ENTITY (demon).

- (33) Parece que **el monstruo** de la anorexia se había enfadado conmigo por haberle dado la espalda y mandó a su compañera la bulimia como castigo, para quitarme ese control y sumirme en ese descontrol que tanto miedo me daba. (BLOGEES9_M) [*It seems that the anorexia monster was angry with me for having turned my back on him and sent his bulimia partner as a punishment, to take away my control and plunge me into that lack of control that I was so afraid of.*]
- (34) Sin darse cuenta, estaba cayendo en las incomprensidas garras de la «anorexia inversa». (BLOGES35_M) [*Without realizing it, she was falling into the misunderstood clutches of «reverse anorexia».*]

- (35) Solo tenía fuerzas para seguir «alimentando» al **demonio** que seguía en mi cabeza. (BLOGES43_M) [*I only had the strength to continue «feeding» the demon that was still in my head.*]

ED IS A BODY

A notable metaphorical construct, THE DISEASE IS A BODY, emerges exclusively in the English subcorpus. This metaphor reflects a distinct narrative pattern, where individuals describe a separation between their conscious self and the body-mind (*brain*) that governs their decisions, with the ability of suggesting, wanting or believing on its own (36-38). This dissociation contrasts with the metaphorical portrayal of the self in the Spanish subcorpus. If the eating disorder is conceptualized as an issue rooted in the brain, then reprogramming it could potentially provide a solution (39). This mechanistic metaphor is further underscored by the associated domain: THE MIND IS A MACHINE. Within this framework, the dissociated self perceives greater control over the mind, compared to the perceived dominance of the eating disorder entity (monster).

- (36) Understanding committing to change was a very long journey for me. 2. What worked for me, was learning that to participate in the fear that **my brain** was suggesting was a choice. It didn't feel like a choice, but it was a **choice**. (BLOGEN5_S2)

This concept of choice found in (36) has been addressed by Wilson when she points out that «recent controversies have centred on the shift away from addictions as diseases with victims towards the view that they are choices for which addicts must take responsibility» (Wilson, 2016: 223).

- (37) It is very strange because it is as if I wanted to eat all the time, and outside those hours it seems that it was easy for me; but always when facing a meal from my mp it is as if my stomach closed and **my brain** wanted to run away. (BLOGEN7_S2)
- (38) If **your brain** believes that your weight is important, it is because you (and your environment) have taught it that your weight is important. (BLOGEN6_S2)
- (39) So that is how I came to understand that my aversion to pleasure was something I had taught **my brain** to do, and something I needed to **rewire**. 32_M

At other times, the body itself, as a whole, or a sensation or need such as hunger allies with the subject in the recovery process (40-41).

(40) When I decided I actually wanted to recover, I went «all in» because it felt right to be following what **my body** wanted. It's just...logical. Biological. (BLOGEN29_M)

(41) Once I surrendered to **my hunger** and ceased fighting it, I realized how truly and deeply hungry I was. (BLOGEN35_M)

Some of the framing differences found both in the common metaphors of the whole corpus and the specific metaphors employed in each language could be related to different cultural orientations that Spanish and American societies hold with respect to Hofstede's individualism/collectivism cultural dimensions (Hofstede, 1980, 2011; Meyer, 2014; Figueras, 2021). Comparatively speaking, Spanish society can be considered more collectivist than American society, according to the different position in the individualism scale: Spain scores 51, whereas the U.S. ranks 91 (Hofstede et al., 2010). As a culture, Spanish society still values group affiliation, although individual rights and achievements are also widely recognized. In our bilingual corpus, the metaphorical narrative used in the Spanish blogs tend to show a certain influence of the social environment and less agency in the subjects. In contrast, the more individualistic orientation of American culture could be favouring a conceptualization of the disorder based more on the patients' independence, autonomy and self-reliance, when dealing with the disease, as some examples indicate. Metaphors in the English blogs seem to convey the idea that individuals are responsible for their own well-being, including their relationship with food and their body image.

Nonetheless, it is important to approach these cultural differences and their implications on the figurative language used in the corpus with a certain sensitivity. Variation frequently appears in individual perspectives, and dynamism constitutes a crucial feature of societal attitudes and trends.

5. CONCLUDING REMARKS

This study aimed to identify and analyze the metaphorical representation of EDs in a bilingual corpus of blogs. Through a comprehensive analysis, we addressed the research questions that guided our investigation.

Our analysis revealed five distinct metaphorical constructs employed to describe EDs across both languages: ED IS A JOURNEY, ED IS A WAR, ED IS A CONTAINER, ED IS A LIVING ENTITY, and ED IS A BODY. Among these metaphors, ED IS A JOURNEY, ED IS A WAR and ED IS A CONTAINER emerged as common to both the Spanish and English subcorpora, while ED IS A LIVING ENTITY and ED IS A BODY were language-specific.

A closer examination of the journey and war metaphors revealed subtle linguistic variations in their conceptualization across languages. The journey metaphor, often used to highlight the challenges faced during the ED journey, was employed by Spanish speakers to emphasize the difficulties and hardships, while English speakers tended to focus on the positive aspects and optimistic outlook towards recovery. Similarly, the war metaphor, portraying the struggle against the ED, exhibited distinct nuances in the linguistic terms used: *struggle* in English, and *lucha* (fight) in Spanish, reflecting the varying connotations of these words.

A significant finding was the unique metaphorical domains employed in each subcorpus. Spanish speakers represented their ED metaphorically as living entities, depicting them as overpowering forces that robbed them of control. In contrast, English speakers framed their ED as a malfunctioning body, emphasizing the potential for restoration and healing through reprogramming.

The contrastive analysis of these metaphors seems to reveal a certain cultural variation in the conceptualization of EDs between English and Spanish speakers. The differences could be attributed to the distinct value orientations of their respective cultures, as outlined by Hofstede's (1980) framework. The Spanish language and culture, with their more moderate individualistic tendencies, appear to foster a narrative metaphorical construction that tends to minimize agency and emphasizes, in some way, the powerlessness of the individual in the face of the ED. Conversely, the prevalence of somewhat clearer individualistic values in American culture encourages an agentive stance, leading individuals to perceive themselves as more capable of overcoming the disorder. These findings align with previous contrastive studies on the conceptual metaphors employed in ED discourse (Figueras, 2021).

However, due to the limited number of texts analyzed, it is not possible to draw definitive conclusions regarding the overall cultural variation in ED metaphor usage. Further research incorporating more extensive corpora and intercultural metaphor studies is needed to firmly establish if this variation is purely individual or we are dealing with cultural trends. In the same way, more corpus data will help us explore the figurative potential of these two languages. Our results do not currently allow us to suggest that either language is inherently more metaphorical than the other in the ED communicative domain.

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From Evictions to Shame: Exploring Hysterectomy Through Metaphor

De desahucio a vergüenza: exploración de la histerectomía a través de la metáfora

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RESUMEN: El presente estudio analiza expresiones metafóricas relacionadas con la histerectomía en un corpus diverso que incluye textos científicos, foros de Reddit y artículos y blogs escritos por pacientes. El objetivo es comprender cómo se construye discursivamente la histerectomía y cómo la experimentan las mujeres. El corpus revela una gama de metáforas desde descripciones clínicas hasta expresiones personales y creativas. El análisis muestra que las metáforas no solo reflejan, sino que también influyen en la percepción que tienen las mujeres de sus cuerpos y del procedimiento. El estudio identifica metáforas que incluyen el útero como un ‘inquilino’ o un ‘secuestrador’ y el procedimiento como un ‘desahucio’ un ‘robo’, destacando los aspectos emocionales y psicológicos de la histerectomía. Las limitaciones incluyen el tamaño del corpus, falta de metadatos para establecer más correlaciones, y su perspectiva centrada en Occidente, sugiriendo la necesidad de una investigación más inclusiva. El estudio contribuye al discurso sobre la salud de la mujer, enfatizando el papel del lenguaje en la configuración de las experiencias médicas. Subraya la necesidad de comprender el lenguaje metafórico para mejorar la comunicación y el apoyo a las mujeres que se someten a una histerectomía.

Palabras clave: histerectomía, metáfora, discurso médico, lingüística de corpus.

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ABSTRACT: The present study analyzes metaphorical expressions related to hysterectomy in a diverse corpus comprising scientific texts, Reddit forums, and patient-authored articles and blogs. The research aims to understand how hysterectomy is discursively constructed and experienced by women. The corpus reveals a range of metaphors from clinical descriptions to personal and creative expressions. The analysis shows that metaphors not only reflect but also influence women's perceptions of their bodies and the procedure. The study identifies metaphors including the uterus as a 'tenant' or 'kidnapper,' and the procedure as an 'eviction' or a 'robbery', highlighting the emotional and psychological aspects of hysterectomy. Limitations include the corpus size, lack of metadata to establish more correlations, and its Western-centric perspective, suggesting the need for more inclusive research. The study contributes to the discourse on women's health, emphasizing the role of language in shaping medical experiences. It underscores the need for understanding metaphorical language to improve communication and support for women undergoing hysterectomy.

Key words: hysterectomy, metaphor, medical discourse, corpus linguistics.

1. INTRODUCTION

In 2021, Joanna Glen published a book titled *All My Mothers*, which narrates the story of Eva from her early childhood to adulthood. As she grows into puberty, she develops endometriosis, leading to a hysterectomy. With her chances of bearing children gone, she eventually adopts the daughter of her best friend, who dies of breast cancer. The book addresses notions of motherhood and womanhood, as well as feelings of loss, emptiness, and hope, particularly related to women's health issues. Also in 2021, the movie *The Black Widow*, starring Scarlett Johansson (Natasha) and Florence Pugh (Yelena), features a scene where their long-lost father figure, Alexei (David Harbour), after being rescued from a Russian prison by them, asks if Yelena's aggressive attitude is due to her period. The scene unfolds as follows:

Alexi: *Why the aggression, huh? Is it your time of the month?*

Yelena: *I don't get my period dipshit. I don't have a uterus.*

Natasha: *Or ovaries.*

Yelena: *That's what happens when the Red Room gives you an involuntarily hysterectomy. They kinda just go in and rip out all your reproductive organs. They just get right in there and chop them all away. So you can't have babies.*

Alexi: *OK, OK, you don't have to get so clinical and nasty!*

Yelena: *I was just going to talk about fallopian tubes...*

The scene is related to a thread from *Avengers: Age of Ultron*, in which Natasha lays out to Bruce Banner what happens to the young women captured by Dreykov (Ray Winstone):

In the Red Room, where I was trained, where I was raised, they have a graduation ceremony. They sterilize you. It's efficient. One less thing to worry

about. The one thing that might matter more than a mission. It makes everything easier. Even killing ... You still think you're the only monster on the team?

Most recently, the popular Netflix shows *Virgin River* and the Spanish *Machos Alfa* include hysterectomy in their storylines. The former revolves around the main character, Mel, a woman who, after a miscarriage, decides to leave Los Angeles and move to a small village in Northern California. Apart from Mel's story, which is fraught with issues of infertility and the desire to be a mother, another character in the latest season, Ava, is used to highlight endometriosis and the necessity of a hysterectomy for leading a normal life. The latter portrays Luz, an independent and professional woman that wants to remain childless. However, her struggle with endometriosis faces her with the possibility of being hysterectomized to avoid suffering and future complications, an option that will make her reconsider notions of motherhood and fertility.

Though these four examples belong to literature and cinema, precisely because of their far-reaching power, they serve to actively push boundaries regarding typically under-discussed topics in society, such as motherhood and womanhood in relation to conditions such as endometriosis or cancer, and, in this case, to hysterectomy. This is not entirely an entirely new trend, as other voices have previously discussed hysterectomy in public outlets, but it is noteworthy that it is becoming more normalized in public discourse, despite being a procedure still widely unknown to the majority and stigmatized and tabooed in today's society.

This might come as a surprise, considering that hysterectomy is one of the most common minimally invasive surgeries performed in the USA, and by extension, in the world (Mattingly et al., 2023). In the USA, it is one of the most common procedures performed on women, totaling around 600,000 procedures per year, with approximately 10% being subtotal (cervix-preserving).

Since ancient times, the uterus has held significant psychological, sociological, and cultural importance, based on but also extending beyond its biological function. Notably, most studies on hysterectomy have primarily focused on the biomedical aspects. However, there is a growing number of studies addressing more biopsychosocial aspects, such as perceptions, beliefs, and experiences (Kinnick and Leners, 1995; Groff et al., 2000; Williams, 2000; Richter et al., 2001; Augustus, 2002; Flemming, 2003; Uksul, 2003; Linenberger & Cohen, 2004; Urrutia et al., 2013; Bossik et al., 2018; Li et al. 2023); different decision-making patterns depending on cultural backgrounds (Galavotti & Richter, 2000; Mingo et al., 2000; Lewis, 2000); education about hysterectomy, power relations, decision-making for or against the procedure, and the type of surgery (Lorentzen, 2000; Entwistle et al., 2006; Urrutia-Soto et al., 2008; Fredericks, 2013); and psychological sequelae, feelings of loss, the need for emotional support, and the interdependent relationships built before, during, and after a hysterectomy (Wade, 2000; Flori et al., 2005; Cabness, 2010; Goudarzi et al., 2022).

The following study aims to contribute to these discussions with a mixed-methods approach for discourse analysis of a corpus in English collected around the topic of hysterectomy. Specifically, the corpus contains a subcorpus collected with the tool SketchEngine of biomedical texts describing the procedure; a subcorpus from the social platform Reddit, where users can openly express their experiences and opinions; and a subcorpus of various blogs and news articles related to hysterectomy. The goal of this triple approach is to analyze the language used in different media related to this procedure

and thus to gain a broader understanding of how hysterectomy is discursively constructed and experienced by the women who undergo it. The analysis places a special focus on metaphors, because, as Semino points out, «they express, reflect, and reinforce different ways of making sense of particular aspects of our lives» (Semino et al., 2018: 1). This goal is based on two premises. First, that the procedure itself will evoke different metaphors depending on the medium and context in which it is discussed, with more conventional and established metaphors in scientific and public communication literature, and more neologisms and creative metaphors in patient narratives found in online forums and blogs. Second, that the domain and type of metaphors will also vary depending on the reason for the hysterectomy, with some more related to loss and melancholy, while others will relate to domains that denote the removal of something unwanted.

2. HYSTERECTOMY AND HYSTERECTOMIES

To better understand how hysterectomy is discursively constructed, it is necessary to start with the term itself. The term «hysterectomy» derives from the Greek «hystera,» meaning «womb,» and «-ectomy,» a word-forming element meaning «surgical removal,» from the latinized form of Greek «-ektomia,» which means «a cutting out of» (Harper, n.d.). It refers to the surgical removal of the uterus or woman's womb, with different variations that can include the removal or retention of other organs such as the fallopian tubes, the cervix, and the ovaries. In a total hysterectomy, the surgeon removes the uterus and cervix, but not the ovaries. This is the most common type. A hysterectomy with oophorectomy includes the removal of one or both ovaries, and sometimes the fallopian tubes. When performing a radical hysterectomy, the surgeon removes the uterus, cervix, the top portion of the vagina, most of the tissue surrounding the cervix, and sometimes the pelvic lymph nodes. Finally, a supracervical, subtotal, or partial hysterectomy involves the removal of the body of the uterus but leaves the cervix intact. Hysterectomies can also be classified depending on the surgical technique used, including abdominal, where the uterus is removed through the abdomen via a surgical incision; vaginal, with the uterus being removed through the vaginal opening; laparoscopic, in which the uterus is removed through very small incisions on the lower abdomen either through laparoscopic tubes or through the vagina; and robotic, which uses a combination of high-definition 3D magnification, robotic technology, and miniature instruments to enhance a surgeon's ability to view, manipulate, and remove the uterus (Stanford Health Care, 2017).

Hysterectomy can be used to treat several different conditions, many of which have been considered «women's problems.» As outlined in the introduction, endometriosis is one of the conditions that can lead to a hysterectomy, while other conditions include fibroids, uterine prolapse, abnormal bleeding, adenomyosis, chronic pelvic pain, gynecological cancers such as ovarian, endometrial, or cervical cancer, endometrial hyperplasia, infection, and pelvic adhesions. Other circumstances that might lead to this surgery are gender reassignment procedures (Toze, 2018), as well as forced sterilization, as the example of Yelena showed us, or as was the common practice in Puerto Rico from the 1960s to the 1990s, with 46% of married Puerto Rican women having been hysterectomized by 1986 (Lazar, 2021).

3. THEORETICAL FRAMEWORK: CONCEPTUAL METAPHOR THEORY

Historically, metaphors have been primarily viewed as rhetorical devices. Aristotle's work, particularly in «Poetics» and «Rhetoric,» laid the foundation for understanding metaphors as figures of speech that involve an imaginative comparison: «Metaphor is the application of an alien name by transference either from genus to species, or from species to genus, or from species to species, or by analogy, that is, proportion» (Aristotle, 2008: XXI, 23). Fast forward to 1980, the landmark book «Metaphors We Live By» by George Lakoff and Mark Johnson marked a significant shift. They argued that metaphors are not just linguistic expressions but fundamentally shape our thoughts and actions. This cognitive linguistic perspective posited that metaphors are pervasive in everyday life, not just in language but in thought and action. Stemming from Lakoff and Johnson's work, Cognitive or Conceptual Metaphor Theory (CMT) suggests that metaphorical expressions in language reflect underlying conceptual metaphors. This theory has been influential in understanding how people conceptualize abstract domains (like emotions or time) in terms of more concrete experiences, and is currently the dominant paradigm in metaphor studies (Semino, 2008: 6) despite some critiques (Zhang, 2021). As Semino explains, conceptual metaphors are understood as a series of correspondences or «mappings» in which we use a source or known domain to conceptualize a target or unknown domain. For example, in Spanish, it is common to use the terms «vaciado» or «vaciar» («emptying» or «to empty») to refer to hysterectomies, reflecting a pattern of thought that highlights a subtractive view of this procedure. Here, the source domain is spatial perception, whereas the target domain is the surgical procedure. Though this metaphor might be culturally motivated as it is not present in other languages or cultures, it is a valid example of how providers and women can use this particular metaphor to frame their experience as something that has left a hollow space within them.

According to Semino et al. (2018), framing can be approached from three main intertwined perspectives on metaphor: cognitive, discourse-based, and practice-based. The cognitive approach defends the notion of metaphor-as-thought and conceptualizes them as a device for organizing our knowledge and understanding of reality. From a discourse perspective, the form and functions of metaphor are studied in authentic language use, considering sociolinguistic aspects such as who uses metaphors, why, in which contexts, and with what possible effects and consequences. Finally, the practice perspective aims to explain how metaphors facilitate or hinder communication in different institutional settings, with the goal of making recommendations for or against the use of metaphors.

Though linguists classify metaphors in several ways and there is no definitive consensus, as these classifications can be arbitrary, cognitive linguists distinguish between conceptual and image metaphors. According to Tercedor Sánchez and Casado Valenzuela (2018), conceptual metaphors are more complex than image metaphors, as the former rely not only on resemblance but also on behavior and/or functionality. For instance, image metaphors can reflect either physical realities or mental images, such as the form of an organ when we say that the gallbladder resembles a strawberry in the term «strawberry gallbladder» to refer to diffuse cholesterosis, or when we describe feeling bloated as feeling like an inflated balloon inside. Interestingly, the authors, who conducted an experiment with different users using metaphorical images, conclude that

there is a preference for metaphorical over non-metaphorical images for illustrating medical concepts, pointing to their usefulness as knowledge-dissemination material. Furthermore, Lakoff and Johnson (1980) postulate four types of conceptual metaphors: imagistic, orientational, ontological, and structural.

Imagistic metaphors are based on images and often involve a direct visual or sensory correlation between two concepts. An imagistic metaphor creates a vivid picture in the mind, making it easier to understand an abstract concept. For example, «The light of my life» is an imagistic metaphor where light, a sensory experience, is used to represent the significance and joy another person brings into someone's life. Orientational metaphors involve spatial orientation and are grounded in our physical and cultural experiences. They often use spatial concepts (up-down, in-out, front-back) to give abstract concepts a direction or location. For instance, «happy is up» as in «I'm feeling up» or «sad is down» as in «I'm feeling down.» These metaphors are based on our physical experiences with gravity and our environment. Ontological metaphors allow us to comprehend a wide range of experiences, including emotions, ideas, activities, and complex phenomena, by equating them with objects and substances. This type of metaphor gives an abstract concept a more concrete form. For example, «Time is money» treats time as a valuable resource that can be spent, saved, or wasted, just like money. Finally, structural metaphors involve understanding one concept in terms of another, more concrete concept, but in a more systematic or structured way than imagistic metaphors. They provide a framework for thinking about an abstract concept by using the structure of a more concrete or familiar concept. An example is «Argument is war,» where we use terms and concepts related to war (attack a position, defend an argument, strategy, etc.) to talk about arguments.

Critiques to the Conceptual Metaphor Theory focus on methodology, direction of analysis, schematicity, embodiment, and the relationship between metaphor and culture (Kövecses, 2008, p.168). Despite some valid points, CMT continues to be the most widely used and accepted approach for the study of metaphor, as many of the most recent studies on metaphor demonstrate.

3.1. METAPHOR AND MEDICINE

One might be tempted to think that, due to its scientific nature, medical culture, clinical practice, and training would tend to prefer objective, literal scientific language. However, metaphor has been a common tool for conceptualizing clinical encounters, as it can help settle on concepts productively or unproductively (Bleakly, 2017: 206). Doctors often use metaphors for diagnostic purposes, fundamentally at the level of analogy, resemblance, or aphorism in pattern recognition, and it is often a device to enhance communication. Common metaphors include a mechanical conceptualization of the body as a machine that needs to be managed, or illness as a «war,» «battle,» or «fight» that needs to be won. As Bleakly explains (p. 2), «metaphor offers a heuristic, perhaps even a comfort blanket, in the absence of clear diagnosis and abundant uncertainty.» However, when analyzed from a critical point of view, metaphors can also at times lead to misunderstanding or create power imbalances that taint how certain illnesses, procedures, or natural processes such as menopause (Vargas-Sierra, 2023) are portrayed.

There is an abundant number of studies that research metaphor in different medical contexts and conditions, including the use of visual metaphors to represent medical knowledge (Tercedor Sánchez and Casado Valenzuela, 2018); cancer (Gibbs,

2002; Semino et al., 2004; 2015; 2017; 2018; Navarro Ferrando, 2017; Magaña 2020; Láinez Ramos-Bossinia & Tercedor Sánchez, 2020), aphasia (Fu, 2023); depression (Forceville & Palling, 2021); and fertility treatments (Delaunay et al., 2021), among many others.

As for the most prevalent metaphors in different domains of medicine, a few that seem to be quite representative of illnesses, conditions, or natural processes such as menopause. The BATTLE/WAR metaphor (ILLNESS IS WAR) is a prevalent source domain that is applied to various target domains, indicating a struggle or conflict. For instance, Fu (2023) identifies six conceptual metaphors related to aphasia, among which one is «experiencing aphasia is a battle.» The JOURNEY metaphor (ILLNESS IS A JOURNEY) is another widely used source domain that can be applied to different experiences, indicating a process or progression over time. Many cancer patients use specific journey-related words like «travel,» «trip,» «path,» and «destination» to define their experience. As Magaña (2020) finds, the most common metaphors in cancer patient narratives were in the domain of violence or the domain of journey, with the latter referring to motion along a path. We also find the MECHANICAL metaphor (BODY IS A MACHINE), conceptualizing the body as a machine that works or is defective/non-functional. As an example, Delaunay et al. (2021) explain how the infertile body is metaphorically framed as a defective machine, well-related to notions of productivity and competitiveness, with all the associated consequences. Vargas-Sierra (2023) also identifies metaphors related to menopause in this framework, with expressions such as «programmed obsolescence» or «defective machine» to refer to women's bodies entering the climacteric.

3.2. METAPHOR AND HYSTERECTOMY

As we have seen, metaphor is employed as a linguistic tool to help articulate knowledge and experiences by providing a means to express complex emotions and abstract concepts. The use of metaphorical language, both in scientific literature and patient narratives, enables a deeper comprehension of complex concepts and allows patients to regain a sense of personal voice and control during their healing process. It can synthesize past experiences with new ones and incorporate the body into understanding. Specifically, in the case of hysterectomy, several authors have studied how patients use language to express their experiences and emotions.

Dell and Papagiannidou (1999) draw on feminist post-structuralist theory to examine how experience following hysterectomy is constituted in relation to patriarchal and medical discourses. Their paper explores the experiences of Greek women following hysterectomy and oophorectomy, focusing on societal discourses that construct and regulate their bodies. The authors analyze the metaphoric language that shapes and reflects the cultural and socio-historical context of these experiences. They reveal that the metaphoric language used by the women often portrays the body as pathologized and uncontrollable. For some, the absence of the uterus and ovaries is metaphorically associated with a loss of control and femininity. However, for others, hysterectomy is metaphorically represented as a liberating experience, resisting patriarchal discourses that privilege reproductive capacity as a measure of completeness and sexuality.

Tovar (2006) explores medical and cultural perspectives on female reproductive health, focusing on topics such as hysterectomies, menopause, and the negative portrayal

of women's reproductive functions. She critiques the medical system and highlights the lack of options and dismissive attitudes towards women's reproductive health. Tovar uses metaphor to convey the deeply personal and often traumatic experience of undergoing a hysterectomy, as well as the cultural and medical perceptions of women's reproductive health. She describes her own experience on the operating table as akin to lying on a «sacrificial stone,» ready to offer an organ to the «Gods of medicine.» This metaphor illustrates the sense of vulnerability and the feeling of being at the mercy of the medical establishment. Additionally, she compares her removed uterus to a «pumpkin the color of an eggplant» and her affected ovary to a «giant purple spider,» providing vivid images that externalize the internal experience and offer a visual representation of her physical condition.

Elmir et al. (2010; 2014) explore the use of metaphor in women who underwent an emergency hysterectomy following childbirth. Metaphors emerge as a powerful tool within these women's narratives, providing insight into their emotional and psychological states. For example, one woman describes feeling as though «life had been sucked out of me,» conveying a profound sense of exhaustion and loss of vitality. The concept of «moving forward» also emerges as a major theme, with metaphors used to express the transformative journey these women undergo. The act of «remembering» and «storytelling» about their childbirth experience is linked to a «catalyst» that enables women to process the birth, make sense of it, and resolve negative feelings associated with the experience. The metaphor of «rechanneling» thoughts describes how one woman coped with her hysterectomy by accepting the situation and moving on.

Russell's dissertation (2017), titled «Hysterectomy, Metaphor, and Voice: An Exploratory Study of Surgery Experiences,» conducts an ethnographic study of women post-hysterectomy. Participants were presented with two narratives, a medical and a metaphorical one, to measure voice, baseline state anxiety (pre-STAI), and post-experimental condition state anxiety (post-STAI), as well as multidimensional Health Locus of Control (MHLC). The metaphorical narrative included expressions comparing the uterus to a vessel or vase, and medical issues leading to hysterectomy to a small initial crack, such as cancer. This metaphor extends to the idea that sometimes the whole vase (uterus) needs to be removed, and sometimes the flowers (possibly referring to other reproductive organs or tissues) may also need to be removed. The metaphorical narrative also touched on the emotional response to the surgery, with some women feeling a loss for their vessel, while others feel relief from pain or anxiety about potential future problems. The findings of this study show that metaphorical language didn't necessarily correlate with a greater sense of voice, with users preferring technical language to articulate their experiences, aligning with what is societally constructed (p. 48). This might be due to the fact that these narratives were artificially constructed and were not naturally produced by the patients.

Collectively, these studies reveal the complex and multifaceted ways in which women articulate their experiences and emotions surrounding this significant medical procedure, which range from the expression of vulnerability and trauma, as well as patriarchal discourses on women's reproductive roles, to the use of metaphor as a mechanism for transformation and coping.

4. A MIXED-METHODS APPROACH METHODOLOGY

The aim of this study is to conduct an exploratory analysis of the metaphors related to the surgical procedure of hysterectomy in different domains or settings: firstly, medical and general informational texts typically created by experts and addressed to potential patients from sites such as Wikipedia, MedlinePlus, the US government sites, etc., using seed words in the tool SketchEngine to extract texts, including ‘hysterectomy,’ ‘partial hysterectomy,’ ‘subtotal hysterectomy,’ ‘supracervical hysterectomy,’ ‘full hysterectomy,’ ‘simple hysterectomy,’ ‘total hysterectomy,’ ‘complete hysterectomy,’ ‘Type I hysterectomy,’ ‘extrafascial hysterectomy,’ ‘abdominal hysterectomy,’ ‘open hysterectomy,’ ‘laparoscopic hysterectomy,’ ‘keyhole hysterectomy,’ ‘minimally invasive hysterectomy,’ ‘radical hysterectomy,’ ‘Wertheim’s hysterectomy,’ ‘robotic hysterectomy,’ ‘robotic-assisted laparoscopic hysterectomy,’ and ‘Da Vinci hysterectomy,’ collecting a mix of texts addressed mainly to non-experts and semi-experts; secondly, patient-generated content on the social network Reddit, where users anonymously ask for advice and share their experiences, specifically under the subreddit *r/hysterectomy*; thirdly, patient-generated content in more formal spaces such as news articles and personal blogs. This triple approach aims to offer an overview of the different types of metaphors that arise when discussing hysterectomy. The first subcorpus consisted of 562,853 tokens and 264 documents. The second subcorpus comprises contributions to the social network «Reddit» from the subreddit «hysterectomy,» with 17,000 members. These are available online and accessible without logging in at the URL <https://www.reddit.com/r/hysterectomy/>. The texts were collected manually by downloading the top posts for a year (<https://www.reddit.com/r/hysterectomy/top/?t=year>), with the reasoning of selecting those that would be more representative as they had been upvoted the most. The downloaded pages were converted to text and cleaned to delete most of the repetitive content typical of the social platform (e.g., «Reply,» «Share,» «User avatar,» etc.). This resulted in a collection of over 300 posts with their comments, totaling 249,027 tokens. Interestingly, many of the top posts contained multiple images that also contained metaphorical tropes. Finally, the third subcorpus consists of a small sample of 6 selected blog and news articles written by women who have undergone a hysterectomy. These were found by conducting searches on Google with the key terms «hysterectomy» and «experience» in different news outlets and selecting them manually to establish some sort of representativeness as for the cause of the surgery. For instance, one article was about hysterectomy due to endometriosis, another due to fibroids and heavy periods, etc. The corpus contained a total of 11,454 tokens and its composition can be seen in Table 1:

Table 1. Overview of texts of Subcorpus 3

	<i>Title</i>	<i>Author and Medium</i>	<i>Reason</i>	<i>Publication Date</i>
Article 1	The mid-life taboo that stripped me of my womanhood	Olivia Lichtenstein, Daily Mail	Emergency surgery, post-menopause	June 30, 2021
Article 2	A Hysterectomy Journal Take My Uterus, Please	Mariah Burton Nelson, The Washington Post	Heavy bleeding, pain. Endometriosis	August 12, 2003
Article 3	Letter of Recommendation: Hysterectomies	Jami Attenberg, The New York Times Magazine	Pain, uterine fibroids.	February 1, 2018
Article 4	In Her Own Words: Lena Dunham on Her Decision to Have a Hysterectomy at 31	Lena Dunham, Vogue	Endometriosis	February 14, 2018
Article 5	The Unexpected Grief of a Hysterectomy	Anna Holmes, The New Yorker	Uterine fibroids	April 1, 2023
Article 6	My experience of having a hysterectomy	Jo Printz, ABC Everyday	Painful periods, fibroids	April 5, 2021

For the analysis of the first subcorpus, I employed a straightforward linguistic corpus-based research methodology. For the second subcorpus, I employed a hybrid methodology of linguistic analysis via corpus tools, as well as a more detailed discourse analysis methodology to identify the most significant creative metaphors in the corpus. Finally, for the third subcorpus, a purely discursive analysis methodology was used to analyze the main topics as well as the most salient metaphors used.

Corpus observation of language has, according to Deignan (2008:85), three main advantages over intuitive language analysis: first, the ability to store substantial amounts of text that surpass what human memory can retain, allowing for repetitive tasks to be performed accurately and more efficiently. Second, corpus research makes it possible to discover uses of words that are difficult to predict otherwise, something that is especially

relevant to metaphorical expressions. Finally, using corpora helps to provide a less subjective analysis of the language as it contains the expressions of multiple users. Specifically for metaphor, working with corpora makes it easier to identify linguistic expressions considered metaphorical and relate them to their respective conceptual metaphors fitting in a semantic and conceptual system (Vargas and Moreno-Sandoval, 2021: 49), going from linguistic form to meaning in a bottom-up approach. This retrieval can be done in different ways, but it is mainly done by painstakingly checking different linguistic realizations of the conceptual metaphors that are the object of inquiry (Deignan, 2008: 93).

A widespread method to analyze conceptual metaphors is the Metaphor Identification Procedure (MIP) proposed by a group of scholars known as the Pragglejaz Group (2007). This procedure is based on the notion of «indirect meaning,» that is, after reading and identifying the lexical units in a text, it is necessary to establish its meaning in context and to determine if there is a contrast between that meaning and a more basic current meaning in other contexts than the one intended in the given context. If it does and the contextual meaning contrasts with the basic meaning and can be understood in comparison with it, then the unit is deemed metaphorical (Semino, 2008: 11–12). For instance, if a lexical unit like «route» is used in the context of hysterectomy, its contextual meaning has to do with the option chosen - for or against hysterectomy, or for the surgical type of hysterectomy (e.g., «laparoscopic route»). However, this is an indirect meaning, as it could be contrasted with the more basic meaning of a «traveled way» which involves using a physical route to move from one place to another. This method has been sometimes criticized as it does not account for historical metaphors, that is, words that have adopted other meanings over time by way of metaphor and are now accepted contemporary uses of the word. This might make this method subjective and, as Steen et al. (2010: 7) put it, can deem metaphor «a relational term». One of the issues with MIP is that it still requires analysts to make many decisions during the metaphor identification process, which could introduce variability and subjectivity in the results. Additionally, MIP focuses primarily on one particular manifestation of metaphor in discourse, specifically metaphorically used words, which means that its coverage is not exhaustive. These issues led to the development of MIPVU by Steen et al., a more reliable and systematic version of MIP. This method aims to clarify the decisions analysts must make when identifying words as metaphor-related. One reason I chose this method is its allowance for newly-formed words, such as the blends found in our Reddit subcorpus «yeeterus,» «yeetaversary,» and «yeetings,» derived from the verb «to yeet» (slang word that works with the meaning of «to throw») combined with the terms «uterus,» «anniversary,» and «greetings.» MIPVU, which stands for Metaphor Identification Procedure Vrije Universiteit, is a systematic set of instructions designed to enhance the reliability and explicitness of metaphor identification in linguistic research. These are described in Steen et al. (2010: 25):

1. Find metaphor-related words (MRWs) by examining the text on a word-by-word basis.
2. When a word is used indirectly and that use can potentially be explained by some form of cross-domain mapping from a more basic meaning of that word, mark the word as metaphorically used (MRW).

3. When a word is used directly and its use can potentially be explained by some form of cross-domain mapping to a more basic referent or topic in the text, mark the word as a direct metaphor (MRW, direct).
4. When words are used for the purpose of lexico-grammatical substitution, such as third-person personal pronouns, or when ellipsis occurs where words may be seen as missing, as in some forms of coordination, and when a direct or indirect meaning is conveyed by those substitutions or ellipses that can potentially be explained by some form of cross-domain mapping from a more basic meaning, referent, or topic, insert a code for implicit metaphor (MRW, implicit).
5. When a word functions as a signal that a cross-domain mapping may be at play, mark it as a metaphor flag (MFlag).
6. When a word is a newly-coined formation, examine the distinct words that are its independent parts according to steps 2 through 5.

Metaphors can be **clear** or **borderline**. **Borderline** metaphors are unclear either because of ambiguous context, or because the analysts cannot reach agreement after extensive group discussion. For the purposes of this study, though, I will focus only on **clear** metaphors, which can be in turn classified in **direct**, **indirect**, and **implicit** metaphors. For **indirect** metaphors, there is a contrast as well as comparison between the contextual and a more basic meaning. For **direct** metaphors, there is no contrast between the contextual and a more basic meaning. The contextual meaning is also the basic meaning. The comparison is expressed through direct language use. The **direct** language use may or may not be signaled by metaphor markers such as «like,» «as,» «as if,» «so-called» etc. **Implicit** metaphor is due to an underlying cohesive grammatical and/or semantic link in the discourse which points to recoverable metaphorical material. In the present study, I focused on indirect and direct metaphorical expressions specifically related to the procedure itself, the «hysterectomy,» as well as to the organs removed, with special emphasis on the «uterus».

5. RESULTS

5.1. SUBCORPUS 1: MEDICAL AND POPULAR SCIENCE TEXTS

As this subcorpus was compiled with Sketchengine, it was directly analyzed in this tool. The first step was to explore the corpus using the list of words and wordsketch. To focus on the most relevant terms and to avoid functional words, I used a stopword list to filter the results. Next, I proceeded to select the terms that, intuitively or because of the literature review, could potentially be MRWs. I identified a series of conceptual metaphors having a frequent word as a target domain, such as HYSTERECTOMY IS A PERFORMANCE:

- (1) *The HUGOTM RAS system is flexible and highly performative in various surgical scenarios.(doc#51)*
- (2) *Persistent or recurrent pain after hysterectomy is one of the most frustrating clinical scenarios in benign gynecology. (doc#167)*

- (3) *If a total hysterectomy is performed, the root operation will be resection, which is defined as the cutting out or off, without replacement, all of a body part. (doc#19)*

In these cases we find a contrast between the basic meaning, which in this case we could define as «an outline or synopsis of a play» in the case of scenario and «to give a performance» in the case of «perform,» for the contextual meaning, which refers to «situations» and «carry out». This metaphor is reinforced by other examples such as the following one describing the surgeon sitting in front of the robotic-assisted laparoscopic equipment:

- (4) *A short distance away from the operating table, your surgeon sits in front of a piece of equipment that looks like a video game console. (doc#29)*

Even though theater and video games are different, they share some common notions such as action happening in scenarios and actors/characters performing certain roles.

This metaphor is also closely related to the notion of hysterectomy considered as a TOOL for managing different conditions. This metaphor can be understood in the frame of BUSINESS, as if the conditions leading to hysterectomy are business issues or hurdles that have «failed» to heal.

- (5) *Still, hysterectomy remains the most appropriate management option for many patients. (doc#152)*
- (6) *Robot-assisted surgery has emerged as an additional surgical tool for the management of endometriosis. (doc#201)*
- (7) *For most of the conditions mentioned above (apart from cancer), hysterectomy is usually considered as a last resort after other treatments have failed. (doc#111)*

All these metaphors are quite conventional metaphorical expressions in the surgical domain but still represent a contrast between a basic meaning and the intended meaning, and can therefore be classified as indirect. Another common framing of hysterectomy is as a WAY, with examples that denote that is a «common route» or a «pathway» to solve certain gynecological conditions:

- (8) *At the 17-year follow-up, the route of hysterectomy is not associated with a difference in recurrence, grade, or subsequent treatment of prolapse when the indication for hysterectomy is considered. (doc#218)*
- (9) *An abdominal hysterectomy is the most invasive route of tissue removal. (doc#246)*

Finally, the corpus revealed some less common metaphors, such as HYSTERECTOMY IS A WEAPON. This metaphorical expression could work in combination with other words such as «invasive» in «invasive procedure,» «approach»

in «surgical approach,» or even «operation» and «intervention,» that might have military connections even though they are used with their medical meaning in this context:

- (10) *The abdominal hysterectomy is a basic component in the armamentarium of any pelvic surgeon. (doc#19)*
- (11) *However, this surgical option remains important in the surgical arsenal, because it can be offered to patients unfit for laparotomy or laparoscopy due to comorbidity, or those unable to support prolonged Trendelenburg position or pneumoperitoneum. (doc#160)*

5.2. SUBCORPUS 2: REDDIT

The Reddit corpus exclusively contains contributions from patients who are planning to have or have undergone a hysterectomy. Due to the user-based, spontaneous nature of these texts, most creative metaphors were found here. Working with Sketch Engine, the list of words, and wordsketch for both «hysterectomy» and «uterus» allowed the identification of several conceptual metaphors. This top-down approach, though not exhaustive as it doesn't allow for the discovery of all metaphors in the corpus (Vargas-Sierra & Moreno-Sandoval, 2021: 54), had the advantage of enabling us to focus on the two concepts we wanted to cover. It also helped in avoiding too much noise from other metaphors that might be present in the corpus but are related to adjacent topics, such as the conditions leading to a hysterectomy. Each of these conditions could be the subject of a separate research project.

Specifically, one of the most common metaphors is comparing the uterus to a TENANT and the process of hysterectomy to an EVICTION. This tenant is described as a bad tenant that doesn't pay rent and acts in an inconsiderate way:

- (12) *It's like the horrible tenant who never pays rent, gets evicted, and makes sure to smear shit on the walls before they leave.*
- (13) *The eviction notice had been served and my damn uterus is putting up a fight.*
- (14) *Happy 3 years since my Uterus was evicted !*
- (15) *My uterus is the size of 6 months pregnancy, yeeting it on Tuesday.*

In this context, some neologisms were also found that combine the word «uterus» and «yeeting» and using the ending of uterus to create Latin-like expressions in an attempt to humorously talk about this traumatic experience for most:

- (16) *I should've definitely said yeeterus completerus!*
- (17) *Yeeterus Completerus as of this morning!*

A related metaphor was the UTERUS/PERIOD as a MONTHLY SUBSCRIPTION and HYSTERECTOMY as a CANCELLED MONTHLY SUBSCRIPTION. This metaphor might hint at the periodicity of periods and their perception as something bothersome or unnecessary. This metaphor was elicited by users having posted pictures of a t-shirt and a mug with this same sentence (Images 1 and 2).

Image 1. T-shirt «I'm Here to Cancel my MONTHLY Subscription» and an image of the uterus

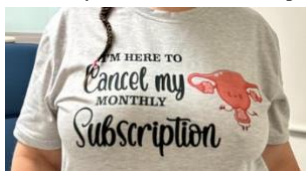


Image 2. Mug «MONTHLY Subscription Cancelled» and an image of the uterus



As described by Steen et al. (2010), personification can also be considered metaphorical as the metaphorical tension is based on a comparison between human and non-human. The Reddit corpus revealed quite a few instances of personification, with the uterus being described as «pesky,» «angry,» «jerk,» «bastard,» «bitch,» or «damn,» hinting again at a conflicting relationship with this organ, especially for those suffering from different ailments that cause pain or discomfort. It is perceived as inconvenient, problematic, uncomfortable, probably as a coping mechanism for all the pain these patients have endured:

- (18) *Your jerk of a uterus is having an extinction burst.*
- (19) *No matter how terrified I am of the surgery, my bastard uterus is sure to do something awful right beforehand to get me in the right frame of mind!*
- (20) *I'm stronger than I ever was- and I don't have to worry about my angry uterus.*
- (21) *The eviction notice had been served and my damn uterus is putting up a fight.*
- (22) *So happy for you and all the things you will do without that pesky uterus getting in your way.*
- (23) *I told her I wanted that bitch out (she laughed and slapped the table at that), and said she'd have her nurse call to schedule surgery.*

There are a few instances where the uterus is «missed», also as a person that has left or is no longer with us. These examples are usually related to sexual function or fertility issues:

- (24) *I 10 weeks and miss my uterus and am concerned about sex I've cried so much since Day 3.*

Two more metaphors that were elicited by pictures were the HYSTERECTOMY is a FUNERAL, where UTERUS are LADY PARTS, as two users enacted a funeral as a farewell ceremony of the uterus of a friend, and UTERUS is a ROCKETSHIP, a picture that a daughter made for her mother undergoing hysterectomy. Though these are hapax-legomena, they serve to illustrate the creativity patients and family members show when trying to cope with their realities.

Image 3. Drawing of uterus as a Rocketship, authored by one of the Reddit members



5.3. SUBCORPUS 3: BLOGS AND NEWS ARTICLES

To analyze the articles of the third subcorpus I adopted a discursive analysis approach where I read each of them carefully and manually highlighted the MRWs I could identify related to the procedure «hysterectomy» as well as to the organ being removed, the «uterus». Interestingly, in this corpus we also find negative framings of the organ, the uterus, as well as personifications («torturer», «dick», «evil child»), with the uterus being identified as something that «causes pain or trouble» (art#3) and «a home for no one» (art#4).

- (25) *This thing that had tortured me for years had disappeared, in a snap.*
(art#3)
- (26) *The problem had been removed.*
- (27) *«Your uterus has been kind of a dick,» she said. «I want you to write a breakup letter to it and then take a bat to the piñata I'm going to buy and say goodbye to it forever.»* (art#5)
- (28) *It appears normal, cheerful in blonde pigtails like little Rhoda the evil child from the classic film, but it's angry, exhausted, a home for no one.*
(art#4)

The MECHANICAL metaphor is also used frequently, framing the uterus as a device or machine that does not work properly and needs to be gotten rid of, sometimes to the chagrin of the patient. An example is the case of actress Lena Dunham, who lost her uterus due to endometriosis and, as such, saw her wish to become a mother shattered.

- (29) *After all, these parts of mine had done their job, they'd grown and produced two children. I should, I decided, thank my uterus for its splendid service, salute it, bid it farewell and move on. (art#1)*
- (30) *Lastly, I ask the likelihood of my ovaries' dying before I can harvest any eggs, of menopause setting in. Of finally losing every part. (art#4)*
- (31) *I just sense that the uterus I have been given is defective. (art#4)*

This is the patient whose narrative contains most negative images of the uterus, using imagistic metaphors such as BLACK HOLE, but also ontological metaphors such as a BAD BOYFRIEND, a BAD SEED, and in a rather creative turn, CHINATOWN CHANEL PURSE OF NIGHTMARES. By doing so, Lena highlights her internal conflicting relationship with her uterus as an organ that has caused her harm but, at the same time, provokes nostalgia because she will never be able to use it for its intended function of bearing a child:

- (32) *I'm forced to stare at the black emptiness of my uterus (...) And I laugh and smile, but I know that the blank space, the black hole that is an empty womb captured on-screen, is all I'll ever see. (art#4)*
- (33) *Medical-malpractice suits are real, and women are attached to their uterus (for me, an almost blind, delusional loyalty, like I'd have to a bad boyfriend) (art#4)*
- (34) *If there is any upside to this irony, by the end it seems as if my doctors may finally be ready to concede that my uterus really is a bad seed. (art#4)*
- (35) *It's the Chinatown Chanel purse of nightmares, full of both subtle and glaring flaws. (art#4)*

Other more rare but creative metaphors that reinforce the negative image of the organ include UTERUS is a KIDNAPPER (35), UTERUS is a CRUSHING WEIGHT (36) or UTERUS is an APPENDIX (37). Further, some metaphors also intend to be humorous to downplay some of the feelings, such as UTERUS is a FRUIT BASKET (8, and UTERUS is a SWISS CHEESE (39):

- (36) *My lived experience and my long-held personal stance on pregnancy and birth was just as relevant as the doctor's medical knowledge, and perhaps communicating more of that would have resulted in fewer years living like a hostage for 3-5 days every month. (art#6)*
- (37) *Now, a few months out from her surgery, she said that she's never felt better: a crushing weight has been lifted up and out. (art#5)*
- (38) *As far as I'm concerned, my uterus was about as useful as an appendix. (art#6)*
- (39) *I joked aloud that, with all these comparisons to fruit, my uterus sounded like it resembled a gift basket from Harry & David. (art#5)*
- (40) *Myomectomies are not uncommon, and I'm not one to be grossed out, but I felt a wave of nausea when I learned that the removal of my fibroids would make my uterus look, at least initially, a little bit like Swiss cheese. (art#5)*

As for the procedure itself, specially one of the articles shares feelings of shame due to the stigma some women might feel losing their uterus entails, framing hysterectomy as a MIDLIFE SHAME. As Li et al. argue (2023), «because of the feeling of illness stigmata, many women will choose to hide the condition from their surroundings and refuse to seek help from their surroundings». This can be seen in examples (40) to (42). Here the uterus is also seen as a STOLEN GOOD (43) or LOSS (44):

- (41) *It's a source of great comfort to us that we are able to travel this path together, for this is the midlife shame no woman cares to discuss. (art#1)*
- (42) *Shall I tell of the surgery that dares not speak its name: whisper it — a hysterectomy? (art#1)*
- (43) *Instead we laugh with relief at being able to share our shameful secret. (art#1)*
- (44) *I wasn't prepared for the deep loss I would feel, the sense that I'd been drugged and abducted and had my uterus stolen from me. (art#1)*
- (45) *I am losing my uterus soon. I say «losing» instead of, for example, «having removed» because it feels like a loss-the end not just of any remaining fertility I might possess but of a marker of my maturity that has existed for almost forty years. (art#5)*

Finally, it is worth noting some more creative metaphors that frame hysterectomy as a PLUMBING JOB (45), a BIG DEAL (46), and a SPACESHIP (47):

- (46) *In the face of his light-hearted approach, I initially was determined to treat my own impending 'procedure' as little more than a plumbing job. (art#1)*
- (47) *A big deal. I guess I'd been so focused on managing the symptoms, then figuring out how to fix the problem, that I hadn't spent much time thinking about the trauma of the surgery itself. (art#2)*
- (48) *By the time I was 43, my uterus had turned into something like a floating, abandoned spaceship upon which alien life forces had attached themselves, wreaking havoc on its mainframe. (art#3)*

6. LIMITATIONS OF THE STUDY AND DISCUSSION

This study has focused on analyzing metaphorical expressions in a corpus compiled in English across different spaces: scientific and popular science texts found on reputable online portals; post forums on Reddit; and newspaper and blog articles written by patients. Needless to say, the first limitation of this study is the size of the corpus, as its size and composition might not constitute a representative sample of all discourse related to hysterectomy. However, I contend that this methodology accounts for a wide spectrum of discourse samples, providing a good overview of how hysterectomy is constructed in the public sphere and how women articulate their experiences. Another limitation that could be argued is its cultural scope, with a clear focus on Western perspectives, as most texts were produced by speakers from the US, UK, and Australia. This might be problematic because some views might not be represented. For instance, as Sardeshpande (2014) explains, women in India might not have a strong attachment to their uterus because once they are done having children, they consider this organ a

nuisance. On the other hand, in other cultures, such as in Uganda, women, family members, and society have irrational perceptions of infertile women, which in turns puts great pressure on postoperative infertile women (Ariho & Nzabona, 2019). Finally, this preliminary study is a descriptive approach that analyzed metaphors in hysterectomy, focusing on two main concepts: the surgical procedure itself and the organ being removed, the uterus. Furthermore, the top-down approach that starts with intuitions, most common words, and previous literature, makes it impossible to cover all the metaphors present in the corpus. Additionally, as I have hinted at in the results, the nature of the metaphors might be correlated with the reason for undergoing this surgery, something that future studies should address in a more systematic way. This would involve considering different variables, such as the reason for the hysterectomy, the type of surgical procedure, age, the desire or lack thereof to be a mother, and economic, racial, and educational backgrounds, etc., to establish correlations and possible causes.

7. CONCLUDING REMARKS

The goal of this study was to perform a nuanced exploration of the metaphorical language surrounding hysterectomy, covering various domains from medical texts to personal narratives on social platforms and blogs. The findings shed light on the diverse and complex ways in which hysterectomy is conceptualized and discussed, revealing a wide range of metaphorical expressions that range from clinical descriptions to deeply personal and creative metaphors.

The study underscores the significance of metaphor in shaping our understanding and perception of medical procedures. In the realm of hysterectomy, metaphors not only reflect but also influence how women perceive their bodies, their health, and their identity. While the first subcorpus frames hysterectomy as a play to be performed or a business to be managed in an aseptic way, the other two subcorpora focus more on the psychological dimension of this procedure and how women articulate it. The varied metaphors, from mechanical to personal and even humorous, highlight the multifaceted nature of women's experiences with hysterectomy, and serve as a lens through which the emotional, psychological, and social dimensions of this medical procedure are viewed and understood. This aligns with the description of one of the patient narratives included in our Subcorpus 3 (art#1), where she contends that in medical school the procedure is taught only from the biomedical perspective, without addressing other dimensions of it:

«Mr. Saso's first name is Srdjan, pronounced 'surgeon' — his destiny was clearly chosen at birth.

When I spoke to him in connection with this piece, he told me that when he was in training, no one addressed the issue that you might be removing something that has real emotional resonance for a woman: 'Any discussion of the psychological effects of hysterectomy was the elephant in the room, both for the male and female students.»

Thus this research contributes to the ongoing discourse on women's health, particularly in the context of hysterectomy. It highlights the power of language in medical narratives and opens up new possibilities for understanding and supporting women's

health experiences. Metaphor is without doubt yet another piece which turns out to be crucial to recognize how not just the discourse but also the lived experiences of those who undergo medical procedures like hysterectomy are shaped.

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From Beasts to Faulty Wiring: Metaphorical Images of Multiple Sclerosis as described by women

«De bestias a instalaciones eléctricas defectuosas»: imágenes metafóricas de esclerosis múltiple descrita por mujeres

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ABSTRACT: Multiple sclerosis (MS) is a disease affecting the brain and the spinal cord, in which the immune system attacks the myelin that protects nerve fibres, thus causing permanent damage resulting in various types of disabilities. As a (to date) incurable disease, the experience of the patient becomes central in coping with the many symptoms, especially in the way it is communicated, not only to treating physicians, but also to society at large. Over the last years MS, which a century ago seemed to affect women and men alike, has shown an increasing prevalence in the female to male ratio, both in small cohorts (Kotzamani et al., 2012; Krökki et al. 2011), and worldwide (Sellner et al., 2011). In view of this tendency, the study of MS has begun to include a gender approach, focusing on the potential explanatory factors, but also on the specific circumstances affecting women (Jobin et al., 2010). In our paper, drawing from a sample extracted from online testimonials, an analysis will be carried out of the various metaphorical imagery used by women to explain their symptoms to doctors, relatives, and society at large. Following the traditional classification by Lakoff and Johnson (1980: 14), we shall explore the framings used, which may lead to positive or negative experiences of the disease and may have an empowering potential when patients «fight» MS in the general framework of managing the condition.

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Key words: multiple sclerosis, health communication, health metaphor, women and disease.

RESUMEN: La esclerosis múltiple (EM) es una enfermedad que afecta al cerebro y a la médula espinal, en la que el sistema inmunológico ataca la mielina que protege las fibras nerviosas, provocando daños permanentes que derivan en diversos tipos de discapacidades. Como enfermedad (hasta la fecha) incurable, la experiencia del/de la paciente es fundamental para afrontar los numerosos síntomas, especialmente en la forma en que se comunica, no solo a los médicos, sino también a la sociedad en general. En los últimos años, la EM, que hace un siglo parecía afectar tanto a mujeres como a hombres, ha mostrado una prevalencia creciente en la proporción entre mujeres y hombres, tanto en cohortes pequeñas (Kotzamani et al., 2012; Krökki et al. 2011), como a nivel mundial (Sellner et al., 2011). Ante esta tendencia, el estudio de la EM ha comenzado a incluir un enfoque de género, centrándose en los potenciales factores explicativos, pero también en las circunstancias específicas que afectan a las mujeres (Jobin et al., 2010). En nuestro artículo, a partir de una muestra extraída de testimonios en línea, se realizará un análisis de las diversas imágenes metafóricas utilizadas por las mujeres para explicar sus síntomas a médicos, familiares y a la sociedad en general. Siguiendo la clasificación tradicional de Lakoff y Johnson (1980: 14), exploraremos los marcos utilizados, que pueden conducir a experiencias positivas o negativas de la enfermedad y pueden tener un potencial empoderante cuando las pacientes «luchan» contra la EM en el marco general del manejo de su enfermedad.

Palabras clave: esclerosis múltiple, comunicación para la salud, metáfora en salud, mujeres y enfermedad.

1. MULTIPLE SCLEROSIS AND ITS PREVALENCE

Multiple sclerosis (MS) is a chronic disease of the central nervous system that often causes disability, affecting around 2 million people worldwide (WHO, 2023). It occurs when the immune system attacks the protective sheath (myelin) of nerve fibres, which causes communication problems between the brain and the rest of the body. Although the symptoms greatly vary depending on the location and the severity of the nerve damage in the central nervous system, some common symptoms include weakness in limbs, tingling, sensation of electric shocks, vision problems, fatigue, and depression. In more serious cases it may also cause more severe problems, ranging from muscle spasms to bladder/bowel challenges, and cognitive and mood problems. Also, the consequences for the patients are limitations on their daily life, often including physical and financial insecurity (De Judicibus & McCabe, 2009). The symptoms are often unpredictable and may appear and disappear, to such an extent that people with MS may have long remission periods with no new symptoms.

MS is seldom fatal in itself, although there is increased mortality in MS patients compared to the general population due to other comorbidities and also MS-related suicide (Manouchehrinia et al., 2016), and it is also a chronic disease with no cure as of today. In spite of the non-fatality in itself, MS is often accompanied by other problems

that can affect the patients' quality of life, such as infections or cardiovascular disease. Also, MS causes pain, discomfort, and inconvenience, but it is very seldom that the patient suffers severe disability. What is problematic, however, is the variability of the disease from person to person, which makes it difficult to predict if the condition will improve or worsen.

An added component of MS is that, although it is technically not a disease exclusive to women, it does have greater prevalence among women, which can at time reach 3:1 ratios (see, for instance, Wallin et al., 2019), which, most importantly, has changed from 1:1 a century ago (Ebers, 2008), and might be due to biological, genetic and environmental factors (Jobin et al., 2010, Kotzamani et al., 2012, Sellner et al., 2011). Also, MS particularly affects women insofar as women with any disability are a disadvantaged sector in the workplace, with higher unemployment rates and higher poverty rates, even including lower retirement pensions when calculated on the basis of years of full-time employment (Dyck & Jongbloed, 2000).

In our study, we shall explore the metaphors used by female patients to describe their disease, and more specifically, how they allow them to convey their feelings and how, through the use of metaphor, the patients build a self-empowering image. This will be done through a study of MS-related metaphors used in patient videos.

2. MULTIPLE SCLEROSIS AND COMMUNICATION

The hardest part about having MS is not being able to explain how you feel. (Antonia)²

In general, some symptoms of diseases are not easy to communicate. Unlike symptoms marked by abnormalities in the body, which may be observed objectively, by means of blood tests, X-ray or MRI scans, symptoms associated to feelings, such as tiredness, tingling, numbness, and especially pain, are not easy to express: a patient who is too tired to walk, or who is ailed with such pain that they cannot sleep, cannot properly convey such sensations. Although medical science has developed a number of tools for patients to express the severity of pain, e.g. from «mild» to «excruciating», such tools are not without their problems (Dijkers, 2010). Also, this makes them subject to potential accusations of malingering (more below), even though there are widely used scales and instruments used to detect the exaggeration of symptoms by patients (see Lace et al., 2021). In the case of MS, there is general agreement in the literature that communication between the patient and their doctors is basic, initially to decide among treatment options and ensure adherence to treatment (Street et al., 2009), but most importantly, for the patient to manage MS itself (Heesen et al., 2007).

However, a generally underexplored area, in addition to patient-doctor communication, is communication between patients and their peers, or simply between the patient and society at large. This type of communication has been probably less explored because it apparently has no direct consequences on the way diseases or conditions are treated, since it is «telling the doctor» that really matters. However, it is also important, because this communication affects the perception of the patient by others,

² Throughout the paper, the quotations from testimonials from MS patients will be followed by the patient's name between brackets; in the case of patients whose names are not mentioned, they will appear as FP (Female Patient)1, FP2., etc. Bold type in the examples is used to emphasize the relevant language in each case.

and therefore the patient's construction as an individual, and it may also happen that the healing process (or the coping process, for incurable diseases) is also impacted by these perceptions. Unlike some of the «traditional» diseases like cancer, where patients have widespread social recognition, the invisible diseases, like MS itself, are poorly understood by the medical community and by the general public (Miller, 1997). This would explain, for example, the importance of social support and community integration for MS patients (see Kratz et al., 2016). However, «support group» does not necessarily mean «widespread social recognition», which is why social media are used in order not only to support patients, which would be the role of discussion groups, but also to gain societal involvement.

Concerning MS, communication problems seem to affect the diagnosis of the disease itself. For a start, even in the initial stages, many participants in studies report that they struggled to obtain correct diagnoses and found it difficult to communicate with their doctors (Thompson et al., 2022). This also affected perception by non-experts surrounding the patients, especially given the unpredictability and invisibility of symptoms, such as pain, fatigue, and cognitive impairment. In fact, many studies describe patients not being believed by their families (Haubrick et al., 2021: 39, Parker et al., 2021), although deliberate deception in symptom reporting is seldom the case, even when financial gain is involved (see Bass & Wade, 2018).

The use of language is especially relevant because, with MS and other «not visible» diseases, communication is particularly important to patients. According to some studies, the «invisible» symptoms may be just as important to the patient's self-perception of health as the visible ones (Green et al., 2017). In fact, «lack of visibility» (both literal and metaphorical, based on SEEING IS UNDERSTANDING) is present in a great many of the testimonials:

But with other issues that are out there like MS, other mental health issues, PTSD, **you can't see it**. And just because you **can't see** that there's a problem does not mean that there isn't one there. (Tracey)

In fact, one common story (widely reported in the literature; see, for instance, Haubrick et al., 2021) is that in which patients' behaviour or actions are misinterpreted because of this lack of visibility or because the symptoms are not there at a particular moment:

I've got a service dog, so people didn't look at me so weird when I was stumbling. You know, I have a dog; **I am disabled, not drunk**. (Chloe)

The hardest part about having MS is not being able to explain how you feel. I wish I could write I have MS somewhere on my body because **people are so judgmental when they can't see my invisible symptoms** – just because I'm not in a wheelchair doesn't mean it's not hard for me to walk every day.

After I was diagnosed with MS, I got a handicap pass. One day, I was with one of my friends and I actually felt really good because although I had a little bit of a limp, I wasn't using a cane that day.

I pulled into a handicap spot and the parking attendant looked at me and said, '**You're obviously lying. You're not handicapped.**' (Antonia)

As may be seen in this last example, visibility and social perception are problematic, especially with relapsing-remitting MS (Miller, 1997: 291), where the patient may have episodes of neurological illness, but appears to recover between those attacks (although there are residual deficits). There are plenty of examples of this:

Visible and invisible symptoms come and go. It's hard to explain to your friends that last weekend you could do something, but this weekend you can't. Just because I can ride my horse one day, doesn't mean I'll be able to ride next week. (Antonia)

And I want to help bring awareness, especially people who have relapsing, remitting MS and are in my position, **who may not always look like they have a disability**, but still go through some other suffering on a daily basis. (Charlotte)

And I felt like **the doctor didn't believe me**. And that was a big thing. Uh. And it made me feel so unconfident. And I, I didn't like that. I didn't like how it took that empowerment away from me. (Jessie)

In the case of women, the function of this type of communication is especially relevant since, in order to become empowered patients, women must overcome the initial discrimination that makes them second-rate patients. In fact, Wendell (1996: 124) reported abundant cases in which women were misdiagnosed, the symptoms being attributed to their being «neurotic» or having the «housewife» syndrome, which leads to negative self-perceptions by the patients themselves. In fact, there are many cases of women being misdiagnosed or having their symptoms dismissed by clinicians more often than men (see, for instance, Newman-Toker et al., 2014; or Thompson & Blake, 2020), or simply being accused of exaggerating (Springer-Sullivan, 2005). In some instances, studies have shown that women with pain are more likely to be recommended psychological treatment, whereas men are more likely to be recommended analgesics (Schäfer et al., 2016). Some studies have reported women feeling greater stigma (Haubrick et al., 2021: 39). The problem becomes greater when the person with MS belongs to any non-majority group, which results in further alienation:

... the disease seemed to **affect older, white women. I was young, black and felt like a unicorn** for having MS. (Victoria)

For women, who are assigned the role of carers for their children and for their parents, MS is a further source of anxiety (Parton et al., 2018):

My daughter seeing me, erm, suffering. That for me is the worst part, my husband seeing it as well. But my daughter's still quite young and she doesn't understand. And seeing it affecting her and the way she thinks about me is the lowest. **I feel guilty for how it's affected her first years of life**. (Charlotte)

My daughter was only six months old. I go to the park and. See all these moms playing with their kids on the structures and I didn't have the energy for it. **And I beat myself up thinking. I should be out there. I should be alongside my**

child and playing and throwing them up in the air and doing all these things and it couldn't. (Clarissa)

And how **was I gonna be a parent to them** and not feel my leg? And what did this mean? And it was just all these scary emotions at once. (Sarah)

Nevertheless, in two of these women, the mention of the extra reason for anxiety is counteracted in their narratives by the fact that they have been able to overcome the alienation by precisely using it as a driving force for their management of the disease. The mothers mention the strength they derive, whereas the Afro-American woman has created a specific support group for Black women with MS:

I find **strength** in being a mother. (Clarissa)

I think **having MS and being a mother, I really value the small, everyday things in life that maybe people tend to take for granted.** (Sarah)

I started We Are ILL as an awareness campaign on social media and an online support group to **help others feel less «rare.»** We Are ILL is now an organization with a support group that has grown tremendously. **Black women** can search for us and think, «I see myself». (Victoria)

Concerning the use of metaphor in health communication, there is abundant work by linguists and clinicians on the use of metaphor in doctor-patient communication, especially in diagnosis (Hanne, 2015), and even in MS (Duval, 1984). More specifically, Munday et al. (2022) have studied the expression of pain through metaphors which include physical attack, sharp objects, temperature, electricity or insects, and have pointed out the need for further study on the use of metaphor, especially as it concerns the adjustment to chronic pain. However, there appears to be scarce analysis of the use of metaphor in patient-society and patient-patient communication, a phenomenon which has been made possible by the Internet and social media (see, for instance, Patel et al., 2015, and especially Semino et al., 2015). Thus, one of the most salient changes from the traditional small-sized support group is the advent of social media (podcasts, YouTube channels, or non-profit-making websites). These tools have allowed people with chronic diseases to connect and share their experiences with others. This is not only helpful to others experiencing similar situations, but most importantly, it is aimed at changing the way society conceptualizes chronic diseases and those who have them, or, most importantly, for the patients themselves through the genre known as «personal illness narrative» (Bock, 2013). In other words, this has created a new communication channel, beyond the doctor-patient and patient-peer communication: patient and society.

This is important for three reasons: (1) the adjustment by patients themselves to chronic illnesses (as studied by Radley, 2002), which is part of the patient's self-perception; (2) the peer information provided to other patients, which can find support in the experience of others, and (3) most importantly, the perception of the patient by the whole of society, especially in the case of not-so-visible illnesses. As will be seen in the examples, although some of the metaphors used might contribute to increasing anxiety and shame in other contexts (as pointed out by Demjén & Semino, 2016: 387), in this case most of the figurative scenarios have an empowering nature and are used often in a

multimodal manner as a way to show how the patient conceptualises and manages the disease.

3. METHODOLOGY

For our study, a total of 22 video testimonials (11,220 words) of female MS patients were downloaded from various sources, including YouTube, but also websites of MS support organizations, such as MSSupport (US), The Multiple Sclerosis Trust (UK) or OnetoOneEU³, then transcribed using text-to-speech software (Speechnotes) and individually checked for possible errors. A qualitative analysis was performed in order to identify the metaphors used in the patients' descriptions, qualitative analyses being often found in literature on pain management (see a review in Stewart & Ryan, 2019) because of their ability to capture the patient's experience in context (Yorkston et al., 2001: 127).

The metaphors were selected using the MIP method (Pragglejaz Group, 2007). Since our analysis concerns MS metaphors, we disregarded instances of figurative language not related to MS, which yielded a total of 79 metaphorical expressions. Once the metaphors were manually selected, we classified them according to their source domains. In our case, we shall base our classification on the «classical» three-tiered taxonomy by Lakoff and Johnson (1980: 14) of ontological metaphors, structural metaphors and orientational metaphors, since it is our belief that it offers relevant insights on the effects of metaphors towards the conceptualization of the world of MS.

In the following section, we shall be looking at the most salient metaphors used in MS-related communication. In order to see the metaphorical associations through the effects achieved, we have subdivided the ontological metaphors into «living beings» and «object» metaphors, but also grouped together structural and orientational metaphors, as follows:

1. Metaphors of living beings (e.g. MS IS A LIVING BEING)
2. Object metaphors (e.g. MS IS AN OBJECT WITH PHYSICAL PROPERTIES, or THE BODY IS A CONTAINER)
3. Structural metaphors (movement and position metaphors, fight metaphors, e.g. MS IS A BATTLE, MS IS A PHYSICAL BLOW)

³ In the selection of testimonials, it was decided to rule out any source which could be affected by interests other than the communication of the disease, lest it should affect the spontaneity of the language used. As a result, we ignored not only videos by celebrities, but also videos which appeared to be testimonials but were actually marketing instruments for hospitals and clinics. In the case of OnetoOneEU, although it appears to be funded by a pharmaceutical company, the videos do not seem to contain any sales effort, and were thus considered acceptable.

4. ANALYSIS AND DISCUSSION

4.1. METAPHORS OF LIVING BEINGS

4.1.1. *Metaphors of living beings in general*

Animated metaphors, where objects and events are compared to living beings and their behaviour, allow patients to achieve a more vivid description, for example, of symptoms, which are portrayed through the behaviour of animated beings (and therefore being easier to describe, «falling asleep» being more easily perceived than «numbness»). Here, the patient's legs become a self-standing entity:

When my legs started randomly **falling asleep** and making it difficult for me to take the stairs... (Victoria)

The notion of «beinh asleep» may also apply to MS as a whole, meaning «not showing any symptoms»:

It just felt **like it was asleep** and then it would just last for days and days and go away and you know, and then it started travelling. (Jennifer)

In the following example, MS is portrayed as a wild animal, sharing the features of power and, above all, unpredictability in the suffering caused. However, the potential helplessness conveyed is counteracted by «the patient is [also] a beast», which ties in with the fight metaphors (see the relevant section for a very similar example on «aggressiveness») and builds a highly empowered image:

It [MS]'s **a beast. But so am I.** (Jessica)

In the following example, the image of alienation is conveyed through that of a unicorn (which is a rare animal, but also a *non-existent* one, which ties in with the stigma and disbelief we saw in earlier sections). The metaphor conveys the unique nature of the patient's experience, but also the fact that she is as isolated and alone as the solitary unicorn:

... the disease seemed to **affect older, white women. I was young, black and felt like a unicorn** for having MS. (Victoria)

4.1.2. *Metaphors of human beings*

A further extension of the «X is a living being» metaphor is «X is a human being», whereby it is possible to attribute human qualities (thinking, speaking, acting in an intentional manner) to non-human target domains; this is conducive to better conceptualization, because human beings find it easier to understand objects and processes if they compare them to themselves. For instance, the body may acquire human-like qualities, and the symptoms become a form of communication between the body (which becomes a humanized agent) and the patient:

I try to be really aware of what **my body is telling me** and not like overexert myself. (Sarah)

Living with this illness, you have a **relationship with your body** where you're always learning. (Victoria)

However, human qualities are not necessarily positive, especially when MS is seen as a thinking being. Sometimes the disease has its own ability to think (and therefore becomes unpredictable and uncontrollable), but it also refuses to express itself clearly so that it can be managed properly:

MS is something that **has a mind of its own**. (Selina)

MS **does not discriminate**, and it's not specific. It **doesn't say**, 'Here's your disease and here's what's going to happen to you'. (Antonia)

Probably the most impacting scenarios are those related to the patient's fears, where popular culture provides two powerful images which may act as a common reference for potential audiences: the revenge movie (MS may strike at any time, is cruel and ruthless and will not rest until it reaches its target) and the boogeyman (MS is, like the mythical creature scaring children, unstoppable and inevitable):

Not knowing when you're gonna have a relapse, or what that relapse might do, **is like living in one of those revenge movies**. You don't know how or when, but someday **this boogeyman is coming for you**. (Ardra)

Sometimes negative actions by human beings are exploited, MS being portrayed as an act of deprivation and even theft: when MS IS A THIEF, it is a destructive and invasive force, but also an unfair one:

Multiple sclerosis **has taken the sight of one of my eyes**, so that it's also incredibly difficult to get depth perception correctly. (LydiaEmily)

this disease **steals** the very things that make her feel like a person. (Yvette)

In these examples where MS steals or takes something, the difference between a positive and a negative outlook may be seen in whether the sentence is positive or negative. Whereas in one of the examples above the deprivation is undermining the patient's identity, in other cases the patient can successfully resist the deprivation:

You are who you are, and MS **can't take that away from you**. (Clarissa)

Even in the case where the testimonial specifically mentions that MS has succeeded, the positive outlook by the patient stresses that her personality and self-perception remain unaltered and the «theft» will not take place («I am a painter, and I will continue to do it in spite of MS»), and does so at the very end of her testimonial so that the message remains and the theft metaphor does not undermine the patient's self-empowerment:

MS, uh, **won't take that from me**. It may have taken my sight and my hands and my legs, but it can't have that. **That's mine, you know**. (LydiaEmily)

A variation on the theft metaphor is that where MS attempts to prevent the patient from speaking (out), thus depriving the person of language as one of the most important tools, but the patient is able to overcome the problem (again, the metaphor appears in the final sentence at the end of the video, which leaves the audience with a powerful image of the patient):

MS **tries to silence me**, but I won't let it. (Kim)

Nevertheless, MS can be a positive agent, allowing patients to improve their life experience. One of the frequent metaphors is «MS is a teacher» (some other testimonials mention «a learning curve», but they refer to the symptoms, and the learning process is a literal one). When identified with a teacher, MS is depicted as a positive force which, by requiring people to overcome difficulties and adapt to changes, builds resilience and brings out the best in the patient, whose self-perception is improved by learning:

But MS is also a **great teacher**. (Chloe)

MS has **taught me** that you don't know what someone is going through. (Antonia)

4.2. OBJECT METAPHORS

In addition to the «impact» metaphors we will see below regarding diagnosis, the act of receiving a diagnosis is at times paradoxically portrayed as «relief», since the worry is described as a physical burden:

I was actually quite pleased and **relieved** to find out because all these strange things were happening to me. (FP4)

The container metaphor (THE BODY IS A CONTAINER) appears, especially when the patients' desire to manage the disease is restricted by a body with (small) physical boundaries:

MS is getting worse. The anxiety is getting harder to deal with and **I'm still just stuck in this little body**. (FP1)

In the following example, «physical strength/energy» is viewed in terms of money, and therefore the amount of energy available to the patient is seen as a «budget», which implies that the speaker's energy is limited, and the patient must be careful and selective:

And that just means that that gives me **energy in my budget** to lift and lay and to perform for as long as I need to perform. (Charlotte)

Finally, there is a specific category of metaphors, which at first sight could be termed as «unusual», in the sense that they only occur in one testimonial, and therefore cannot be said to generally apply to MS. However, a closer look at those images reveals that all of them are related to the patient herself and her personal, unique experience, which, according to Semino (2008: 178), may be due to the patient not feeling comfortable with the existent metaphorical frameworks and preferring to create her own. This would seem to be confirmed by the fact that, in our sample, the two testimonials containing these «unusual metaphors» do not resort to any of the prevailing illness metaphors described in the literature (e.g. fighting), and they focus, both visually (when showing the patient) and linguistically on the woman's experience. For example, Jessica, a «painter» and a «dancer» (note that the self-describing label is relevant here) chooses to depict her body as a canvas or a form of expression:

My body is the **art piece**. My body is the expression. (Jessica).

Another patient, Tracey, is a veteran (she is shown in military uniform), but she chooses to present herself as «Veteran. Wife». In spite of the fact that one could expect the fight/war scenario to appear, she deliberately separates MS from any type of war experience («As a veteran, I have a few friends of mine who have actually had injuries that you could see»). Rather, it is the second feature she chooses to elaborate on. Married to an electrician, she compares MS to faulty wiring in an extended metaphor which portrays the irregularity of MS symptoms and the confusion they produce on the patient (which connects to the problematic perception by others, since the patient «seems to be ok» at a given moment):

My wife is an electrician, and I don't know if you've ever seen like uh like wires like electrical wires, and when you strip the wires, eh, so basically what **MS does, it strips the wires**. So I like always saying if **you're in a in a room you turn on the light switch. The light switch is supposed to like just put on a regular light. It's either gonna turn on the dishwasher, it's gonna turn on the light. In upstairs bathroom it might be delayed. For like maybe anywhere from 5 minutes to three hours or nothing might happen. You don't know. And every time you basically hit that switch, something could be different. Sometimes it might come on, but that's basically like with that mess.** (Tracey)

In all these cases, these metaphors are important because they relate to the way the patient wishes to be perceived by others as a person with MS and specific traits either arising from the disease or being maintained *in spite of* MS. In this way, the figurative scenario is crucial to the patient's empowered image, helping towards her own resilience and the message conveyed.

4.3. STRUCTURAL METAPHORS

4.3.1. *Movement and position metaphors*

Movement and journey metaphors, as a usual concept in everyday life, are frequently applied to disease-related concepts (although, quite interestingly, the journey scenario does not appear in any of our testimonials). For instance, in relapsing-remitting MS, appearance and disappearance of symptoms is equated to movement, with even a humanized verb of «travelling» to indicate symptoms appearing in different parts of the body:

Visible and invisible symptoms **come and go**. (Antonia)

So I waited a week. To see if it would **go away**. (Jessie)

It just felt like it was asleep and then it would just last for days and days and **go away** and you know, and then it started **travelling**. (Jennifer)

A specific variety is the «blow» or «impact» metaphor, also present in everyday language, in which consequences are equated to physical force or a blow, at times to such an extent that the patient has to literally prepare for an impact («brace», using the same verb as for airline passengers before an emergency landing):

She forgets to slow down and remember the **impact** that MS is having on her own body. (Yvette)

I was like it was **quite a shock to find that out** while lying in hospital bed and I was in the gown and everything. (Paula)

He just casually said oh it's MS as if it was nothing and it was like **a big smack in the face** really because it wasn't what I expected at all. (FP3)

Looking back, the moment of diagnosis is crucial. No one tells you that you need **to brace yourself** to become an informed patient. (Victoria)

Although as lexicalized as blows and impacts, the concept of «bad things are a force of nature» is worth noting, especially to describe the effect of the diagnosis upon the patient (similar to the «shock» in one of the previous examples) leading to depression (see, for instance, Kaviani & Hamed, 2011). While for some patients it is a relief (because they fear a worse diagnosis, such as a brain tumour), for most patients receiving the diagnosis is very frequently equated to extreme forms of physical destruction, implying loss of hope. The use of «devastation» implies complete loss of structures and resources (which is a potentially dangerous and self-harming metaphor, since complete destruction makes recovery logically impossible):

When I was diagnosed with MS I felt pretty **devastated**. (Charlotte)

The patient's feelings are also expressed through the traditional framing of «Up is happy, down is unhappy» associated to mental issues, visually portraying states of mind in terms of physical position, either in general, or as in the second example, which combines feelings of depression and guilt because of the role assigned to women as carers:

And I just, I was so depressed, and I was **so down**, and I was just so angry.
(Jessie)

Then be able to come home and cook dinner. Um, and still have enough energy. For me, that's a **highest high, the lowest** is probably my daughter seeing me, erm, suffering. (Charlotte)

Similarly, passivity is portrayed visually: while figuratively those in a corner do not participate, the use of the phrase in a negative sentence implies that the speaker leaves the corner and takes on an active role:

I'm not the type of person to **sit in the corner** and feel sorry for myself.
(Jennifer)

Since progress and life itself are equated to movement, «progress» is good, whereas slowing down or stopping stand for difficulties:

MS **does not stop me. I don't plan on letting it stop me.** I feel as though I have a long life to live, and I have a lot of things and to accomplished. And MS is not gonna **get in the way of that.** (Selina)

I think I haven't let MS **stop me.** Occasionally it **slows me down** a little bit, but **it hasn't stopped me.** (Elsa)

A real opportunity in life. Not something's gonna **set me back.** (Paula)

Another structural metaphor is that where «Medicine is a sporting activity», and therefore images arise helping to describe the doctor-patient relationship, and also connects to the «fight» metaphors we shall see below:

You have to be knowledgeable so you and your doctor can **work as a team.**
(Victoria)

4.3.2. Aggression and fight metaphors

As pointed out by Sontag (1979, 1988), war and fighting are among the most usual metaphors in the description of illness (even found in academic literature titles not concerned with figurative language, which often resort to words like «struggle», «battle» or «fight»), where the patient is a fighter and disease management is conceptualized as a battle.

The fight starts with an «attack», that is, MS «attacking» the patient (again, «attack» being lexicalized as a «sudden manifestation of», as «an asthma attack» or a «heart attack»). Multiple sclerosis is an initial act of aggression, sometimes literal (stabbing being perceived as a specifically vicious form of assault):

It's this **stabbing feeling** of these jagged edges just coursing through your entire body. (FP2)

It's a little ironic that my MS is as **aggressive** as I am. (FP2)

Because MS is **brutal**. (Chloe)

Once the act of aggression has taken place, the patient has to «fight back», by being «aggressive» herself (similar to the «MS is a beast. But so am I» we saw earlier):

How does it affect your body? What can I do to like **beat it**? (Paula)

Struggle with tremors. Double vision. Brain fog and chronic pain. (FP2)

Unlike the metaphors used in diseases where the outcome may be fatal, the «fight» metaphor may be less problematic, and actually becomes a tool for self-management. Persons with MS portray themselves as fighters, and any tools or strategy they develop make them «enabled warriors»:

What it hasn't been able to do is damage her **fighting** spirit. (Yvette)

We just have to remind ourselves that we are **warriors**. (FP2)

I made all these sheets and things, sent them out to the people in my **Enabled Warriors** group on Facebook. (Jessie)

5. CONCLUSIONS

Language plays various major roles in the experience of patients when expressing their symptoms and the way they manage the disease. First and foremost, it allows them to express their symptoms. As seen in the review of the literature and in the testimonials, many patients, in addition to the suffering of the MS itself, have to cope with lack of understanding, first by their doctors, but also by their friends and family. In this respect, the way patients express their experience (especially women, often misunderstood, misdiagnosed or simply not believed) may be crucial in avoiding the extra ingredient of disbelief and lack of understanding, given the importance of social support for the patients' experience of the disease and their self-esteem.

However, the communication does not only take place with external addressees. In the examples analysed, we have seen how patients with the illness, as a personal, subjective experience, resort to metaphor in order to communicate with others, but also in order to shape their own experience and, ultimately, their identity. This is especially true of chronic diseases, like MS, where the lack of cure means that the condition will

become part of the patients themselves, and therefore must be conceptually incorporated in the way the patients see themselves and how they are seen from the outside. In general, a difference can be made between the metaphors related to the symptoms, which necessarily must be negative, and the framings used by patients allowing them to manage and cope, such as, for instance, fight metaphors (devoid of their dangerous potential in fatal diseases) or learning metaphors, expressing resilience by allowing the patient to «look on the bright side» of multiple sclerosis. In some cases, the metaphor provides the patient's narrative with cohesion, by appearing a number of times in the testimonial, usually linked to the imagery and the self-description of the patient.

Concerning further avenues for research, we are aware that this is just but a small contribution to the study of figurative language and communication in MS. It is our belief that, given the importance for MS patients of friend, family and societal support, especially for women, more research should be conducted about patients' perceptions of the disease. This could include studies in a diversity of cultures and languages, in order to measure how cultural and linguistic factors may influence the expression of the disease. Also, an unexplored aspect in our analysis is the interrelations and the affordances between the medium and the metaphor: as we mentioned earlier, some of the testimonials contain only one metaphorical expression, but it is strategically placed at the very end of the video, providing a closure effect, and also leaving the audience with a positive message counteracting any negative aspects described (metaphorically or non-metaphorically). Similarly, a multimodal analysis might deal with the possibilities of the visual medium, for example, patients mentioning that things become «out of reach» and the video showing household objects floating in the air, or a patient who says she is unable to move, and the video shows her legs becoming wrapped in concrete. It is our hope that such further explorations will create a better understanding of women's experiences with MS and with chronic diseases in general.

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«I have ants in my pants»: Metaphorical Framing in Female's Conversational Narratives of Osteoporosis

«Siento termitas bajo la ropa»: Metaforización en las narrativas conversacionales femeninas sobre osteoporosis

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ABSTRACT: Some changes that humans undergo in their bodies as they grow older are accompanied by a decline in health. Exclusively from the patients' perspective, this paper is based on narratives of lived experiences related to osteoporosis, one chronic disease that usually develops unnoticed as age increases and that is more frequent in females than in males. The general aim is to delve into the linguistic expressions used by women suffering from osteoporosis to talk about their condition. More specifically, the study focuses on the metaphors that patients use to describe or share their real insights and experiences with the disease and how these contribute to project an image of women themselves, on the one hand, but also to provide peers with further information and support, help them improve their lives and understand the inherent complex changes, symptoms and difficulties that they, their bodies and bones (may) experiment, on the other. To fulfil these purposes, a sample of conversational voluntarily produced narratives of women diagnosed with osteoporosis has been compiled, where metaphors have been identified and analysed following the cognitive metaphor theory. The results reveal an alternance of positive empowering and negative metaphors, where women face the suffering and complexities of

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the disease, but they present and see themselves as brave and empowered patients with dreams and non-stigmatised lives.

Key words: osteoporosis, health communication, conversational narratives, metaphorical framing, patients, females.

RESUMEN: Algunos de los cambios que los seres humanos experimentan en sus cuerpos a medida que envejecen van acompañados de un deterioro de su salud. Desde la perspectiva de los pacientes, este artículo se basa en narrativas de experiencias vividas con la osteoporosis, una enfermedad crónica que suele desarrollarse de manera inadvertida a medida que aumenta la edad y que es más frecuente en mujeres que en hombres. El estudio profundiza en las expresiones lingüísticas que utilizan pacientes mujeres para hablar de esta (su) enfermedad. En concreto, el estudio se centra en las metáforas que las pacientes utilizan para describir o compartir sus conocimientos y experiencias reales con la enfermedad y cómo estos contribuyen a proyectar una imagen de las propias mujeres, por un lado, pero también a proporcionar a sus pares (otras pacientes) más información, apoyarlas, ayudarlas a mejorar sus vidas y comprender los complejos cambios, síntomas y dificultades inherentes que tanto ellas como sus cuerpos y sus huesos pueden experimentar. Para cumplir con estos objetivos, se ha recopilado una muestra de narrativas conversacionales producidas voluntariamente de y por mujeres diagnosticadas con osteoporosis, donde se han identificado y analizado metáforas siguiendo la teoría de la metáfora cognitiva. Los resultados revelan una alternancia de metáforas positivas y negativas, donde las mujeres (se) enfrentan (a) el sufrimiento y las complejidades de la enfermedad, pero también son pacientes valientes y empoderadas, con sueños y vidas no estigmatizadas.

Palabras clave: osteoporosis, comunicación médica, narraciones conversacionales, metaforización, pacientes, mujeres.

1. INTRODUCTION

Health communication, where a major component is the manner language shapes «the ways in which matters pertaining to health and illness are experienced and understood by society» (Baker et al., 2020: 1), has received increasing attention in the last decades. Studies like Demjén (2016), Baker et al. (2019, 2020), Bailey et al. (2021), or Brookes and Hunt (2021) have focused on linguistic features used in communicating medical concerns, where emphasis has been on metaphorical expressions used to describe or refer to illnesses, the suffering, experiences and other related issues, either by patients or doctors. Metaphors are considered relevant and common linguistic devices when discussing health issues: they help to improve our understanding of complex concepts and conditions, by establishing connections between concepts and also explain thoughts and emotions.

Metaphor, besides a stylistic device, is a cognitive mechanism that allows individuals to express, understand and reason about (usually) complex experiences in terms of simpler or better-known ones (Lakoff and Johnson, 1980, 1999; Potts and Semino, 2019). Following Gibbs (2008) and Lakoff and Johnson (1980, 1999), it may be

said that metaphors make abstract and complex experiences more imaginable, comprehensible and easier to communicate to others by relating an abstract, complex, or simply unfamiliar concept or notion (the so-called «target domain» in linguistic terms) to another that is perceived as more concrete, simpler, or familiar (the so-called «source domain»). Apart from cognitively simplifying mechanisms (see Black, 1962; Hesse, 1963; Ortony, 1975; Giora, 2003; Steen, 2008, 2011; Burgers, Konijn and Steen, 2016), metaphors are also framing devices that allow speakers to provide their personal views by highlighting specific aspects of a concept or notion, an experience, a disease, etc. (Charteris-Black, 2005; Lakoff, 2008; Ritchie, 2013). This use, which constitutes a focal point of the present study, has received comparatively scarce attention in medical communication, but for some studies such as, for example, those by Casarett et al. (2010), Naik et al. (2011), or Demjén et al. (2016).

Osteoporosis, an asymptomatic and debilitating chronic disease of the bone, which may develop without any warning symptoms for years, is often metaphorically referred to as «the silent thief», as it literally steals bone mass without any sign of it, usually until a fracture occurs. Suffering osteoporosis involves deterioration of bone structure and strength, leading to an increased risk of fractures, mainly in the hip, humerus, wrist, spine or even shoulder, due to bone mineral loss, which occur easily and often spontaneously when doing simple activities such as bending, reaching or even sneezing or coughing. However, as an «undeclared» condition it is difficult to be diagnosed. Screening is the only means to detect and diagnose it, allowing subsequent care to avoid devastating consequences such as (spontaneous) fractures, hospitalization, surgery, walking with assistance after surgery for the rest of the patient's life, long-term nursing home care, limited independence and life quality, or even death.

This tacit, hidden and complex nature of osteoporosis as well as the permeating and prevalent use of metaphors in either health, women and/or self-experience speech lead us to hypothesize that metaphorical expressions may be ubiquitous and pervasive in discourses on and of osteoporosis. In this way, metaphors may contribute to either concreteness and simplicity or, on the contrary, a more detailed picture of the condition and its complex and hidden matters. Accordingly, as shall be seen below, this paper attempts to corroborate such a hypothesis, by exclusively focusing on female patients' «conversational narratives» (in Wolfson's terms, 1976), since, osteoporosis being apparently more prevalent in women², their stories gain both quantitative and qualitative importance for compilation and analysis.

2. LITERATURE REVIEW

2.1. METAPHORS, ILLNESS AND HEALTH NARRATIVES

Scholars generally acknowledge that metaphors are the cognitive and linguistic tools for communication about suffering and for personal transformation in coping with illness (Mallinson, Kielhofner, and Mattingly, 1996; Guinjoan and Ross, 1999). Gibbs and Franks (2002: 142), however, specify that «metaphor is not a special tool for talking about illness». As they argue, metaphor is ubiquitous in all aspects of language and

² While one in two women over the age of 50 is likely to experience an osteoporotic fracture, only one in five males will experience it (the National Society for Osteoporosis, June 2017).

thought and embodied in our daily experiences (Potts and Semino, 2019). Still, and probably for this reason, metaphor is everywhere and, hence, also present in narratives of illness, where patients view their illnesses metaphorically in ways that are unique to their individual experience and background (Low, 1996).

Metaphors contribute to explaining illness, but, through their framing function, they often also contain some «evaluative potential» which allows individuals to express some kind of evaluation, facilitate particular understandings, express and share emotions or even persuade others as regards the way of dealing with both the condition and the associated stigmas (on stigmatization see, for example, Atanasova and Kokeyko, 2020). Furthermore, Semino et al. (2018) also mention other functions intrinsic to metaphor in health communication: agency and empowerment. Thus, empowerment and disempowerment consist in «an increase or decrease in the degree of agency that patients have, or perceive themselves to have, as manifest in the metaphors and their co-text» (Semino et al., 2018: 637).

In general, doctors and patients' use of metaphors is said to bridge communicative gaps and facilitate the understanding of cryptic concepts (Knight, 2003). Deliberate metaphors (Steen, 2008), in particular, are powerful and most relevant as far as they may contribute to reorganize incorrect knowledge and erroneous interpretations of symptoms, etc. Metaphors are useful to structure and organize the arguments of a message and, hence, they have both an argumentative and an educative role in patient-provider interaction (Bigi, 2014), although metaphors are not exempt of «potential dangers», as Ortony (1975: 51) suggests, «associated with the presuppositions underlying the use of any particular metaphor».

Metaphors in patients' language is one of the most commonly-used linguistic and creative devices that patients employ to describe their symptoms (see Ricci, 2022), but also to convey complex thoughts, feelings and emotions, and explain the impact of their illness on their psychological well-being. Patients' metaphor choices disclose particular ways of thinking and understanding a health or medical condition by highlighting some aspects that the speaker considers most relevant. Though many metaphors are shared by different patients and doctors, they can be differently interpreted depending on individual experience, attitude and conceptualization of the situation, as explained below. As Semino et al. (2017) show, fight and journey metaphors, for example, may be empowering or disempowering.

Numerous scholars have attended to metaphors in illness narratives from different perspectives. While some studies have focused on the general metaphorical representation of specific diseases and how this created image has affected people's perceptions and attitudes of those diseases (e.g. Hanne and Hawken, 2007), most works have examined metaphors in patient-provider communication, with different results. Some of those studies concluded that metaphors empower patients (Appleton and Flynn, 2014) and contribute to the understanding of illness(-related) information, whereas others have criticized the role of metaphors (Sontag, 1977) in patients' wellbeing and for their presentation of patients as victims (Rojas and Fernández, 2015; Reisfield and Wilson, 2004). Apart from those, extensive research may be found on patients' metaphor uses to describe multiple and complex diseases, their symptoms, emotions, etc., such as cancer, motor neuron disease, diabetes, infertility, pregnancy loss, dementia, or Alzheimer, amongst others (see, for example, Gibbs and Franks, 2002; Palmer-Wackerly, and Krieger, 2015; Youngson et al., 2015; Zimmermann, 2017; Castaño, 2020).

In spite of the above, scarce attention and little or non-empirical work have been devoted to the linguistic analysis of osteoporosis narratives and, particularly, to metaphorical expressions in women's natural conversational narratives.

2.2. WOMEN AND HEALTH COMMUNICATION: THE ROLE OF NARRATIVES

Personal illness narratives in its varied forms constitute an already acknowledged genre in the field of (health) communication, in which patients represent and recount their experiences of sickness, fulfilling a double purpose: they are told to be shared and made accessible to others' benefits, but they may also serve to humanize the patients' own experience and to empower themselves.

Women are «a special population of patients with regard to communication issues» (Weisman and Teitelbaum, 1989: 184; see also Street, 2002), not only in patient-physician interactions but also as agents of communication, as producers of, for example, conversational narrations relating their lived personal experiences, an aspect or perspective that has been scarcely explored in the literature.

Attention to female language and their narrative discourses based on their lived experiences is scholarly, linguistically, socially and medically justified: first, in general, it is often agreed that female skills in communication also permeate into health communication. Second, women patients or addressees, probably and easily persuasively influenced, are said to consume more health services than men and, hence, they will (apparently) greatly benefit from peers' (skilfully narrated) experiences (see Weisman & Teitelbaum 1989). As agents or narrators and also as a consequence of their greater exposure to the health care system, females may have higher levels of knowledge about health issues and also better skills at health communication, that is, at recognizing and reporting symptoms (see Nathanson, 1977) and, hence, it is important to analyse how they linguistically transmit these. Third, while scholarly attention has mainly been paid to patient-physician (verbal and non-verbal) interactions (Fisher, 1988; Beck et al. 2013), women's narratives are relevant for several reasons: their fully and (apparently) non-biased informational/educational content (Ortony, 1975), their self-healing/own-healing function, and also for being a linguistically rich source and a reflection of women's empowerment and assertion of their self³ concept. As Bock states, «[women's] personal narratives shared in contexts of illness in particular, speaking (or writing) from experience provides individuals a way to contest potential stigmas attached to their illness and assert identities beyond that of their sick bodies» (2013: 152) and «validate the experience of illness» (Couser, 1997: 293).

³ Feminist criticism of women's health care has defined interactions between women patients and their physicians (predominantly male) as a source of problems (related to female's resentment or dissatisfaction, inappropriate care, etc.), which arise from the providers' «talking down» to the patient, belittling their capacity to use medical information rationally, or withholding technical information (see Ruzek, 1979; or Fisher, 1988). On the contrary, other studies like Hall et al. (1988) and Hall and Rotter (1995) report that physicians are cognitively, affectively and informationally more engaged with their female patients than with their male counterparts. In line with this, O'Brien et al. (2005: 504–514) indicate that men are reluctant to talk about health concerns and health behaviour and that in health matters they often rely on females, who assist men in interpreting symptoms and encourage them to seek help.

2.3. WOMEN AND METAPHORS

Femininity and female roles are associated with the ability to experience, express and communicate emotions to others, and to empathize with others' feelings (Fischer and Manstead, 2000), where metaphor appears as a significant feature to talk about their experiences. Metaphors not only contribute to the understanding and explanation of concepts, experiences and emotions, but in general, and particularly in women's narratives, they serve to challenge and/or sustain power relations (as explained by Chilton, 1996; Charteris-Black, 2004; or Goatly, 2007) due to their persuasive and argumentative functions and power. Female patients may use metaphors to overcome general and particular stigmas attributed to women's specific illnesses. Therefore, metaphors in women health narratives may serve as conceptual tools to either perpetuate stigmas or cultural constructions related to women, their health and diseases, or rather, to challenge these and contribute to the establishment of new destigmatized and humanized ideas, notions and concepts of specific women's health-related issues, as well as to peers and doctors' understanding of given health-related conditions.

Individuals may respond differently to illness complexities and conditions, and so they may verbalise them in divergent ways by linguistically selecting different, varied and sometimes even contradictory terms to reflect those also conflicting subjective emotions, depending on personally or socially constructed experiences, models or resources. As Charteris-Black and Seale (2009) suggest, a major issue has been the extent to which there is linguistic evidence for metaphorical conceptualisations that correspond with the physiological effects of emotion. Cognitive linguists find evidence in the verbalization of emotion with verbs and nouns that express the motion of liquids within the body, the container (see Goatly, 2007). It seems that different cultures but also different individuals may express the same emotion in quite different ways. Apparently, as Charteris-Black and Seale (2009: 102) maintain, while men tend to show difficulties in expressing their feelings by employing metaphoric expressions based on the concept of a liquid under pressure within a container, women find the direct verbal expression of feelings through metaphor easier. The explanation may be that «men involved with an illness condition (especially young males) were overwhelmed by a conflict between social constructions for the performance of masculinity and a health situation which made them singularly ill-equipped to deal with the intense physiology of their emotions» (Charteris-Black and Seale, 2009: 102). However, as these authors suggest, illness should be treated as «something that is a human experience rather than one that is gendered» (Charteris-Black and Seale, 2009: 106), though obviously different individuals and genders may react to them dissimilarly, depending on their unique circumstances and experiences.

Metaphor in gender and language research has been largely explored as a means of maintaining women's inferior position in society, the corporate world and in certain community groups (see Hines, 1999; Koller, 2004; Holmgreen, 2006), while metaphors in women's health communication, and particularly in their self-narratives has been scarcely examined (e.g. Gibbs and Franks, 2002; Barnett, 2006). As aforementioned, this study aims at filling this gap by identifying how women with osteoporosis metaphorically verbalise their condition, experiences and emotions and the self-image that these produce.

3. METAPHORIZATION IN WOMEN'S CONVERSATIONAL NARRATIVES OF OSTEOPOROSIS AS A CHRONIC DISEASE

As seen above, medical discourse or health language «has always been shot through with metaphors» (Launer, 2022: 811). Accordingly, bodies are often described either as computing operating systems or machines that may «break down» or be «mended», for example. Metaphors like these reframe patients' subjective experiences and emotions, as is the case with osteoporosis or the chronic «silent disease» which, as explained, involves complex experiences, such as fractures, chronic pain, body deformity, etc., but also has other physical or emotional consequences, shared with other chronic diseases (see Radley, 1993; Häggstrom et al., 1994; Gwyn, 1999; Bigi, 2016).

If linguistic studies on osteoporosis are rare, more exceptional and almost inexistent are those devoted to metaphors and particularly in women's oral narratives. To the best of our knowledge, apart from Hansen et al.'s (2017) study of women's narratives on learning to live with osteoporosis, only Volkman and Parrott's (2012: 432) study on women's expressions of emotions in osteoporosis narratives is worth mentioning. The authors focus on the clustering of positive or negative emotions in those narratives of osteoporosis. On the one hand, these often express negative emotions (e.g. anger, sadness, and fear) as part of the diagnosis or pain associated with having the disease, while, on the other, they are also positive by expressing hope for a better future, relief after a diagnosis or an effective treatment, and happiness for working to gain bone health. Volkman and Parrott conclude that if narrative correlate positive expressions with core themes of osteoporosis, readers will benefit from such positive views. In line with this, the present study hypothesises that the data used, based on women's shared experiences of osteoporosis in conversational real narratives also alternate positive and negative metaphors depending on the situation or condition reported at a given moment and its context. No study to date has analysed these types of narratives from a metaphorical perspective.

3.1. OBJECTIVES AND METHODOLOGY

The present study aims to analyse the metaphorical expressions that females diagnosed with osteoporosis use to describe their lived experience of the disease, paying especial attention to those metaphors that help them to frame and communicate the impact of illness on their image, potential empowerment and stigmas.

Data for this study have been conveniently compiled from patients' personal oral narratives of osteoporosis that were voluntarily and orally produced and submitted to be published, be easily accessible and publicly available online on the section entitled «Feelings and thoughts about life and body image with osteoporosis» at the Healthtalk webpage (<https://healthtalk.org>; <https://healthtalk.org/introduction/osteoporosis>).

The sample includes osteoporosis orally-told stories from 23 women, which amount to a total of 54,123 words. Only personal conversational narratives told in English by British women diagnosed with osteoporosis and who focused on their personal experiences of living with this disease for some years after diagnosis were selected. These oral narratives are linguistically free, naturally fluent and not biased, changed or corrected by any means, so that they provide not only real insights and feelings concerning the patients' experience with osteoporosis but also actual lexico-semantic selections and

decisions made at the spur of the moment, as women talk about their feelings, emotions, sufferings, or even about their own views of themselves, the disease, the treatment, the ‘healing’ process, etc. Furthermore, it is important to underline that at times women were prompted simply to elicit additional information on their illness or to help the person continue with her story, but these prompts were not directed to promote the use of metaphors, as this was far from an objective; their purpose was purely informative, mainly for peers’ support. Peers or other people suffering from the same disease are the expected audience of these narratives, although, other people interested on knowing more about osteoporosis or even doctors may also benefit from these experiences.

In order to fulfil the objectives of the present paper and provide a descriptive qualitative analysis of the metaphorical expressions found in the sample (of women’s oral narratives on osteoporosis), the stories were first compiled⁴ and then simultaneously read and annotated for lexico-semantic identification purposes and analysis, respectively. The widely accepted Pragglejaz Group’s (2007) Metaphor Identification Procedure (MIP), together with Steen et al. (2010) and also Cameron and Maslen (2010) were followed for a careful and detailed metaphor identification and analysis, as no prior lists of either potential domains or potentially most salient metaphorical expressions have been used.

3.2. ANALYSIS AND DISCUSSION OF RESULTS

Over 350 different metaphors were identified; these are specifically associated to osteoporosis and intimately related issues and agents (instances of figurative language not related to osteoporosis were disregarded). Due to paper extension limits, not all the metaphors can be addressed here. However, a selection of the so-considered most relevant ones is provided. Relevancy has been measured by their referring to one of the most important general aspects of the disease (osteoporosis itself, diagnosis, pain, patients, treatment, etc.) and, secondly, also by the novelty of the metaphor or its purpose. The metaphors clearly show how women perceive their experience with osteoporosis and their feelings towards it. Some of the female narrators show their awareness of the importance of language by using metaphors referring to words themselves:

- The pain I can, I can’t **put it into words**.
- Now appearance. If you are misshapen as I am. I’ve got the Kyphosis of the back, the hump back to put it in blunt words_and may I say here and now I did not know that was coming. how I feel.

3.2.1. *Metaphors on the disease itself*

The disease is presented as something real and tangible, OSTEOPOROSIS IS A HUMAN BEING with whom, though silent, women meet, face, fight and «take seriously»:

- My first **encounter** with osteoporosis was when my sister Kathy, who is the oldest in the family, broke her ankle and that was about a fall or any kind of accident.

⁴ The transcription of some of the narrations were already available at the time of compilation, while others had to be transcribed for the purposes of the present study.

- Spoiler – that is why osteoporosis is called **the silent disease** – you don't feel or see your bones getting weaker.

Even more, OSTEOPOROSIS IS A PERSON OR EVEN A STATEMENT «to be taken seriously»:

- I am passionate about advocating awareness of osteoporosis and encouraging women and men to **take osteoporosis seriously**.

The disease appears then as a major issue or challenge, OSTEOPOROSIS IS A TERRITORY (container metaphor), to be crossed and conquered (as we shall see below):

- My primary care provider dutifully scheduled a DEXA every two years. I **crossed over into osteoporosis territory** in 2017.

Patients, in fact, travel through it and in it. *Metaphors of journeying* are common in the sample, as OSTEOPOROSIS IS A (LONG) JOURNEY, full of difficulties,

- My story is one of pain and fracture. And that's why I'm telling it, because I don't want anyone else to **go through** this.

but also one of personal learning or growth and hope:

- My Husband and I Are on the **Osteoporosis Journey** Together
- **My personal journey** and professional practice also **showed me** how myself and others could indeed change their bone mass and muscle strength, and could reap the rewards of a full and active lifestyle.
- And I am also content that **this learning journey** has given me the tools to prevent further bone loss.
- A year after that previous DXA, I had another scan; my bone mineral density has improved, and I feel I'm **on the right track!**
- Reflecting on **my journey** over the last six years, I realized that it wasn't my doctor's fault that she didn't give me a baseline DXA screening.

These metaphors show patients' empowerment, where they even may and want to be taken as an example for others, precisely one of the purposes of the analysed narratives:

- **A Road** to Helping Others: **My Journey** Through Osteoporosis

It is a journey where taking the right steps is more than necessary, so that patients' health may be improved:

- The good news is that whatever your age, you can **take simple steps** to maintain or improve your bone health [...].

Furthermore, DISEASES ARE BUSINESS, where women are empowered and have control or regulation over problems related to the disease. This metaphor is commonly used in the context of chronic diseases, where the goal is to keep the symptoms under control and prevent them from worsening. Examples of this in the sample are:

- [...] we're both armed with knowledge and optimism that we can **manage** our bone health into the future!
- Finally, I now accept that this is a lifelong condition that **must be managed**.
- Osteoporosis is a **manageable** but chronic disease.

The study also reveals the patients' use of metaphors to express their positive self-transformation, where DISEASE IS A GIFT, because the alarms make patients' wake up and react, and therefore DISEASE IS RENEWAL:

- Personally, when I found out about my osteoporosis **it made me review my life**.

Within this process of empowerment, women are determined and motivated to maintain their independence and mobility, so OSTEOPOROSIS IS MADE VISIBLE and patients are willing to enjoy life:

- So **I've spread my wings** from 1964, right through to 2020.
- In fact, I'm **ready to rock**. I talk about osteoporosis because people ask me how my health is in general. So I actually tell them that I have osteoporosis and that's when other people talk to me and say they've got osteoporosis. So it's a great talking point. It's **out in the open**.

3.2.2. *Metaphors on the diagnosis*

The first step in the journey that osteoporosis patients live and experience is diagnosis. Interestingly, the journey does not start with the disease, which might be stigmatizing and disempowering, but with the diagnosis, seen as the moment where the patient acquires an active, managing role:

- A proper diagnosis is **the first step** to understanding what is happening to the body.

At the very beginning, DIAGNOSIS IS A NATURAL CATASTROPHE, an earthquake. As such, it is described through physical destruction metaphors, which represent the great impact of an osteoporosis diagnosis on patients' emotional health, on the one hand:

- So, my shock at the news was **seismic**.
- **My Bones, My Life: How I'm Taking Charge of My Health After a Devastating Diagnosis**
- At age 53, I was diagnosed with severe osteoporosis. I was completely blindsided and **devastated** with this diagnosis as it was not on my radar of health issues to be concerned about.

But, on the other hand, metaphorically speaking, the diagnosis itself also affects patients' physically. Thus, SEEING IS UNDERSTANDING (THE DIAGNOSIS):

- At age 53, I was diagnosed with severe osteoporosis. I was completely **blindsided** and devastated with this diagnosis as it was not on my radar of health issues to be concerned about.
- When a medical education company asked me to write an evidence-based paper on exercise for osteoporosis, I delved into the research, which **opened my eyes** to insights and info that I'd otherwise **have been blind** to.
- I felt **blindsided** and confused.
- There are many of us who have felt **blindsided** by an osteoporosis diagnosis at ages younger than we thought possible.
- And together, on a regular basis, we are just **keep an eye on** my medication, on my bone density.

Stereotyped metaphors, namely *impact metaphors*, are also frequently found in women's stories, where DIAGNOSIS IS A SHOCK, both mentally and physically (it [diagnosis] «hits» or «knocks» you), as below:

- And it really **impacts on** the quality of one's life.
- it has a **massive impact on** yourself and your family because you can't do normal tasks.
- After the **shock** of the diagnosis and anger about the lack of prevention wore off, I had to do something – fast, I thought.
- Life does not stop with. With the diagnosis of osteoporosis, it can be **shocking**, but I think the most important thing is to reach out to the people who understand bone health and bone disease and to work out what you need, because it's highly personal.
- Clare said that losing an inch in height **shocked** her more than the diagnosis itself.
- Whereas when you are fit you take it all for granted. When this comes it has a **hard knock effect**. And I just felt that my life was really finished. So, this probably went on for three months.
- There is no time to waste. You don't expect **to get hit with** sort of things like osteoporosis and this that and the other.

Related to these, two other metaphors are used to describe acceptance of the disease: TRUTH IS AN EDIBLE PIECE OF FOOD, INFORMATION IS FOOD, AND EATING IS UNDERSTANDING. They refer to the fact that truth sometimes is biased and difficult to understand so that and, after a shocking diagnosis, women need time to assimilate their complex and painful condition:

- Whether I'm saying this right or not, **you'll have to pick the bones out of that**. But that's the way it was explained to me.

- I think, if, yes, I think when you first get diagnosed **you need time to digest this information** and to go off and to start living with it, and assimilating all the information, [...].

However, patients still feel positive and consider that being diagnosed with osteoporosis does not really threaten their lives and it is not a death sentence. Thus, there seems to be a progression from the initial shock and devastating news to an acceptance of the diagnosis, which does not necessarily and immediately imply death. On the contrary, while BAD NEWS IS APOCALIPTIC, women undergoing osteoporosis become positive, and are encouraged and empowered towards it (something we can also appreciate in the «digesting» scenarios of diagnosis, as will be seen below):

- And the person that gave me the information, they were very positive, encouraging. And I was made to realise that **it wasn't the end of the world**.
- **Life does not stop with** the diagnosis of osteoporosis, it can be shocking, but I think the most important thing is to reach out to the people who understand bone health and bone disease and to work out what you need, because it's highly personal.

Instead, they know they must learn to live with it as soon as possible; time being a most valuable tool (TIME IS MONEY) to overcome difficulties inherent to the disease:

- There is no time to waste.

3.2.3. *Metaphors on symptoms*

As seen so far, the disease is often described using negative metaphors; however, women also describe osteoporosis and its related matters with more positive and empowering metaphors prompting an active role. Accordingly, SYMPTOMS ARE ALARMS, CALLS OR RED FLAGS, that is, rather than negative, the role of symptoms turns positive as they are reminders to prioritise bone health and care of osteoporosis because there may be potential dangers or problems like fractures, etc.

- My endocrinologist/bone specialist at Johns Hopkins was **alarmed**, which **alarmed** me.
- Prior to that I was very much the mother and the wife and the, although I had a job, my focus was on the family and feeding that family, and not really feeding myself properly. So it was a, **it was a wake-up call, it was very much a wake-up call**.
- I tell this story because this injury should have been **a red flag** for a bone density test.

This metaphor may help peer patients to understand the importance of paying attention to their symptoms or warning signs and seeking medical care when necessary. Similarly, osteoporosis and some of its consequences may be reframed as an excellent opportunity for self-care, where OSTEOPOROSIS PROBLEMS ARE GIFTS as in:

- My mom's unfortunate fall, in retrospect, was actually **a gift**.

3.2.4. *Metaphors on the experience of living with osteoporosis*

The best way to live with the disease is learning about it and knowing how to approach it, and therefore DISEASES ARE LEARNING PROCESSES, LIVING WITH OSTEOPOROSIS IS LEARNING, especially because the medical community does not seem to be very helpful at times, when HIDING INFORMATION IS WEARING A MASK:

- The code also **masking** the admin area and like many women it was not explained to me ...

Consequently, DOUBTS ON THE DISEASE ARE A PLAGUE, indicating the lack of understanding, knowledge, power and weakness that patients feel when diagnosed:

- But I was **plagued by doubts** about whether and how to live an active life.

However, LEARNING IS A LIQUID MEDIUM that positively contributes to patients' empowerment, to such an extent that KNOWLEDGE IS LIGHT, KNOWLEDGE IS A TOOL, KNOWLEDGE IS BEING UP, KNOWLEDGE IS BEING IN CONTROL and, hence, it is very valuable (KNOWLEDGE IS MONEY):

- Once I was diagnosed, I **plunged into learning**, much more about osteoporosis and now feel I'm **equipped with** the knowledge I need **to stay on top of this**.
- My experience also **shed light** on the nuances of the disease that generally are not publicly spoken of and offered great hope to myself and others.
- I've found the Bone Health and Osteoporosis Foundation (BHOFF) to be a great source of information and I participate in one of the BHOFF online support groups that has **enriched my knowledge** of osteoporosis and brought me into contact with some amazing women and men who also have osteoporosis.

3.2.5. *Metaphors on pain and suffering*

Although, as just explained, KNOWLEDGE IS VALUABLE, but this does not prevent women's bodies and bones being affected. Besides, there is no possibility of avoiding the suffering or pain that the illness involves. This is why the stereotypes of pain and suffering are visibly present in women's narratives, where PAIN IS A TORTURE or even PAIN IS AN ANNOYING ANIMAL:

- So one morning I woke up and I was in **excruciating** pain, and with a newborn baby and also a toddler, I just had to continue on with life.
- And I have to keep readjusting myself. I must look as though I've **got ants in my pants**, people who don't know what the trouble is.

A great variety of metaphors depicting the consequences of suffering have also been identified: (PHYSICAL AND MENTAL) SUFFERING IS BEING DOWN, SUFFERING IS DEATH, SUFFERING IS LACK OF FREEDOM, a dehumanizing force:

- I initially **mourned** the loss of ‘**freedom**’ to move my body as I wished.
- Someone found they had neck problems, they had long hair like me, looked in the mirror one day and they were absolutely staggered to find out that their neck had gone over and it looked so deformed.
- So yeah I mean obviously if you’re under active thyroid **you feel very sluggish**, don’t you? Weary. So yeah I feel a lot better since then. So she agreed to put me on that.
- Well, I’ve met one or two like that and they’re usually very depressed, very down in the dumps and I, I mean, I say to them, ‘Well I’ve got it. I’ve had it now all these years and I’m coping.’ But that’s not the way you can deal with it and that.
- She was bedridden and unable to do anything and says that she slipped into a period of depression.

Likewise, our findings also show that women are conscious of the fact that they cannot escape their condition [PAIN/DISEASE IS DESTRUCTION], as above,

- I just felt so **full of pain** all the time. I don’t know, I just, I felt **devastated** [...].

However, women choose a positive and fighting attitude against the disease. DISEASE PROBLEMS ARE ATTACKS that patients may manage and impede:

- [...] a lot of people manage to impede the onslaught of it by being diagnosed early.

3.2.6. *Metaphors on patients*

As part of the disempowering images, there are other metaphors that corroborate the dehumanization of women with osteoporosis: PATIENTS ARE A BURDEN, PATIENTS ARE (UNSIGHTLY) VEGETABLES:

- I do it because I think, «Right. I’m not going to go round looking like **a sack of spuds**.»

The dehumanization is so important that they talk about feeling disdain, even not being a person. However, they tell their stories so that other people may benefit from them:

- And there are on-going letters about that because I don’t want other people to be **treated in that cavalier fashion** that I was treated, you know.
- Well what I meant about kind, was kind and practical. Although I had to have everything done for me nobody there made me feel that **I was any less a**

person because of this. Even when they were having to wipe my bottom and bath me. I did not, was never made to feel that I was anything but a real person. So I was impressed with that. Very impressed with it.

Patients are then «**mentally stuck**» (CONTAINER METAPHOR) and their LACK OF HEALTH IS LACK OF FREEDOM, PATIENTS ARE PRISONERS physically and emotionally:

- I initially mourned the **loss of 'freedom'** to move my body as I wished.

However, this situation may be reversed, and stereotypes overcome:

- I wanna keep my mobility so that **I can move around my independence**, so that I can get out there and hopefully with my career, give me a few years left in this old girl yet.

Women do not surrender but they feel empowered, they overcome stigmas, fight and conquer it, which is why PATIENTS ARE CONQUERERS, FIGHTERS AND WINNERS:

- But we manage and it's a bit exciting the that's the thing. We think **we've beat it, we've won**.
- I'm well aware of that but the thing is it's not the end of the world it's the beginning of a new phase of your life and you've got to make up your mind you're going to do your best to **conquer** it.
- The idea of doing daily injections was a bit scary for me, but I decided I could **tackle** it and started on my medication journey with minimal side effects.

In line with other studies on diseases, military or violence metaphors were one of the most common and frequent domains in our sample, such as EXPERIENCE AND KNOWLEDGE ARE WEAPONS:

- **Armed with my experience** and everything I had been learning about osteoporosis, I insisted he have a DXA scan.
- [...] we're both **armed with knowledge and optimism** that we can manage our bone health into the future!

Apart from those, and in spite of «the fight», women see themselves in other dehumanizing terms: PATIENTS ARE FRAGILE OBJECTS and also PATIENTS ARE NON-OPERATIONAL MACHINES whose BONES ARE COLLAPSING BUILDINGS, or BONES ARE GLASS and their BODIES ARE FAILING LIVING BEINGS:

- Mind you, I still had never fractured. But it was the sheer terrifying idea that **I could fracture**, which paralyzed me.
- I just **couldn't function**.
- But when I broke my only good wrist then **nothing of me was functioning**. It was disgusting, but they were very kind to me in the [city] hospital, very kind.

Still, more positive images of patients have also been identified. Thus, PATIENTS ARE PAINTERS,

- I **pictured** the future me with **healthy bones** and without the walker my mom needed.

But also PATIENTS ARE PLAYERS

- And I **have been juggling around** making my own things for the last twenty years.

More importantly, women have a more active role when PATIENTS ARE GUARDIANS

- I've always valued and **safeguarded** my health, making sure that I eat healthy food and get lots of my favourite exercise -- like hiking, yoga, swimming, and cycling.

Another active role shows that PATIENTS ARE DEVOURING CONSUMERS OR PATIENTS ARE EATERS capable of facing osteoporosis. Then, PATIENTS ARE WILD OR FIERCE ANIMALS able to deal with complex situations:

- It, it's what you need, stimulation mentally and physically as you get older, never mind osteoporosis. But that I find I enjoy that. I feel I'm doing something worthwhile and **we can get our teeth into things**.

Patients bravely and eagerly cope with their condition, losing their previous fears and bad experiences that are left behind:

- In certain respects, my mother was fiercely independent.
- Because it was a simple fall, I wanted to shake it off and ignore it.

3.2.7. *Metaphors on bones and bodies*

Some of the figurative expressions identified emphasize the severity of the speaker's osteoporosis, such as her experience of significant loss and damage to her spine, which has had a major impact on her quality of life and on the total collapse of her bones or body because THE BODY IS A BUILDING:

- To discover that my whole lumbar spine had **collapsed** and had **lost up to 70%** of my vertebrae.
- They haven't said anything. They just said, «Well you know you have got osteoporosis and everything is **collapsing**.» That's all I've been told.

In order to avoid this, patients consider that BONES ARE LIVING BEINGS AND VEHICLES that carry the person and have TO BE BUILT STRONGER:

- I plan to have **these bones carry me** through the next few decades of my life.
- Pilates has helped stop **my bones from thinning** even more.
- [...], my endocrinologist had a look at, you know, my case and suggested that we look at medication that can **improve my bone health** by increasing my bone density, which in turn increases **bone strength**.
- We've tried to see the positive side of doing this as a couple, and we're hopeful about **building better and stronger bones** together.

The fragile nature of the bone is also emphasized through the shattered glass metaphor, which refers to the sudden and unexpected nature of osteoporotic fractures:

- And so it's only when something like another fall happens that you start thinking, 'Oh dear'. My bones aren't very good. And certainly, this last fall that I had in France, the consultant there said, «**Your bones are just like glass.**» That was that.

Similarly, the ageing body is like a building's «outdated plumbing» (THE BODY IS AN OLD BUILDING), a humorous use which is not without its dangers, because it may result in and reinforce dehumanization, that is, it presents a completely dehumanized image of the body and, by extension, of the self:

- I had to strengthen my back muscles, pelvic floor, and core, which had been sliced and diced and rearranged like outdated **plumbing** the year before.

In spite of this, patients have an «intense relationship» with their bodies, though these, like a person may do to another, tend to «let them down» and not fulfil their obligations as agreed, THE BODY IS AN UNRELIABLE PERSON:

- And, as a former ballet dancer, I had a more **intense relationship with my body** than the average person might; so I was ANGRY.
- I resented **my body for letting me down** and not upholding its end of the bargain to support me and sustain me through life. And I understand the frustration and anger that many project onto their bodies, feeling that their **bodies have failed them**.

On the contrary, there are also positive figures of speech such as THE BODY IS A DREAM SUPPORTER, where DREAMS ARE PHYSICAL ENTITIES that the patient wishes to achieve:

- I hope to be around for a long time, and I want **a body to support my dreams**.

3.2.8. *Metaphors on treatments*

Treatments or medication are differently represented. As expected, sometimes they help, sometimes they do not. TREATMENT IS HUMAN, and women may rely on it, but it may also not be welcomed by the patients' body:

- I'm finding Bonviva **doesn't agree with** me and I've now come off it.
- Well, I've been having **tablets**, but I don't think they've really **agreed with me**.
- But I have been **relying on the supplements** and extra tablets to give me my quota of what I should have per day.

In fact, at times MEDICATION IS A DANGER, MEDICATION IS SUSPICIOUS or even AGGRESSIVE:

- And together, on a regular basis, we just **keep an eye on** my medication, on my bone density.
- Valerie said that she '**keeps a close eye**' and tries to measure herself regularly.

3.2.9. *Metaphors on recovery*

Women show resilience and strength, after living and experiencing osteoporosis. Sometimes, after some advances or positive changes concerning knowledge of the disease, its symptoms, the diagnosis, the treatment, or the management of the illness, they even feel happy. Therefore, women feel empowered, free from the stereotypes, and may overcome adversity and maintain their independence and autonomy. Thus, RECOVERY/IMPROVEMENT IS UP:

- My (pardon the pun) **sit-up-straight moment** was learning how to read the DXA scan and realizing the severity of my condition.
- Instead of saying, «Oh gosh it's wonderful to take these painkillers and **you feel on cloud 9.**»
- And I think my doctor was a bit surprised that I tried that long but I did realise how important it was to actually get my bones up.
- Well they started off with quite a low dose, [...], till **they were upping and upping and upping them.**

The learning, fight, efforts and actions that women do have positive results, which make them improve their condition and feel satisfied to such an extent that RECOVERY IS MONEY

- My personal journey and professional practice also showed me how myself and others could indeed change their bone mass and muscle strength, and could **reap the rewards** of a full and active lifestyle.
- Meals on the run and diet colas to help me keep up with our busy schedules, and the occasional crash diet all **took a toll on my bones.**

As a general conclusion, we may argue that despite this humanized and empowered perspective that women show in their attitude towards osteoporosis, the negative side of the disease is also present in their dehumanizing descriptions, especially as regards physical effects but also the devastating emotional impact of the diagnosis as well as the pain and suffering that the condition involves. Accordingly, women express

negative emotions (e.g. anger, sadness, and fear) after diagnosis, but they are also positive: happy when gaining bone health, relieved by treatment and hopeful for a better future.

4. CONCLUSIONS

As the examples analysed have shown, the image constructed through the patients' own narrations has proven the importance of metaphor in women suffering osteoporosis. This projected image affects the perception of the disease and the patient by others and, consequently, the social constructions, stereotypes and stigmas, which are especially relevant in «silent» and/or invisible diseases like osteoporosis.

Although women in the study are not prolific as regards novel metaphors creativity, they tend to use and share a group of conceptual and quite conventional metaphors. The most common domains are impact, journey and war metaphors, which, on the one hand, highlight the complexities and sufferings of the disease, and the power and braveness with which women patients face them, on the other. Osteoporosis is a territory which may be travelled through with some difficulty but that still allows patients to take control and do things to be happy. After the disruptive moment of diagnosis, women represent themselves as empowered and humanized individuals who do not stop dreaming of an autonomous good life, far from stigmas and stereotypes.

The sample analysed here, however, might not be taken as representative of the world-wide population suffering osteoporosis, mainly for two reasons: first, the sample is limited; second, the data only included women who voluntarily narrated their testimonies and accepted to publish their narrations. It may be the case that testimonies from women who are more reluctant to share their experiences might change the results; third, women or those who chose not to participate would have brought a different perspective to the results. Apart from a broader study, future research may explore how metaphor is used by women belonging to different age groups, socio-economic backgrounds, different types of narratives, etc. These may have different pedagogical implications, as not only different individuals may vary in their views and experiences, but different groups may provide divergent ways of approaching and undergoing the disease. These perspectives will no doubt contribute to peers' and physicians' knowledge and decisions on different matters concerning the disease and its related experiences.

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Cáncer de mama, discurso y cognición: metáfora y esquemas de imagen de la enfermedad y sus participantes en el Perú

Breast cancer, discourse and cognition: metaphor and image schemas of the disease and its participants in Peru

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RESUMEN: Siendo el cáncer de mama una afección importante en términos cuantitativos que pone en riesgo la vida y la salud de las mujeres peruanas (Posso et al., 2015), es conveniente ir más allá de los hechos médicos objetivos (*e. g.*, empleo de fármacos, cirugías, etc.), y evaluar también cómo la población femenina de dicho país experimenta, comprende, expresa y se relaciona con la enfermedad. En esta línea, este trabajo busca analizar la forma en la que la mujer peruana experimenta y concibe su enfermedad, así como la manera en que la vive y la afronta día a día. Para ello, estudiamos las metáforas y los esquemas de imagen involucrados en la construcción discursiva de la enfermedad a partir de un conjunto de testimonios reales de mujeres peruanas que, luego de haberse recuperado o en el transcurso de su recuperación, decidieron contar sus historias para inspirar y dar soporte a otras mujeres que aún padecen la afección. Como resultado, los discursos analizados descubren una serie de representaciones específicas en las que la mujer configura su experiencia alrededor de la enfermedad mediante dominios conceptuales involucrados con la guerra y las personas, pero también con ciertas estructuras

rudimentarias que configuran su forma de entender el cáncer, como los esquemas de contención, locomoción y fuerza.

Palabras clave: Cáncer de mama, mujer, discurso, cognición, metáfora, esquema de imagen, Perú.

ABSTRACT: Since breast cancer is an important condition in quantitative terms that puts the life and health of Peruvian women at risk (Posso et al., 2015), it is advisable to go beyond objective medical facts (e. g., use of drugs, surgeries, etc.), and also evaluate how the female population of said country experiences, understands, expresses and relates to the disease. Along these lines, this work seeks to analyze the way in which the Peruvian woman experiences and conceives her illness, as well as the way in which she experiences it and faces it day by day. To do this, we study the metaphors and image schemes involved in the discursive construction of the disease from a set of real testimonies from Peruvian women who, after having recovered or in the course of their recovery, decided to tell their stories to inspire and provide support to other women who still suffer from the condition. As a result, the analyzed discourses discover a series of specific representations in which women configure their experience around the disease through conceptual domains involved with war and people, but also with certain rudimentary structures that configure their way of understanding cancer. such as containment, locomotion and force schemas.

Key words: Breast cancer, women, discourse, cognition, metaphor, image schema, Peru.

1. INTRODUCCIÓN

El cáncer de mama, una neoplasia que se origina en las células mamarias, se caracteriza por una proliferación descontrolada de células malignas, y representa una preocupación significativa para la salud pública global (Bray et al., 2021). Se trata de una enfermedad que afecta a las mujeres y su detección temprana, mediante herramientas como la mamografía y la autoexploración, es esencial para mejorar las tasas de supervivencia y reducir la morbilidad asociada en el mundo y en el Perú, en particular (Posso et al., 2015). Además de las implicancias físicas, como la posibilidad de intervenciones (e. g., mastectomía), el cáncer de mama conlleva una carga emocional considerable, afectando el bienestar psicológico y la calidad de vida de las pacientes (Bray et al., 2021). Un enfoque integral de esta enfermedad debe abordar tanto los aspectos médicos como los emocionales, proporcionando un sólido apoyo psicosocial para optimizar la atención de las pacientes.

El estudio del cáncer de mama desde el punto de vista lingüístico ha revelado, principalmente, la presencia de metáforas que influyen en la percepción y comprensión de la enfermedad. En particular, las investigaciones sobre este tipo de cáncer se destacan en tres puntos: la observación de diversas metáforas involucradas con la enfermedad (Reisfield y Wilson, 2004; Skott, 2002; entre otros), la explicitación del dominio conceptual de la guerra en su conceptualización metafórica (Rojas Miranda y Fernández

Gonzales, 2015; Semino y Demién, 2017; entre otros) y el establecimiento de metáforas vinculadas con su tratamiento (Williams, 2016). Sin embargo, no existen reportes sobre otros procesos cognitivos que contribuyan a comprender cómo el cáncer es comprendido, experimentado y comunicado por la mujer, como lo es la noción de esquema de imagen en su representación (cfr. Anudo y Kodak, 2020). En esta línea, este trabajo tiene como objetivo explicitar cómo otros procesos; en este caso, cómo los esquemas de imagen pueden también ayudar a entender la forma en la que la mujer experimenta diferentes situaciones en el seno de la enfermedad que padece. En particular, buscamos evaluar la manera en la que la mujer peruana instancia su experiencia con la enfermedad, así como sus emociones y aspectos variados vinculados con aquella a partir de otros mecanismos cognitivos que no se restringen únicamente a la noción de metáfora, pero que le dan lugar a aquella.

Con el propósito de estudiar la forma en la que la mujer peruana conceptualiza su enfermedad y la experimenta a partir de dicha conceptualización, el artículo sigue la siguiente estructura. En la sección 2, la metodología es explicitada. En esta parte, se esclarece la naturaleza de los datos (es decir, cómo fueron estos recuperados) y cómo se procedieron a analizarlos. En la sección siguiente 3, el marco teórico es abordado. Aquí, se definen algunos conceptos clave en el desarrollo del análisis, como lo es el concepto de metáfora, esquema de imagen y discurso, entre otros conceptos vinculados. Luego, el análisis es presentado a la luz del marco teórico señalado en la sección 4. Por último, se presentan las conclusiones.

2. METODOLOGÍA

El corpus fue construido durante los meses de agosto y setiembre del 2023. Dado que el objeto de estudio lo constituyen los discursos producidos por las mujeres peruanas en torno al cáncer, se consideró un conjunto diverso de bases de datos en donde las mujeres peruanas revelaban sus historias en torno a la enfermedad. En primer lugar, se identificó la red social denominada Facebook, y, una vez en ella, se buscó páginas en donde existieran testimonios o discursos de mujeres peruanas diagnosticadas con cáncer de mama. Entre estas páginas, se halló «Lazo Rosado Perú» (https://www.facebook.com/lazorosado/?locale=es_LA), que es una página en donde las mujeres peruanas que padecen la enfermedad reportan una serie de testimonios en los que narran sus experiencias con el cáncer. En esta misma red social, fueron ubicados también testimonios de peruanas publicados en La República (https://www.facebook.com/larepublicacr/posts/10158792290927051/?locale=ms_MY), Perú 21 (https://www.facebook.com/peru21/?locale=es_LA), Diario El Peruano (https://www.facebook.com/diariooficialperuano/?locale=es_LA) y el Comercio (<https://m.facebook.com/elcomercio.pe/posts/10161448470098836/?refsrc=deprecated&rdr>), periódicos peruanos. En segundo lugar, la plataforma digital YouTube fue también consultada. En ella, se hallaron testimonios de mujeres atendidas en EsSalud (https://www.youtube.com/results?search_query=cancer+de+mama+essalud), quienes narraban sus experiencias con la enfermedad. Por último, fue consultada la página de Oncosalud, un centro de atención que ofrece servicios de salud para pacientes con sospecha de cáncer o diagnosticadas con él. En esta página, existe una sección específica en donde las mujeres reportan breves historias acerca de su enfermedad y cómo la han vivido (<https://blog.oncosalud.pe/testimonios>). Todos estos discursos, identificados en Facebook, periódicos, YouTube y

Oncosalud, fueron tomados en cuenta en la constitución del corpus y transcritos como parte de aquel, dada su pertinencia directa con el fenómeno que se aborda en esta investigación. En total, el corpus se construyó a partir de 53 discursos.

En relación con el análisis, los diferentes discursos recopilados de las mujeres peruanas fueron abordados, en principio, a partir de la identificación de fenómenos cognitivos involucrados. En esta parte, los datos fueron analizados a la luz de mecanismos metafóricos, pero también en función de ciertos esquemas de imágenes. En cuanto a los procesos metafóricos, se identificaron los dominios conceptuales fuente a partir de los cuales la mujer empezaba a representar metafóricamente sus experiencias y sentimientos alrededor de la enfermedad. Esto fue posible mediante una mirada a la estructura lingüística de los discursos en las que se evaluó qué elementos léxicos permitían conceptualizar la enfermedad en términos de otros conceptos (cf. Lakoff y Johnson, 1980; Charteris-Black, 2004). En relación con los esquemas de imagen, a partir de una lista anotada de estos esquemas (cf. Evans y Green, 2006), se determinó cuáles empleaba la mujer para exteriorizar sus vivencias con la enfermedad. Esto fue posible también mediante una mirada a la estructura lingüística de los discursos y en consonancia con la lista referida. Como resultado, el análisis de los datos da cuenta de experiencias vinculadas con representaciones metafóricas, pero también con esquemas que originan dichas representaciones y visibilizan la manera en la que las mujeres peruanas conceptualizan y experimentan su enfermedad.

3. DISCURSO, REPRESENTACIÓN Y COGNICIÓN

El discurso desempeña un papel fundamental en la construcción de la realidad al influir en la percepción, interpretación y comprensión del mundo que nos rodea (cf. Domínguez Chenguayen y Conchacalle Cáceres, 2023). Como señala Fairclough (1992), el lenguaje no solo refleja la realidad, sino que también la constituye, dando forma a nuestras experiencias y creando marcos conceptuales compartidos. A través de las palabras, se articulan pensamientos y se generan significados que influyen en la formación de creencias y valores culturales (Wodak y Meyer, 2009). El discurso no solo comunica hechos, sino también construye emociones y sentimientos al tejer narrativas que afectan la percepción individual y colectiva (Edelman, 1988; Domínguez Chenguayen y Conchacalle Cáceres, 2022). El discurso moldea así nuestras interacciones, relaciones y experiencias cotidianas (Gee, 2014). En este sentido, el poder del discurso radica en su capacidad para influir en la construcción y negociación constante de significados, dando forma a nuestras realidades compartidas y moldeando nuestras percepciones del mundo.

La identificación de metáforas en el discurso es fundamental para evaluar cómo las personas experimentan ciertas realidades (dominios conceptuales meta) apelando a otras, experiencialmente, más concretas (dominios conceptuales fuente) (Lakoff y Johnson, 1980; Kövecses, 2015). Al utilizar metáforas, las personas no solo transmiten información accesible (o más amigable) al receptor acerca del mundo en el que viven (Kövecses, 2015), sino también diferentes maneras en las que ese mundo es percibido, conceptualizado y recreado por el sujeto (Charteris-Black, 2004; Domínguez Chenguayen et al., 2021). Por ejemplo, la conceptualización del cáncer en términos de una guerra no solo supone hablar de la enfermedad en esos términos, sino también ciertas implicancias que dan cuenta de la manera en la que el paciente experimenta su enfermedad y vive con ella. En este escenario bélico, el paciente puede sentir que está perdiendo la batalla (o sea,

la vida) o experimentar desconsoladamente la enfermedad como un enemigo permanente con el que irremediamente está envuelto y sin posibilidad de conciliación. Así, la metáfora se despliega como una especie de instrumento que permite dar forma a la realidad percibida por el sujeto, pero también como un dispositivo que explicita la manera en la que ese sujeto accede a esa realidad y la vive (Kövecses, 2015), construyendo una realidad subjetiva que va más allá de los hechos médicos objetivos (Laranjeira, 2013).

Las imágenes esquemáticas (o *esquemas de imagen*, Peña Cervel, 2012) constituyen patrones dinámicos y recurrentes que contribuyen a estructurar nuestra experiencia y entendimiento del entorno (Johnson, 1987), y permiten también dar cuenta de la forma en que las personas conceptualizan parte de ese entorno y lo experimentan (cf. Domínguez Chenguayen y Malca Belén, 2019). En esta línea, Kövecses (2002) indica, por ejemplo, que el esquema de la ruta proporciona una estructura cognitiva para comprender procesos y cambios a través de trayectorias y direcciones, influyendo en la manera en que interpretamos eventos y relaciones. En el ámbito de las enfermedades, este mismo esquema puede explicitar también la forma en la que un paciente experimenta el inicio, el transcurso o el término de su enfermedad. Por ejemplo, la expresión «la enfermedad me está llevando a un camino sin salida» supone el relato de un paciente que experimenta el proceso de su enfermedad como un recorrido, pero también como una enfermedad que le causa agonía y ninguna posibilidad de recuperación (o sea, un sentimiento de desconsuelo irresoluble por efecto de la enfermedad). Los esquemas de imágenes, por lo tanto, permiten estructurar parte de nuestro conocimiento del mundo a partir de ciertos patrones originados en nuestra experiencia (e. g., los esquemas de CONTENEDOR, RUTA, FUERZA, entre otros; véase Johnson, 1987), pero también explicitar la forma en la que comprendemos y razonamos dicho mundo.

4. CÁNCER DE MAMA, COGNICIÓN Y DISCURSO: LA REPRESENTACIÓN METAFÓRICA DE LA ENFERMEDAD Y SUS PARTICIPANTES

En este apartado, los diferentes discursos recopilados de las mujeres peruanas en torno al cáncer de seno son analizados a la luz de la forma en que estas mujeres viven su enfermedad, la entienden y la van experimentando en el transcurso de sus vidas. En rigor, cinco operaciones de conceptualización permiten dar cuenta de la manera en la que la mujer peruana vive, siente y experimenta su enfermedad: dos de ellas de índole metafórica, y tres de carácter esquemático, como veremos.

1.1. EL TRATAMIENTO ONCOLÓGICO DE SENO EN EL MARCO CONCEPTUAL DE LA GUERRA

En esta sección, el discurso de la población femenina peruana descubre una metáfora en la que se proyecta una serie de rasgos del dominio conceptual de la guerra (la fuente) en dirección al tratamiento oncológico (la meta). En este proceso (EL TRATAMIENTO ONCOLÓGICO ES UNA GUERRA), sin embargo, se descubren dos clases de representaciones cognitivas: las de las entidades (*i. e.*, los participantes) y las de los procesos.

1.1.1. Los participantes de la guerra

La representación de las entidades involucradas con el cáncer de seno en el marco conceptual de la guerra entraña diferentes participantes: la enfermedad, el enfermo y el amigo del enfermo. Según nuestro corpus, una primera expresión que da cuenta de cómo la mujer peruana percibe su enfermedad y así misma es la siguiente:

- (1) ¿Los tratamientos contra el cáncer afectan la nutrición del paciente? (Facebook, Lazo Rosado Perú).

En (1), el uso de la preposición española *contra* entraña un conflicto entre una entidad y otra; en este caso, el tratamiento oncológico situado en el contexto de una guerra contra la enfermedad, el cáncer (Bowker, 1996). En este proceso, la mujer peruana conceptualiza metafóricamente la enfermedad como el enemigo con el que se produce la guerra (o conflicto); el tratamiento, como la lucha en sí misma, y el paciente, como la entidad que lucha, pelea, con la entidad que genera el conflicto (o sea, la enfermedad). La enfermedad para la mujer peruana supone así un contexto bélico en el que, en principio, luchan dos entidades: la mujer y su enfermedad (el cáncer de seno). Los siguientes discursos ejemplifican, aún más, la manera en que la mujer peruana experimenta su enfermedad y la construye cognitivamente:

- (2) En el penal Virgen de Fátima dictan charla contra el cáncer de mama (Facebook, Lazo Rosado Perú).
- (3) Mantener una buena alimentación en un tratamiento contra el cáncer te podrá ayudar a obtener un mejor estilo de vida (Facebook, Lazo Rosado Perú).
- (4) El cáncer de mama sigue siendo una de las enfermedades más letales en nuestro país (Facebook, Lazo Rosado Perú).

En (2) y (3), el *cáncer* supone la entidad con la que la mujer peruana lucha (o sea, el enemigo), y el enfermo, la entidad que desafía a dicho enemigo (la enfermedad). En (4), sin embargo, no solo está implícita la representación metafórica de la enfermedad en tanto enemigo, sino también la agencia que tiene este mismo enemigo para afectar la salud de la mujer. En este caso, el adjetivo *letal* empleado por la mujer peruana crea una representación en la que la enfermedad tiene la capacidad para ocasionar eventualmente el deceso de aquella, su muerte. En cualquier caso, en todos estos discursos (1), (2), (3) y (4), las representaciones metafóricas involucradas con el cáncer de seno destacan dos entidades: el enfermo y la enfermedad como la entidad que lucha y el enemigo que genera dicha lucha, respectivamente.

En el marco conceptual de la guerra, además del enfermo y la enfermedad en tanto la entidad que lucha (en este caso, la mujer peruana contra su enfermedad) y la entidad que genera la lucha (en este caso, la enfermedad, el enemigo), también se representan otras entidades, como se constata en los siguientes discursos:

- (5) El ejercicio es tu mejor aliado en la recuperación del cáncer (Facebook, Lazo Rosado Perú).
- (6) El ejercicio es nuestra arma de lucha (Facebook, Lazo Rosado Perú).
- (7) El ejercicio es nuestro gran aliado contra el cáncer (Oncosalud).

En el marco de la metáfora EL TRATAMIENTO ONCOLÓGICO ES UNA GUERRA, los discursos (5), (6) y (7) evidencian que la mujer peruana también experimenta metafóricamente la ayuda de otras entidades en su padecimiento, las cuales se conceptualizan a través de diferentes correspondencias con el dominio fuente de la metáfora, que es la guerra. Es decir, aunque el elemento léxico sea el mismo en los discursos producidos por la mujer peruana; en este caso, *el ejercicio*, dicho elemento tiene implicancias diferentes. Mientras en (5) y (7), el ejercicio ha sido personificado a través del término *aliado*; en (6), la representación emergente de la palabra *ejercicio* entraña un instrumento con el que, eventualmente, la mujer puede luchar; metafóricamente, una *cosa* con la que cuenta para su guerra (Gibbs y Franks, 2002). Otros discursos que permiten constatar que la mujer peruana no solo se representa metafóricamente así misma o a la enfermedad en el marco conceptual de la guerra, son los siguientes:

- (8) Comer sanamente nos ayuda a tener buenas defensas y controlar ciertas enfermedades, el cáncer no es la excepción, ya que nos ayudará a tener un estilo de vida (Facebook, Lazo Rosado Perú).
- (9) La prevención es el principal enemigo del cáncer (Oncosalud).
- (10) Lazo Rosado Perú es una organización sin fines de lucro... Por ello, nos complace anunciar nuestra alianza con TeleMedicina Perú (Facebook, Lazo Rosado Perú).

Aunque en estos discursos (8), (9) y (10) ya no existe *el ejercicio* como una entidad unida, coligada al enfermo; en este caso, a la paciente en su lucha contra la enfermedad, la mujer peruana sigue experimentando el apoyo de otras entidades en el seno de su enfermedad. En (8), por ejemplo, la lucha contra el cáncer es librada también por la alimentación saludable de la mujer, que se asume como una persona que apoya en el propósito; metafóricamente, en la defensa o derrota de la enfermedad. En (9), este enemigo de la enfermedad, el aliado del enfermo, ya no es ni el ejercicio que lleva a cabo el enfermo ni su alimentación, sino la previsión que realizara la posible mujer con cáncer. Metafóricamente, esta *prevención* supone, a su vez, un proceso de personificación en el marco conceptual de la guerra, ya que en tanto persona, o sea, agente, tiene la capacidad para oponerse o generar oposición en contra de la enfermedad, como lo es el representarse como su «principal enemigo» (Magaña y Matlock, 2018). En (10), el aliado lo constituye otra entidad que ofrece un servicio de medicina frente a la enfermedad; en este caso, la empresa TeleMedicina Perú.

Se han descubierto dos últimas expresiones en las que también se corrobora, además de la representación metafórica del enfermo y la enfermedad, la existencia de otras entidades involucradas en la conceptualización del cáncer por parte de la mujer peruana:

- (11) Juntas contra el cáncer de mama (Facebook, Lazo Rosado Perú).
- (12) Todos nos pusimos la mano al pecho contra el cáncer de mama (Facebook, Lazo Rosado Perú).

En estos casos (11) y (12), la paciente que padece la enfermedad es, al mismo tiempo también, la entidad que lucha en contra de la enfermedad e integrante de la alianza

frente a dicha enfermedad. En este último aspecto, se puede indicar que el aliado es construido conceptualmente por la mujer a partir de la reunión y unión en confraternidad de quienes padecen la enfermedad; es decir, todas las mujeres. De esta forma, los discursos analizados han evidenciado más de un participante involucrado con la enfermedad del cáncer en la percepción de la mujer peruana.

1.1.2. Los participantes y los procesos involucrados en la guerra

En el marco de la metáfora EL TRATAMIENTO ONCOLÓGICO ES UNA GUERRA, la mujer peruana no solo se representa metafóricamente así misma o a otras entidades involucradas en su experiencia (como la enfermedad, el ejercicio, la prevención, etc.), sino también a los procesos que lleva a cabo en el dominio conceptual de la referida metáfora. En esta línea, los discursos empleados por la mujer peruana evidencian dos clases de procesos: los que incitan a la lucha y los que plantean una resolución definitiva en el contexto de la metáfora.

Los procesos que incitan a la lucha resaltan metafóricamente la necesidad que tiene la enferma de lidiar con su enfermedad o afrontarla. Esta necesidad por parte de la mujer peruana es expresada discursivamente mediante una serie de verbos, como se leen en los siguientes reportes:

- (13) Si bien es cierto que no existe ningún alimento que elimine el cáncer, por sí solo hay algunos que poseen nutriente esencial que nos ayudan a combatir el cáncer (Facebook, Lazo Rosado Perú).
- (14) Hoy, honramos a todas las mujeres guerreras que luchan día a día con esta enfermedad (Facebook, Lazo Rosado Perú).
- (15) Unidas por un mismo objetivo: la lucha contra el cáncer de mama (Facebook, Lazo Rosado Perú).
- (16) Hoy, rendimos tributo a nuestros héroes que luchan día a día cuidando nuestra salud (Facebook, Lazo Rosado Perú).
- (17) Al unir fuerzas [con TeleMedicina], creemos que podemos marcar una diferencia significativa en la lucha contra el cáncer en nuestro país (Facebook, Lazo Rosado Perú).
- (18) Nuestro corazón simboliza la lucha contra el cáncer de mama, se lo dedicamos a cada una de las mujeres que están librando esta batalla (Facebook, Lazo Rosado Perú).

En estos discursos, la forma en la que la mujer peruana experimenta la enfermedad y el proceso de su tratamiento ocurre mediante otro proceso que supone la riña del enfermo con su enfermedad (Navarro, 2017). Más exactamente, las acciones implicadas en el tratamiento que puede seguir la enferma son construidas cognitivamente a partir de la lucha que realiza una entidad en contra de otra que genera dicha lucha (o sea, la enfermedad), lo cual entraña una necesidad para la mujer en tanto pueda afrontar su enfermedad en estos términos. En (13), por ejemplo, la mujer acepta que el cáncer no es destruible; sin embargo, consiente también que este puede metafóricamente *combatirse*. De esta misma manera, en (14), (15), (16) y (17), la mujer experimenta el proceso de su tratamiento a través de un proceso en el que esta no solo combate (13), sino también lucha, pelea. En (18), la mujer experimenta el padecimiento de su enfermedad del mismo modo; en este caso, librando una batalla con la enfermedad. En general, en

todos estos discursos, la mujer afronta su enfermedad y su tratamiento mediante una lucha, un combate o una batalla que esta realiza por sí misma o con asistencia, como en (16).

Existen procesos en los que la mujer no solo expresa su necesidad de afrontar la enfermedad mediante una lucha, un combate o una batalla, sino también el apuro por resolver estos procesos en el contexto de una guerra. En esta línea, la mujer exterioriza también su deseo por vencer a la enfermedad, como en (19) y (20), o derrotarla, como en (21) y (22):

- (19) El ejercicio en la recuperación del cáncer es un factor importante, ya que después de vencer esta enfermedad, tendremos que llevar una vida sana para evitar posibles recaídas (Facebook, Lazo Rosado Perú).
- (20) Una buena alimentación te ayudará a vencer cualquier enfermedad [el cáncer de mama] (Facebook, Lazo Rosado Perú).
- (21) El ejercicio nos puede ayudar a mantenernos saludable y ayudar a nuestro organismo a derrotar enfermedades (Facebook, Lazo Rosado Perú).
- (22) No debemos olvidar que el día en que nos realicemos un chequeo de mama podría ser crucial para derrotar esta terrible enfermedad (Facebook, Lazo Rosado Perú).

En todos estos reportes, el propósito de representar a la enfermedad como un enemigo ocurre con la intención de generar una confrontación con la enfermedad y, en ese marco, plantearse la resolución de la enfermedad. Mientras en (19) y (20), esta resolución es planteada a través del vencimiento del enemigo (la enfermedad); en (21) y (22), se espera que la enfermedad sea derrotada. En todos los casos, no obstante, los procesos enfatizan también la necesidad de *acabar* con la enfermedad, o sea, de resolverla, superarla.

1.2. EL CÁNCER DE SENO ES UNA PERSONA

Al ser el cáncer percibido y expresado como un adversario en las expresiones metafóricas anteriores involucradas con el dominio conceptual de la guerra, también se percibe y manifiesta la personificación de la enfermedad al momento de su aparición en la vida de la mujer. En este caso, sin embargo, el dominio conceptual de la guerra no es mandatorio o apremiante para que la enfermedad sea personificada y, con ello, adquiera ciertos aspectos o rasgos de las personas, como lo es la agencia (Yamamoto, 2006). Las siguientes expresiones permiten dar cuenta de una primera forma de personificar a la enfermedad:

- (23) El cáncer de mama no espera. Hazte una mamografía (Facebook, Lazo Rosado Perú).
- (24) Muchas personas piensan que el cáncer avisa (Youtube, EsSalud).
- (25) Yo sé que el cáncer puede regresar (Facebook, Perú 21, 2017).

En estos discursos, el cáncer es personificado en la experiencia de la mujer peruana para una variedad de propósitos. En (23), por ejemplo, la mujer peruana personifica la enfermedad con la intención de generar una alarma en la población

femenina en tanto el cáncer puede estar presente sin ser conscientes de aquel. Por ello, textualmente, la mujer reporta la necesidad de hacerse «una mamografía», ya que este cáncer «no espera», y, eventualmente, *llega*. En (24), también es personificado el cáncer y con la misma intencionalidad: advertir que, aunque muchas crean lo contrario, el cáncer puede estar allí sin saberlo. En (25), la situación es un poco diferente. Se trata del reporte de una mujer que tuvo ya cáncer, que se recuperó de él o fue dada de alta en el marco de un tratamiento en contra de aquel, pero que es consciente que puede volver a padecer la enfermedad. Para expresar ello, la mujer peruana personifica la enfermedad, e indica que esta tiene la capacidad de «regresar», o sea, volver a aparecer en el cuerpo de la mujer.

Finalmente, están una serie de discursos en los que la personificación supone aspectos positivos (cfr. Magaña y Matlock, 2018; Navarro Ferrando, 2017):

- (26) El cardio puede ayudar con la fatiga que le provoca la enfermedad al paciente (Facebook, Diario El Peruano, 2023).
- (27) La enfermedad las unió de una manera que Cecilia no podía haber imaginado (Facebook, Diario El Peruano, 2023).
- (28) Esta enfermedad se alimenta de emociones y de emociones negativas (Youtube, EsSalud).
- (29) El cáncer ha sido un gran maestro, me ha traído muchas oportunidades. (Youtube, EsSalud).

En estos discursos, la personificación también se manifiesta en cómo las mujeres experimentan distintas etapas y situaciones adyacentes a la enfermedad, como los atenuantes a la misma (26), (27) y (29) y los factores de riesgo para la evolución del cáncer (28). Metafóricamente, la enfermedad tiene la capacidad para «ayudar», «unir», «alimentarse» y «traer». En esta línea, la mujer peruana vive la enfermedad y su evolución o recuperación personificándola.

1.3. EL CÁNCER Y EL ESQUEMA DE IMAGEN DE LA LOCOMOCIÓN

En el contexto del cáncer de mama, el esquema de imagen de la locomoción es una estructura significativa en tanto le permite a la mujer experimentar su enfermedad y la forma en que la lleva o la sobrelleva en la sociedad peruana. Este esquema presupone, a su vez, dos esquemas (Evans y Green, 2006): el de momento y el de ruta (o camino). En nuestro corpus, el esquema de la ruta ha sido significativo para expresar la manera en que la mujer concibe y exterioriza su experiencia con la enfermedad. Un primer discurso que evidencia esta forma de vivir la enfermedad aparece en (30):

- (30) Este cangrejo me ha permitido darme una pausa para verme y en esta pausa estoy aprendiendo a caminar de otra manera, a sentir de otra manera (Facebook, Lazo Rosado Perú).

En este discurso (30), la mujer concibe el diagnóstico del cáncer como una ruta nueva sobre la cual esta se desplaza o aprende a desplazarse. Léxicamente, esta forma de vivir la enfermedad se instancia en el fragmento «estoy aprendiendo a caminar de otra manera». Como consecuencia, metafóricamente, la paciente es la entidad que recorre esa ruta o, más específicamente, la persona que aprende a recorrerla o a caminar en ella (Brookes y Etkina, 2007). En este contexto, el camino (o sea, la enfermedad) se le

presenta a la mujer como un espacio necesario de tránsito, pero desconocido y lleno de incertidumbre sobre el que, obligadamente, debe desplazarse y adaptarse en ese nuevo desplazamiento. En el contexto de la expresión, la enfermedad es referida mediante el término *cangrejo* por una especie de analogía fónica con la forma actual, que es *cáncer*.

Con este esquema de ruta (o camino), la mujer peruana va exteriorizando diferentes formas de entender la enfermedad, a la vez que va aprendiendo a lidiar con ella mediante todas estas formas. De acuerdo con nuestros datos, hemos descubierto que la enfermedad es experimentada por la mujer apelando a diferentes componentes que constituyen el esquema de la ruta. En particular, de acuerdo con el momento en el que la mujer experimenta su enfermedad, esta puede ubicarse espacialmente en diferentes puntos que supone la ruta: en el inicio (o partida), en la misma ruta (o camino) o en la meta (o destino). Los siguientes discursos dan cuenta de la forma en que la enfermedad empieza a experimentarse y concebirse a partir de un desplazamiento inicial:

- (31) La historia de Johanna comienza luego de su diagnóstico (Oncosalud).
- (32) En mi proceso de recuperación, comencé a tomar los productos.
(Facebook, DXN Ganoderma lucidum).
- (33) Pero en 2021 empezó su tormento (Facebook, La República, 2022).
- (34) No sabía al inicio, qué era (Facebook, La república, 2022).

Todas estas expresiones han sido ubicadas dentro de una campaña en la que se congregó a personas bajo la frase «yo camino por ellas». La idea de esta campaña fue la promoción de empatía y solidaridad con las mujeres diagnosticadas con cáncer. En este contexto, ocurrieron una serie de reportes por parte de mujeres diagnosticadas con la enfermedad. Entre estos, se narra la manera en que comienza la enfermedad y la experiencia de tenerla (31), la mejoría y cómo esta inicia a partir de ciertos medicamentos (32) y la incertidumbre que entraña el comienzo de la enfermedad (34), pero también el inicio de la agonía que está implícito en el recorrido inicial por el cáncer (33). Es decir, mediante este primer punto que supone todo desplazamiento (el inicio de la ruta, de un camino), la mujer narra diferentes formas que dan cuenta de cómo vive su trayecto por la enfermedad. En este caso, las mujeres que reportan su enfermedad asumen que esta representa un camino y, sobre él, van exteriorizando sus experiencias a partir del día en el que fueron diagnosticadas con cáncer.

Un segundo punto del esquema de la ruta lo constituye la ruta en sí misma: no la partida ni la llegada, sino el camino o trayecto en general. En este aspecto, la mujer va narrando su viaje por la enfermedad:

- (35) A sus 54 años se ha animado a contarnos su travesía (Facebook, Diario El Peruano, 2023).
- (36) Transitar este proceso lo más en calma y lo más serena posible (Youtube, Essalud).
- (37) «Un camino difícil.» (Facebook, DXN Ganoderma Lucidum)
- (38) En ese momento, su vida dio un giro tremendo (Facebook, Diario El Peruano, 2023).

Dentro del camino en sí mismo, estos discursos caracterizan diferentes aspectos vinculados con la enfermedad. En (35), la mujer empezó ya su recorrido, pero decide

hacerlo explícito a cierta edad. En (36), la experiencia de la enfermedad se narra como un tránsito esperado. Sin embargo, en (37) y en (38), las experiencias cambian a pesar de conceptualizar el cáncer como un desplazamiento. En el primer reporte (37), la mujer no solo ve metafóricamente la enfermedad como el desplazamiento de una ruta, sino como una ruta difícil o, en el contexto de la expresión, «un camino complicado». Lo mismo ocurre en (38), en tanto la mujer exterioriza su experiencia con la enfermedad como un trayecto diferente, desigual al que, normalmente, recorría. Metafóricamente, es posible señalar que la vida se constituye en un viaje a partir del esquema de imagen inicial de la ruta (Kövecses, 2008), pero el cáncer define ese viaje.

Finalmente, la mujer experimenta la enfermedad apelando a la meta de la ruta que esta recorre. En este caso, la meta de la enfermedad la constituye el deceso de la mujer (Laranjeira, 2015). Los siguientes discursos permiten ejemplificar esto:

- (39) Parecía que todo llegaba a su fin. (Facebook, El Comercio, 2023)
- (40) Ella creía que el final de esta enfermedad estaba por llegar. (Facebook, La República, 2023).

En el primer discurso (39), la impresión de la mujer resalta la percepción de su posible deceso en el seno de la ruta que entraña su enfermedad. Para ella, «el fin» estaba vinculado con su muerte. En (40), el «final» de la ruta es también metaforizado como la muerte de la persona que recorre dicha ruta. En cualquier caso, en ambas expresiones, la mujer peruana parece comprender que la llegada de la ruta o el último punto de aquella constituye su inminente deceso. De esta forma, la enfermedad se experimenta a partir del esquema de la ruta, camino o trayectoria, lo cual hace posible, a su vez, generar diversas metáforas implicadas (*e. g.*, EL INICIO DEL CAMINO ES EL PRINCIPIO DE LA ENFERMEDAD, EL TRANSCURSO DEL CAMINO ES EL PROCESO MISMO DE LA ENFERMEDAD y EL TÉRMINO DE LA RUTA ES EL FIN DE LA VIDA DE LA MUJER ENFERMA).

1.4. EL CÁNCER Y EL ESQUEMA DE IMAGEN DE LA FUERZA

El esquema de imagen de la fuerza puede ser empleado por la mujer al experimentar una situación en la que esta se procura ánimos para sí misma o para expresar que carece de voluntad y ánimo respecto de la enfermedad. En (41) y (42), respectivamente, se instancian los usos de estos esquemas en tanto le permiten a la mujer exteriorizar sus vivencias alrededor de la enfermedad y por efecto de ella.

- (41) Trataba de hacerme la fuerte, pero sentía ansiedad y me quebraba muchas veces (YouTube, EsSalud).
- (42) Ya no tenía fuerzas, sentía que era mi punto final (YouTube, EsSalud).

Tanto en (41) como en (42), la mujer emplea el esquema de la fuerza para visibilizar o bien su fortaleza o bien su falta de ella. Sin embargo, la fuerza en tanto una estructura esquemática interiorizada a lo largo de la vida de las mujeres es empleada más sutilmente. En (43) y (44), por ejemplo, no es cualquier idea de fuerza la que despliega la mujer peruana para expresar su sentimiento con la enfermedad, sino un tipo o clase particular en la que esta cede por efecto de otra fuerza:

- (43) Es curioso cómo durante todo ese tiempo, me la pasé haciéndome la fuerte, ya que era el recurso que tenía disponible y el que había aprendido para protegerme... llegó un momento en el que no lo fue más, ya no lo podía sostener. (Youtube, EsSalud).
- (44) El cáncer me hizo descubrir una fuerza interior que no sabía que tenía. (Youtube, EsSalud)

En estos discursos, la mujer recurre a un tipo de esquema de fuerza en el que su fuerza es afectada por otra (COMPULSIÓN, véase Evans y Green, 2006). En (43), por ejemplo, la fuerza de la mujer es insuficiente frente a la fuerza de la enfermedad y, por consiguiente, cede ante ella y, experiencialmente, es afectada por aquella. En (44), por el contrario, la fuerza de la mujer (o fortaleza) es una consecuencia de la fuerza de la enfermedad. En otras palabras, la fuerza que trae consigo la enfermedad ocasiona que la mujer sea aún más fuerte. En este caso, la afección de una entidad sobre otra (COMPULSIÓN) ocurre en el seno de una experiencia positiva.

Así como la enfermedad le plantea a la mujer una fuerza que la obliga a realizar una determinada actividad, también la mujer es capaz de contrarrestar u oponerse a dicha fuerza y a las actividades que dicha fuerza suponga. Cuando esto ocurre, la idea de fuerza de la mujer genera un tipo de esquema de imagen particular que se conoce como CONTRAFUERZA (véase Evans y Green, 2006). Un ejemplo de esta clase de esquema de imagen reside en los siguientes discursos:

- (45) [mujeres] que día a día siguen manteniéndose firmes ante este gran desafío (Facebook, Lazo Rosado Perú).
- (46) Descubrieron su fuerza extraordinaria para pelear contra la enfermedad (Facebook, La República, 2023).
- (47) Ella se sobrepuso y le plantó cara a la enfermedad (Facebook, Diario El Peruano, 2023).

En estos discursos, la mujer va experimentando la necesidad de contrarrestar la fuerza de la enfermedad o generarle una fuerza que traiga consigo una especie de antagonismo (Magaña y Matlock, 2018). En (45), por ejemplo, la mujer no cede (COMPULSIÓN), y se opone a la enfermedad mediante otra fuerza que no le permite, metafóricamente, caerse o derrumbarse. En (46), la mujer también muestra una contrafuerza en tanto es capaz de generar, metafóricamente, una lucha con la enfermedad, o sea, una fuerza equiparada con otra en el marco de una guerra o disputa. Así, esta clase de esquema da cuenta de la fuerza y, con ello, podríamos decir, de la agencia que tiene la mujer para oponérsele explícitamente al cáncer, como en (47) donde la enfermedad es afrontada o confrontada.

Otras dos clases de esquemas de imagen que la mujer retoma en su experiencia con el cáncer se instancia en los siguientes discursos:

- (48) La terapia de bloqueo hormonal evita esta adhesión y así se evita que el cáncer continúe creciendo (Youtube, Essalud).
- (49) Han resistido tratamientos duros, han soportado el miedo con una fuerza asombrosa (Facebook, La República, 2023).

En estos discursos, la mujer, en principio, retoma una situación en la que una fuerza es bloqueada por efecto de otra: no solo equiparada, sino también bloqueada (BLOQUEO, véase Evans y Green, 2006). En este caso, (48) retoma este tipo de esquema cuando la mujer reporta que existe una especie de obstrucción, y que esta, en tanto tratamiento, bloquea el desarrollo del cáncer. En (49), la situación es diferente en cuanto al tipo de fuerza. Para este discurso, la experiencia de la mujer no exterioriza la influencia que ejerce una entidad sobre otra, la contrafuerza o el bloqueo de esta entidad y su fuerza, sino la RESISTENCIA que tiene frente a la fuerza de dicha entidad (un tipo de esquema de imagen de fuerza, véase Evans y Green, 2006)). Por ello, la última expresión da cuenta del impacto que ha tenido la enfermedad sobre la persona, pero también de su entereza frente a ella.

1.5. EL CÁNCER Y EL ESQUEMA DE IMAGEN DE LA CONTENCIÓN

El esquema de imagen de la contención reúne, a su vez, un conjunto de esquemas que destacan distintos componentes alrededor de esta idea de la contención (Evans y Green, 2006). De acuerdo con Johnson (1987), pueden derivarse distintos tipos de esquemas apelando a la frontera del elemento contenido, al área que se ubica en el interior de la frontera o al área que sobresale de aquella (el exterior). En nuestro corpus, un primer discurso que revela cómo la mujer peruana recurre a este esquema de la contención aparece a continuación:

(50) Le dije al cáncer, tú te metiste en el cuerpo equivocado (YouTube, EsSalud).

En este discurso (50), la mujer reporta dos tipos de esquemas de imagen dentro de la contención, que es el de DENTRO-FUERA y el del CONTENEDOR (o recipiente, Peña Cervel, 2012). En este caso, la mujer experimenta el cáncer como un cuerpo introducido dentro de otro cuerpo (el suyo), pero rechazando su contenido y negándole asilo: «Tú te metiste en el cuerpo equivocado». El primer tipo de esquema (DENTRO-AFUERA) es empleado por la mujer peruana en tanto esta asume que la enfermedad tiene la posibilidad de ubicarse en el cuerpo o fuera de él. En este caso, la enfermedad logró entrar en el cuerpo de la mujer. El segundo tipo de esquema (CONTENEDOR) es empleado en tanto la mujer asume su cuerpo como un depósito que tiene la capacidad de albergar otros cuerpos. Aquí, ese otro cuerpo, que es el cáncer, es experimentado por la mujer como el contenido de ese contenedor, que es su cuerpo. De esta forma, la mujer experimenta la enfermedad y, en el contexto de (50), el rechazo a aquella en tanto le avisa metafóricamente que está en el lugar incorrecto o erróneo.

Un discurso similar a (50) es el que se muestra a continuación:

(51) Llénate de vida y no de cáncer (Facebook, Lazo Rosado Perú).

Aunque en este discurso la mujer peruana consiente la enfermedad (o sea, la admite), no acepta su desarrollo o afección. Esto es expresado mediante dos clases de esquemas de imágenes dentro de la contención: LLENO-VACÍO y CONTENEDOR. En el primero, la mujer reconoce que el cáncer en tanto un contenido puede ocupar todo el contenedor de la mujer (su cuerpo) y, con ello, afectarla irremediabilmente; mientras en el segundo, comprende que este contenedor puede recibir cualquier contenido, como lo

son los ánimos, la salud o emociones positivas. En el mensaje de la mujer peruana, el cáncer es promovido como un contenido vetado a diferencia de la vida y de lo positivo que esta trae consigo misma. De esta forma, los referidos tipos de esquemas de imagen son empleados en tanto la enfermedad constituye un contenido no bienvenido para el cuerpo de la mujer frente a otros elementos (contenidos) que sí lo procuran ser.

Los siguientes discursos (52) y (53) son similares al discurso en (50) en tanto la mujer peruana recurre al esquema de imagen DENTRO-FUERA, como veremos a continuación:

(52) Ha visto a otras personas salir de la enfermedad (Youtube, EsSalud).

(53) Algunas entran en una depresión, el miedo les carcome (Facebook, DXN Ganoderma Lucidum).

El esquema DENTRO-FUERA es empleado por la mujer en ambos discursos para expresar la forma en que esta vive la enfermedad. En (52), la enfermedad se concibe como un contenedor y, principalmente, algunas mujeres dan cuenta de su marcha, salida fuera de este contenedor. En este contexto, la salida del contenedor permite entender metafóricamente la recuperación de la mujer dentro de ese contenedor (su enfermedad). Es decir, cuando una mujer sale del contenedor, metafóricamente, se recupera de la enfermedad. En (53), es lo contrario en tanto se destaca no la salida, sino la entrada. En este caso, la depresión constituye un problema en el seno de la enfermedad, y la mujer peruana da cuenta de su involucramiento con la enfermedad mediante una entrada. En el contexto del discurso, la depresión se concibe como el contenedor, y la mujer enferma ingresa a ese recipiente involucrado con la enfermedad. De este modo, la salida del contenedor está asociada a algún aspecto positivo en relación con la enfermedad; mientras que la entrada, a algún aspecto negativo, como la depresión por efecto de la enfermedad.

4. CONCLUSIONES

A lo largo de este estudio se ha evidenciado que la mujer peruana ha experimentado su enfermedad, o sea, el cáncer de mama, mediante dos clases de operaciones de conceptualización: metáforas y esquemas de imagen. En cuanto a las metáforas, los discursos analizados reportan dos tipos: EL TRATAMIENTO ONCOLÓGICO DE SENO ES UNA GUERRA y EL CÁNCER DE SENO ES UNA PERSONA. En ambos procedimientos, la enfermedad es personificada y, con ello, la mujer percibe su agencia; en este caso, la capacidad de la enfermedad para modificar cierto estado de cosas en el mundo, como la vida y el bienestar de la mujer misma. Sin embargo, el marco conceptual de la guerra genera otras implicancias que no están contempladas en un proceso metafórico en el que el dominio fuente es el dominio conceptual de las personas. En un escenario bélico, existe una serie de correspondencias metafóricas que sitúan al tratamiento mismo como la guerra; a la enfermedad, como el enemigo; a la mujer, como la entidad que lucha contra dicho enemigo; al personal médico y las diferentes acciones que emprende la mujer (como el ejercicio, su alimentación saludable, etc.), como los aliados y las armas de lucha, respectivamente, en este escenario de conflicto que siente la mujer peruana.

En relación con los esquemas de imagen, tres clases permiten dar cuenta de la forma en la que la mujer peruana experimenta y estructura su experiencia en torno a la

enfermedad: CONTENSIÓN, FUERZA y LOMOCIÓN (RUTA). El primer esquema de imagen y, en particular, los tipos DENTRO-FUERA, LLENO-VACIO y CONTENEDOR sitúan a la enfermedad como el contenido; y a la mujer, como el recipiente o contenedor de dicho contenido. Cuando este contenedor (o sea, el cuerpo de la mujer) no está saturado, la enfermedad es controlable; por el contrario, cuando el contenido es visible, el contenedor es deteriorado y empieza a fallar (en este caso, la mujer metafóricamente se empeora). La segunda clase de esquema implica una experiencia en la que la mujer siente la enfermedad como una fuerza que le empuja hacia ciertos eventos (COMPULSIÓN), pero también se siente a sí misma como otra fuerza que es capaz de soportarla (RESISTENCIA), oponérsele (CONTRAFUERZA) o contrarrestarla (BLOQUEO). El tercer esquema estructura el proceso mismo que vive la mujer mediante el esquema de la RUTA. En este caso, la mujer va señalando diferentes puntos por los que atraviesa en este trayecto de la enfermedad, como la partida (el inicio de la enfermedad), el transcurso (el tratamiento o el desarrollo de la enfermedad) y la llegada (la recuperación o el desconsuelo de su deceso irreversible). De esta forma, las metáforas y los esquemas de imagen hacen posible mostrar diferentes facetas por las que atraviesa la mujer peruana en su percepción de la enfermedad, la forma en la que la vive y la siente, así como las diferentes maneras en las que experimenta y afronta dicha enfermedad. Más allá de los hechos médicos objetivos, estas formas de pensar y sentir la enfermedad podrían ser consideradas también como parte de un tratamiento más holístico que implique justamente a la mujer peruana y cómo ella experimenta y siente su enfermedad.

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Relatos de dolor: las metáforas conceptuales en la construcción del padecimiento crónico de mujeres chilenas

Recounts of pain: Conceptual metaphors in the construction of chronic pain by Chilean women

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RESUMEN: El objetivo de este trabajo es determinar las conceptualizaciones del dolor asociadas al padecimiento crónico de endometriosis a partir de los usos metafóricos relacionados con el dolor, identificados en 30 entrevistas a pacientes de esta enfermedad ginecológica. El análisis incluyó la identificación de concordancias, asistida por el programa *Sketch Engine*, y el rastreo de las palabras de mayor frecuencia. Desde el grupo

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de unidades léxicas se estudiaron dos lemas característicos del discurso: *dolor* y *sentir*, en el marco de 200 concordancias aleatorizadas. Posteriormente, y aplicando la propuesta del procedimiento de Cameron y Maslen (2010), se identificaron los usos metafóricos, que fueron categorizados e interpretados según el dominio fuente en los cuales se contextualizaban en términos cognitivos. De esta manera, se establecieron las conceptualizaciones metafóricas sobre el sentir de las pacientes que experimentan endometriosis y los tipos de dolor que comunican. Los resultados indican que las conceptualizaciones más frecuentes refieren a tipos e intensidades del dolor, que implican un desafío para las hablantes. Además, se detectó una serie de metáforas conceptuales vinculadas con la reacción de otros sujetos ante quien padece endometriosis o a la construcción de los efectos de la patología en su estado emocional. Las conceptualizaciones refieren a intensidades extremas de dolor, falta de credibilidad percibida por parte de las pacientes y sentimientos de «despersonalización». Todos estos son, tristemente, aspectos que estas mujeres deben enfrentar cotidianamente y que el lenguaje de metáforas les ayuda a conceptualizar.

Palabras clave: metáfora conceptual, dolor crónico, relatos de dolor, estudios del discurso

ABSTRACT: This study aims to determine the conceptualizations of pain associated with the chronic suffering of endometriosis based on the metaphorical uses related to pain identified in 30 interviews with patients of this gynaecological disease. The analysis included the identification of concordances, assisted by the *Sketch Engine* software, and the determination of the most frequent words. From the group of lexical units, two lemmas characteristic of this discourse were studied: *pain* and *feeling*, within the framework of 200 randomized concordances. Subsequently, and applying the proposal of the Cameron and Maslen's (2010) procedure, the metaphorical uses were identified and then categorized and interpreted according to the source domain in which they were contextualized in cognitive terms. In this way, metaphorical conceptualizations were established about the feelings of patients experiencing endometriosis and the types of pain that they communicate. Results indicate that the most frequent conceptualizations refer to types and intensities of pain, which imply a challenge for speakers. Besides, conceptual metaphors related to others' reactions towards endometriosis sufferers and to the construction of the effects of the pathology on their emotional state were identified. Conceptualizations refer to extreme intensities, lack of credibility perceived by the patients and feelings of «depersonalization». Unfortunately, all of them are aspects that these women must face daily, conceptualized in language through metaphors.

Key words: conceptual metaphor, chronic pain, recounts of pain, discourse studies

1. INTRODUCCIÓN

De acuerdo con la literatura en la materia (Semino, 2010; Charteris-Black, 2016; Bullo, 2018; Bullo y Hearn, 2020; Bullo, Pascual y Magaña, 2021) uno de los recursos

comunes para la comunicación del dolor crónico en las y los pacientes es la metáfora y el lenguaje figurativo en general. Parte de las razones que explican esta situación se derivan de la propia naturaleza de las dolencias patológicas, que se caracterizan, por ejemplo, por no mostrar signos observables directamente en el cuerpo y por depender en su comunicación más que nada de las evaluaciones subjetivas de las personas que sufren los padecimientos. Por ende, la comunicación del dolor se torna compleja de compartir con otros únicamente por medio del lenguaje literal.

En esta investigación, nos centramos en la endometriosis, condición que causa dolor crónico en diferentes partes del sistema reproductor femenino. En específico, estudiamos el lenguaje metafórico que emplean pacientes chilenas que sufren esta condición, para así determinar las conceptualizaciones o representaciones; esto es, las maneras en que se construye el significado de las experiencias del dolor patológico. Para esto, empleamos el marco teórico y metodológico de la *Teoría de la Metáfora Conceptual* (Lakoff y Johnson, 2015/2018; Kövecses, 2010) en el contexto de la lingüística aplicada a la comunicación en salud (Semino, 2010, 2021; Charteris-Black, 2021; Olza et al., 2021).

Si bien se cuentan algunos estudios sobre metáfora y dolor patológico por endometriosis (Bullo, 2018; Bullo y Hearn, 2020; Bullo, Pascual y Magaña, 2021), estos resultan escasos. Además, las investigaciones se concentran, por ejemplo, en la representación metafórica de las dolencias corporales, más que en la dimensión emocional del dolor crónico. Finalmente, no se presentan mayores estudios en español sobre el tema. Por ende, el objetivo de esta investigación es determinar las conceptualizaciones del dolor asociadas al padecimiento crónico de endometriosis a partir de los usos metafóricos identificados en 30 entrevistas en profundidad a pacientes chilenas de esta enfermedad.

2. LA METÁFORA: UN CONSTRUCTO COGNITIVO, LINGÜÍSTICO Y SOCIAL

En la Lingüística Cognitiva, la metáfora se comprende como un fenómeno cognitivo, lingüístico y social. Es cognitivo porque implica un procedimiento mental para comprender una dimensión de la realidad en comparación con otra (Steen, 2017); es lingüístico porque dichas relaciones de comparación se codifican en el lenguaje (Kövecses, 2010; Steen, 2017) y es social, dado que los significados metafóricos nos permiten representar la realidad de manera particular y, así, interactuar con los otros y desenvolvernó en la sociedad (Semino, 2008; Koller, 2012; Navarro i Ferrando, 2019).

Desde los años ochenta, una gran cantidad de estudios ha incorporado el razonamiento de que los usos metafóricos se presentan de manera generalizada en las lenguas y que, por ende, la metáfora corresponde a un mecanismo integral de la cognición humana. Esta idea se fundamenta en la premisa lingüístico-cognitiva de que el lenguaje refleja en alguna medida la estructura y las funciones de la mente (Butler y González-García, 2012; Ibarretxe-Antuñano y Valenzuela, 2012), y además se constituye como uno de los ejes centrales de la *Teoría de la Metáfora Conceptual* (TMC) (Lakoff y Johnson, 2015; Kövecses, 2010). Esta teoría sostiene que desde el análisis lingüístico se pueden postular y modelar *metáforas conceptuales* o mapeos entre dominios de conocimiento. En ellos, típicamente se proyectan correspondencias conceptuales desde un *dominio*

fente, más concreto, específico y relacionado con el cuerpo (o, en otras palabras, más básico), hacia un *dominio meta*, de mayor abstracción y complejidad. Estas formas de representación del significado se construyen a partir de *expresiones metafóricas* o estructuras lingüísticas que manifiestan una o más asociaciones entre dominios cognitivos (Lakoff y Johnson, 2015; Kövecses, 2010).

Generalmente, se consideran como usos metafóricos las *metáforas lingüísticas*, que corresponden a palabras o frases cuyo significado en contexto contrasta pero, a la vez, puede ser comprendido en comparación con un valor más básico, que evoca o comunica indirectamente la construcción (Semino, 2008: 228). Por ejemplo, en el enunciado *su batalla contra el cáncer*, la nominalización *batalla* evoca el significado de una lucha física con armas, que permite comprender el sentido contextual término, a saber: el intento valiente de alguien de recuperarse o superar el cáncer³. De esta manera, esta metáfora lingüística expresa implícitamente una asociación conceptual entre los dominios del cáncer y del enfrentamiento físico (o guerra). No obstante, de acuerdo con algunos autores en la materia (Cameron y Maslen, 2010: 110-111; Semino, Demjén y Demmen, 2018: 8), una incongruencia y una simultánea comparación entre significados también se pueden expresar por medio de determinados símiles y otros recursos figurativos (p. ej. alegorías), lo cual procede de manera directa en estos casos. Desde una perspectiva conceptual, Steen y otros (2010) y Steen (2017) reconocen que este tipo de usos indican un mapeo entre dominios de conocimiento, que se manifiesta de manera explícita en el discurso. Así, con los términos de *expresión metafórica* y *uso metafórico* no sólo nos referiremos a las metáforas lingüísticas, sino también a las construcciones que comunican abiertamente una correspondencia entre dominios, entre los que se cuentan los símiles metafóricos.

La importancia de los modelos metafóricos radica en que no sólo explican la productividad metafórica de las lenguas, sino también impactan en el comportamiento individual y social de las personas. Por ejemplo, durante los primeros momentos de la pandemia de COVID-19, en numerosos países, el discurso político y mediático se caracterizó por el uso del dominio de la GUERRA para comunicar y representar la crisis sanitaria por la propagación del virus SARS-Cov-2 (Charteris-Black, 2021; Lovón Cueva et al., 2021; Olza et al., 2021; Semino, 2021; Filardo-Llamas, 2022). Así, en uno de sus discursos, el presidente de España, Pedro Sánchez, señaló: «La declaración del Estado de Alarma permite *movilizar*, al máximo, los recursos materiales para *combatir* el virus [...]. La *victoria* depende de cada uno de nosotros» (Ejemplo extraído desde Filardo-Llamas, 2022: 204).

Si bien las metáforas conceptuales se basan generalmente en las experiencias corporales de los seres humanos y la cultura, la activación de determinadas correspondencias y su expresión en el discurso también responde, en mayor o menor grado, a los diferentes factores del contexto discursivo, situacional y sociocultural inmediato en el que se enmarca la comunicación (Kövecses, 2010, 2015). De este modo, se reconoce que la metáfora corresponde a un fenómeno multidimensional, que implica aspectos discursivos, corporales, cognitivos y sociales (Vereza, 2010; Navarro i Ferrando, 2019). Las metáforas conceptuales han sido destacadas en la literatura por su función de «catalizadoras de la comunicación intersubjetiva relativas a experiencias en primera

³ Ejemplo extraído desde Semino (2008: 228).

persona» (Silvestre-López, 2022). Esta funcionalidad discursiva las hace particularmente relevantes para el presente estudio.

3. DISCURSO Y SALUD DESDE LA EXPERIENCIA DE MUJERES QUE PADECEN ENFERMEDADES CRÓNICAS

Bañón (2018) afirma que la salud y la enfermedad son constructos sociales al servicio de las ideologías predominantes. Esto implica que la manera en que estos conceptos se conceptualizan a través de las épocas y entre culturas es, en gran medida, dinámica y cambiante. En consecuencia, las ideas socialmente dominantes impactan la prevención, el tratamiento y los cuidados de las enfermedades. Esta es una de las razones por las cuales el estudio de los discursos juega un rol fundamental al momento de entender las experiencias de quienes padecen enfermedades crónicas. Si consideramos que las enfermedades constituyen constructos de naturaleza -al menos parcialmente- sociales, resulta razonable concebir que es mediante el lenguaje que generen enormes redes conceptuales sobre sus experiencias. El dolor no es ajeno a esta conceptualización, en tanto constituye una vivencia que se materializa según dinámicas culturales y se comunica de acuerdo con pautas -la mayoría de las veces implícitas- que los contextos sociales imponen, sugieren y consolidan o condenan. La reacción frente al dolor, la manera de comunicarlo, las prácticas socioculturales asociadas a su tratamiento, la experiencia y la prevención del dolor están profundamente arraigadas en la cultura y reflejadas en el lenguaje (Halliday, 1998). Su estudio, en consecuencia, resulta fundamental.

La calidad de vida de los y las pacientes se ve impactada por numerosos factores contextuales, que, en gran medida determinan su mejora o empobrecimiento. La comunicación en salud es uno de esos factores. En este sentido, el manejo de pacientes con dolor crónico constituye un desafío para todo equipo de salud, en tanto constituye una práctica que involucra una comprensión del dolor que experimenta el paciente y de la manera en que este lo expresa. La comprensión del dolor presupone su reconocimiento y un acompañamiento en el proceso de aceptación. Las maneras en la que los sujetos conviven con situaciones de dolor crónico son múltiples, pero todas requieren una comunicación lo más efectiva posible para asegurar una buena comprensión de las necesidades, particularidades y metas que se construyen en el discurso de los pacientes.

Estudios previos en comunicación y salud han reportado sistemáticamente falencias por parte de los médicos y demás profesionales de la salud en el contexto chileno (véase, por ejemplo, Pascual, 2020, 2021, 2022; Bullo et al., 2021; Pascual y Díaz Alegría, 2021). Algunos de los resultados apuntan a una clara falta de comprensión de lo que el paciente o médico desean expresar. Si bien podría pensarse que estas interferencias en el proceso de comunicación son atribuibles a lo que se conoce usualmente como aspectos de la «literacidad en salud» (Nutbeam y Lloyd, 2020), las investigaciones dan cuenta de problemas emergentes del plano de los recursos lingüísticos que se emplean de manera inadecuada en la comunicación.

El enfrentamiento del dolor crónico no solo debe estar centrado en su etiología o en la búsqueda de una lesión anatómica evidenciable. El dolor es una experiencia personal influenciada por factores biológicos, psicológicos y sociales y el aprendizaje del concepto de dolor se realiza a través de las experiencias de vida, lo cual debe ser respetado. Entre los desafíos al manejo del dolor está su expresión y cuantificación, lo

que permite la evaluación de los tratamientos, pero, además, la baja adherencia a ellos es un factor fundamental en la mala evolución de los pacientes. En este sentido, tanto para el equipo de salud como en el diseño de políticas públicas en torno al dolor, es importante considerar las diferentes formas de comunicación del dolor y el desarrollo de herramientas del lenguaje que permitan entenderlo de mejor forma.

4. LA REPRESENTACIÓN DE LA EXPERIENCIA DE ENDOMETRIOSIS Y DEL DOLOR ASOCIADO

La endometriosis es una patología ginecológica que presenta una prevalencia entre 10 a 15% de la población de mujeres en edad reproductiva (Parasar et al., 2017). A pesar de esta alta incidencia, su diagnóstico se logra en promedio después de ocho años de la aparición de síntomas, lo cual agrava considerablemente la condición física y la calidad de vida de las pacientes (Mundo López, 2021). Esta patología surge cuando el tejido que recubre el interior del útero, el endometrio, crece, por razones en gran medida desconocidas, en otras partes del sistema reproductor femenino, como los ovarios, las trompas de Falopio y la pelvis (Fonseca et al., 2021). Como resultado, se produce inflamación y la sangre del ciclo menstrual no es expulsada del cuerpo, creando quistes, cicatrices y dolor (Clínica Mayo, 2021). La Organización Mundial de la Salud (2021) atribuye el diagnóstico tardío a la variedad de síntomas que presenta la endometriosis, lo que impide a las pacientes conocer el origen de la enfermedad o acudir a servicios médicos. Otros expertos sugieren que la normalización del dolor en pacientes con esta enfermedad impide que se la identifique a tiempo (Quintero et al., 2017).

Uno de los principales síntomas de esta enfermedad es el dolor crónico, definido como un dolor que persiste por un tiempo mayor a tres meses, que se repite con intermitencia a lo largo de meses o años y que está presente en enfermedades que no tienen cura. Una alarmante cifra de infertilidad de 50% de los casos sucede a la endometriosis (Bulletei et al., 2010) y otras situaciones de suma gravedad impactan la vida de las pacientes, como el diagnóstico tardío y el carácter incapacitante de la sintomatología física.

Estudios previos desde la lingüística han aportado valiosa información para la comprensión del dolor y de la experiencia de endometriosis desde variadas perspectivas. En lo que respecta a la codificación de la agentividad, Bullo y otros (2021) indagaron acerca del impacto cultural en la representación discursiva de la endometriosis en un estudio que compara los relatos de pacientes de Reino Unido, Chile y Estados Unidos, en el que concluyen que las pacientes tienden a perder agentividad en sus relatos de enfermedad, en roles de receptoras pasivas, representadas como sujetos incapaces de asumir acciones que redunden en una mejora de su calidad de vida o de su propia experiencia de padecimiento. Estas autoras afirman que, en el caso de las hablantes de variedad de español mexicano en Estados Unidos, las pacientes reportaron una sistemática pérdida de agencia en manos de entidades sobrenaturales, usualmente de origen religioso. En todos los casos el dolor asumía un papel de exacerbada agentividad en sus vidas.

Asimismo, otro aspecto que ha recibido atención por parte de investigadores ha sido la falta de información que se ha observado en pacientes de endometriosis (Bullo, 2018; Bullo y Hearn, 2020; Pascual, 2020), con efectos de desempoderamiento de las mujeres que la padecen. Este impacto se atribuye a diversas causas, que incluyen la falta

de visibilidad de la enfermedad, la subestimación de los síntomas por parte de los médicos intervinientes, dado que la vinculan con cuadros de menstruación, y el silenciamiento social de temas tabú.

4.1. LA METÁFORA Y LA REPRESENTACIÓN DEL DOLOR CRÓNICO EN LA ENDOMETRIOSIS

Entre los recursos que se emplean usualmente en la descripción del dolor se encuentra la metáfora (Semino, 2010; Charteris-Black, 2016; Bullo, 2018; Bullo y Hearn, 2020). Esta situación se atribuye a la complejidad de la codificación de un sentimiento tan complejo como es el dolor, derivado de una experiencia absolutamente única y subjetiva. En este marco, según Semino (2010), el uso de metáforas es particularmente recurrente en el caso del dolor crónico, que no es resultado de lesiones corporales que sean observables directamente en el cuerpo. Dada la carencia e incluso inexistencia de signos corporales fácilmente identificables, la comunicación del dolor patológico se torna dificultosa para los pacientes, por lo que deben recurrir a la comparación directa o indirecta con otras dimensiones de la realidad. Así, estas dolencias operan frecuentemente como el dominio meta de una metáfora conceptual (Semino, 2010; Charteris-Black, 2016; Bullo, 2018).

Como se sugirió anteriormente, el dolor también corresponde a una experiencia que resulta desde el perjuicio directo y visible de los tejidos del cuerpo. Por ende, el padecimiento de dolor puede funcionar también como el dominio fuente de una conceptualización metafórica, en tanto vivencia concreta y fácilmente perceptible. Como muestran algunos estudios en la materia (Semino, 2010; Charteris-Black, 2016; Bullo, 2018; Bullo y Hearn, 2020), el dolor de las enfermedades crónicas tiende a representarse en términos de las dolencias producidas por daños corporales observables; por ejemplo, este sería el caso de la enfermedad ginecológica de la endometriosis, tal como lo detallan los estudios de Bullo (2018) y Bullo y Hearn (2020).

Siguiendo a Semino (2010), la tendencia a conceptualizar el dolor crónico como el dolor de las lesiones corporales se construye en virtud del propósito retórico de que las otras personas entiendan y, en alguna medida, experimenten algo similar a las sensaciones de las y los pacientes. Es decir, se trata de representaciones que estarían incididas por la situación de comunicación y, especialmente, por metas comunicativas particulares. En el estudio de Bullo y Hearn (2020), esta clase de representación metafórica se estableció como una de las más frecuentes en los relatos de 21 mujeres con diagnóstico de endometriosis. En la primera posición se situó la conceptualización del dolor como las propiedades físicas de los elementos materiales (pp. 6-8).

Finalmente, en el marco del estudio del dolor patológico y de la endometriosis en particular, el uso de la metáfora conceptual se relaciona no solo con descripciones de los padecimientos en su carácter físico, que incluye tipos e intensidades de dolor, sino también en su aspecto emocional (Díaz Alegría, Arcos y Pascual, 2023). No obstante, en ambos casos los estudios son escasos en la materia, especialmente en relación con la dimensión de la salud mental de las personas afectadas. En consecuencia, esta investigación busca arrojar luces sobre la experiencia de dolor crónico, en específico desde el lenguaje metafórico de mujeres chilenas diagnosticadas con endometriosis.

5. METODOLOGÍA

La presente investigación se enmarca en los estudios de comunicación en salud (Schiavo, 2014) y se corresponde con un diseño eminentemente cualitativo (Denzin y Lincoln, 2018), que privilegia la exhaustividad del análisis por sobre los volúmenes cuantiosos de los datos, y en un marco de flexibilidad metodológica. La selección de este modelo se sustenta en la necesidad de articular herramientas de recolección de datos de diversas fuentes y multiplicidad de abordajes analíticos de datos textuales a fin de aportar la exhaustividad requerida para la prosecución del objetivo que se propone.

5.1. CORPUS: CRITERIOS DE SELECCIÓN Y COMPOSICIÓN

El corpus de la presente investigación fue recolectado mediante entrevistas *online*. Debido a que la recolección de datos fue implementada durante meses de crisis sanitaria por el COVID-19, las pacientes fueron entrevistadas en diversas plataformas online. Su participación surgió como respuesta voluntaria a una convocatoria publicada en redes sociales. El propósito de las entrevistas era indagar las experiencias individuales sobre el dolor resultante de la endometriosis, en sus distintas dimensiones. Se reunió un total de 30 entrevistas, que oscilaron entre los 30 y 45 minutos, con un promedio de 39,6. Fueron grabadas y transcritas de manera literal. Luego, se depuraron los datos lingüísticos mediante la extracción de las intervenciones de las entrevistadoras. El tiempo total de grabación fue de 19,53 horas. El corpus está compuesto por 180.159 palabras. Toda marca de identidad personal fue eliminada para proteger la integridad de las participantes. Todas firmaron el correspondiente consentimiento informado⁴.

5.2. DESCRIPCIÓN DEL RECORRIDO ANALÍTICO

El estudio del corpus de análisis procedió a través de un análisis de concordancias, asistido por el programa *Sketch Engine*. En primer lugar, se rastreó la lista de las palabras de mayor frecuencia en el cuerpo de textos. En este caso, se consideraron las estructuras de carácter léxico (p. ej. verbos o sustantivos), no las que desempeñan funciones gramaticales (p. ej. conjunciones o preposiciones). Desde el grupo de unidades léxicas se estudiaron dos lemas característicos del discurso del corpus de estudio: *dolor* (792 concordancias) y *sentir* (625), que se ubicaron en la séptima y novena posición del listado.

Seguidamente, se aleatorizó una muestra de 200 concordancias por cada lema seleccionado, que incluía un cotexto circundante de 50 caracteres a la derecha e izquierda (Imagen 1). Los resultados de las instancias de búsqueda se ordenaron alfabéticamente, y se extrajeron y tabularon en archivos *Excel*. Luego, se implementó un análisis del cotexto de las ocurrencias de las palabras *dolor* y *sentir*, para rastrear los usos metafóricos asociados. La identificación de las expresiones metafóricas procedió por medio del uso del procedimiento de Cameron y Maslen (2010), que readecúa el MIP (*Metaphor Identification Procedure*) de Pragglejaz Group (2007) desde una perspectiva discursiva.

⁴ Protocolo 190325007 del Comité Ético Científico de Ciencias Sociales y Humanidades de la Pontificia Universidad Católica de Chile.

A través del método de Cameron y Maslen (2010: 103) se identifican *términos vehículos metafóricos* (*metaphor vehicle terms*); es decir, palabras y frases que expresan una incongruencia y una transferencia de significados en su contexto de discurso. Entre estos se pueden incluir los símiles metafóricos, en los cuales las características semánticas anteriormente mencionadas se señalizan explícitamente por medio de estructuras comparativas (Cameron y Maslen, 2010: 110-111), como lo hace *así como* en el enunciado de nuestro corpus *yo estaba así como sola en una isla desierta*⁵. Además, los términos vehículos metafóricos se establecen como porciones de discursos, por ende la aplicación del método de Cameron y Maslen (2010) no se restringe al nivel de la palabra como ocurre, por ejemplo, con el MIP (Cameron y Maslen, 2010: 105). De este modo, los analistas determinaron el inicio y término de cada unidad metafórica.

Figura 1. Concordancias de dolor en el corpus de análisis

	☐ Detalles	Contexto izquierdo	KWIC ↕	Contexto derecho
1	☐ doc#0	a (inaud.) se supone que esas me iban a ayudar a manejar el	dolor	y::: después de eso como que claro mis reglas igual eran do
2	☐ doc#0	como que claro mis reglas igual eran dolorosas pero era harto	dolor	pero jamás invalidante no era así como que tenía que quedai
3	☐ doc#0	yo que tenía que quedarme en cama ese día no pero siempre	dolor	y resulta que me generó curiosidad porque me di cuenta qu
4	☐ doc#0	que::: como que de repente cachaba que tenía molestias de	dolor	de útero pero la regla no tenía pa llegar en ningún momento
5	☐ doc#0	per bien todo cómodo y llegó un momento en como que es te	dolor	- bueno tuve el dolor de las relaciones siempre cachai pero d
6	☐ doc#0	y llegó un momento en como que es te dolor - bueno tuve el	dolor	de las relaciones siempre cachai pero después me metí al gi
7	☐ doc#0	por esto no jamás nunca M1: no::: no en verdad era como el	dolor	normal como ya dale estas pastillas te van ayudar pa contr
8	☐ doc#0	van ayudar pa controlar la regla y te van a aliviar un poco el	dolor	M1: sabís que no porque para mí era súper normal y súper
9	☐ doc#0	podría haber como una causa tras eso no era como la regla	dolor	como que nunca le di mayor importancia porque la típica pri
10	☐ doc#0	tolerable cachai M1: porque eso antes de decidir operarme el	dolor	había aumentado bastante M1: es que es como es como q
11	☐ doc#0	uando llegaba el momento que me llegara la regla era mucho	dolor	de hecho lo que me pasa un poco es que yo digo pucha es
12	☐ doc#0	nucha es como fome que uno no pueda conocer el umbral del	dolor	de otras personas porque quizás mi dolor es mucho pero est
13	☐ doc#0	noocer el umbral del dolor de otras personas porque quizás mi	dolor	es mucho pero estoy acostumbrada por lo tanto mi tolerancia
14	☐ doc#0	medad poh si yo cero que por ser mujeres y por tener útero el	dolor	está súper normalizado M1: y muchos no saben que: puede
15	☐ doc#0	ma que tú M1: que quizás yo no hubiese normalizado tanto el	dolor	en la relación sexual como que porque claro llega un punto
16	☐ doc#0	a cosa entonces yo creo que eso no haber normalizado ese	dolor	M1: no de hecho mi preocupación no va tanto por pandemia

Se asumió que los términos vehículos metafóricos correspondían a expresiones o usos metafóricos, que teóricamente poseen un trasfondo conceptual; en otras palabras, se estableció como premisa que las unidades de discurso identificadas contribuían a la construcción de representaciones metafóricas. Así, se categorizaron de manera inductiva, de acuerdo con parámetros conceptuales: en primer lugar, se codificó el dominio meta, a partir del significado contextual de la unidad metafórica; luego, se etiquetaron los dominios fuentes que intervenían en el tramo metafórico y, finalmente, se agruparon los usos metafóricos según la similitud semántica de sus dominios. De este modo, se establecieron las conceptualizaciones sobre el dolor y el sentir de las mujeres que experimentan endometriosis. Estas conceptualizaciones se establecieron también a partir de las determinaciones de tipos de significados asociados al dolor determinados para este corpus en análisis previos (Sagua y Pascual, 2024), que destacan los dominios semánticos de localización, intensidad, efecto, temporalidad, normalidad, tipo y origen.

En algunos casos, una expresión metafórica comunicaba más de un dominio fuente. Por ejemplo, en el enunciado del corpus «sentí [...] *así como u::n como que te*

⁵ Los símiles metafóricos se oponen a otros de naturaleza no metafórica, como en el caso de *ella es como su hermana* (ejemplo extraído y traducido desde Cameron y Maslen, 2010: 110).

estuvieran pasando un bisturí por dentro así como como desgarrando todo» se metaforiza el dolor de la menstruación a partir de dominios fuentes que se relacionan con un agente animado externo, los objetos cortantes (*bisturí*) y el desgarramiento de órganos internos; por lo tanto, la codificación procedió de la siguiente forma: AGENTE ANIMADO EXTERNO-OBJETO CORTANTE-DESGARRAMIENTO.

6. RESULTADOS Y DISCUSIÓN

6.1. RESULTADOS GENERALES

El total de usos metafóricos para un total de 200 aleatorizaciones por lema fue de 36 para *dolor* y 21 para *sentir*. Esto da cuenta de 18 y 10,5%, respectivamente, evidenciando una preferencia por el uso de la expresión metafórica más marcada para el caso de *dolor*. En las siguientes subsecciones se presentan los resultados de los dominios identificados para cada uno de los lemas.

6.2. DOMINIOS DETECTADOS RELACIONADOS CON EL *DOLOR*

6.2.1. *Tipos de dolor*

En el corpus de entrevistas, las pacientes tienden a comunicar su dolor crónico en comparación con experiencias corporales notorias, de mayor o menor habitualidad, que causan dolor. Entre ellas, podemos destacar las situaciones de daño físico que son palpables directamente con la visión o el tacto, tales como las quemaduras, los golpes o la introducción de objetos punzantes en el cuerpo, como se ilustra en el Ejemplo 1 a continuación:

Ejemplo 1		
a. se siente como si te estuviera quemando eso	sentía	yo
b. es como mira si tuvieras [...] una inflamación por dentro como cuando uno se pega en el dedo y sientes así como que te palpita pero yo	sentía	eso en toda la cintura y hasta las rodillas
c. esa sensación así como que me estuvieran clavando algo o no sé como un	dolor	muy <i>agudo</i> en un punto que se hacía expansivo como para otros puntos

Las representaciones del dolor crónico como dolencias perceptibles directamente con los sentidos pueden responder a propósitos enmarcados en la situación comunicativa de la entrevista, tales como la búsqueda de otorgar credibilidad a los relatos o de que el interlocutor empatee con la experiencia corporal descrita (Semino, 2010; Charteris-Black, 2016). En el caso del corpus de análisis, las expresiones metafóricas responderían a dicha lógica, a la cual agregamos la necesidad de que la entrevistadora comprenda la experiencia dolorosa y, de esta forma, se facilite la comunicación por medio de un código de representación común.

Asimismo, el carácter dirigido de los usos metafóricos, con metas comunicativas concretas, se torna aún más claro en virtud del uso de comparaciones metafóricas, que correlaciona de manera explícita y, por ende, consciente, el dolor crónico con las situaciones de daño corporal observable. En otras palabras, este tipo de estructuras lingüísticas se establecería como un indicador de la respuesta de las pacientes a propósitos retóricos particulares en el marco de la situación comunicativa de la entrevista.

En los ejemplos 1a y 1c se expresa además la conceptualización del dolor como un agente animado externo causante de daño corporal (*como si te estuvieran quemando o como si me estuvieran clavando algo*). Esta clase de comprensión metafórica de las dolencias crónicas se reporta en anteriores estudios (Semino, 2010; Charteris-Black, 2016; Bullo, 2018, Bullo y Hearn, 2020) y se caracterizan por destacar la falta de agencia de las pacientes con respecto a sus padecimientos y la imposibilidad de tomar medidas paliativas frente a ellos. Así también, se enfatiza la capacidad de acción del dolor patológico y el control sobre el cuerpo de las mujeres por medio de representaciones personificadas, que evocan imágenes de agresión e, incluso, tortura.

En nuestro corpus se incluye además la correspondencia entre el dolor patológico y la experiencia del parto (ver Ejemplo 2). La elección de este dominio fuente puede explicarse en virtud de la búsqueda de expresar la gran intensidad de sus dolencias y, nuevamente, la imposibilidad de controlar o paliar el sufrimiento físico.

Ejemplo 2		
yo lo describía <i>como si fueran contracciones de parto</i> eh: tan dolorosa que que lo	sentía	
me tuvieron súper súper mal con un dolor que no había	sentido	yo creo que desde que tuve a mi hijo o sea unas <i>contracciones</i> que será la como yo lo describía <i>como si fueran contracciones de parto</i>
o sea yo tuve un	dolor	muy fuerte <i>tipo parto</i> que <i>me despertó y me dejó</i> en el sapu ⁶

Con respecto a la última representación mencionada, cabría preguntarse acerca de la incidencia de la entrevistadora en la elección del dominio del parto, dada su calidad de mujer. La experiencia del parto es común a muchas mujeres, por lo que, en el caso de que se comparta dicha vivencia, puede funcionar como un conocimiento sumamente pertinente para lograr el entendimiento de la interlocutora y la empatía por simulación de la experiencia del dolor crónico. De cualquier manera, el proceso de dar nacimiento a un ser humano es compartido culturalmente como una situación dolorosa, que resulta estresante para el cuerpo y que suele necesitar tiempo para completarse. Por ende, dichos saberes socialmente compartidos también pueden incidir en la elección de las pacientes.

Si bien en el corpus de entrevistas se pueden constatar formas específicas y bien definidas de representar el dolor en las pacientes (Ejemplos 1 y 2), resulta también característico el uso de metáforas mixtas. En nuestro estudio, los enunciados combinan, por ejemplo, comparaciones metafóricas que aluden a diferentes tipos de lesiones

⁶ La expresión «SAPU» refiere al Servicio de Atención Primaria de Urgencia, entidad pública nacional chilena a cargo de la atención de cuadros de emergencia.

corporales, infligidas deliberadamente por agentes animados externos, con el fin de comunicar el dolor de la endometriosis (Ejemplo 3).

Ejemplo 3			
a.	es como no sé <i>como si te estuviesen con dos cuchillos abriendo el útero o picoteándote por dentro en conjunto con fuego como quemándote [...]</i> ese es el	dolor	que tengo
b.	en la cual <i>como si se estrangulara algo</i> esa sensación de	dolor	de <i>pesadez de estrangulación</i> e que está ahí
c.	<i>es como cuando estai haciendo un abdominal como en la parte digamos baja en la guata y como que te tira y como que te quema un poco ya como que se</i>	siente	así [...] es una <i>mezcla</i> entre todo

En el Ejemplo 3a, la paciente construye un escenario metafórico en el que convergen una variedad de dominios, relacionados, por ejemplo, con los objetos punzantes, el fuego y las personas, para representar una situación de agresión desmesurada y violenta por parte de un agente animado externo. En tanto, en el Ejemplo 3c se combinan los dominios del ejercicio y del fuego para describir la sensación de dolor y para especificarla y localizarla en el cuerpo.

Como señala Charteris-Black (2016), el uso de las metáforas mixtas en los relatos sobre el dolor crónico se explica por la intención de las pacientes de construir un relato creíble, que busca la empatía del receptor. Sin embargo, en las entrevistas de esta investigación, la complejidad en la comunicación y la representación metafórica del dolor se puede comprender además por el carácter en algún grado insondable o inexplicable del padecimiento de las entrevistadas, que resulta dificultoso de asociar con experiencias concretas, comunes a cualquier persona. Es decir, la naturaleza compleja del dominio meta también daría cuenta de la combinación de las comparaciones metafóricas.

De este modo, creemos que las expresiones metafóricas mixtas contribuyen no sólo a la comunicación del dolor crónico y a la comprensión que el interlocutor hace de él, sino también al entendimiento de la propia paciente frente a su padecer. Es decir, la combinación de usos metafóricos posibilita que el dolor se torne inteligible para ellas, para así poder sobrellevarlo. En esta línea, es importante la conceptualización del dolor como un agente animado externo, que es consistente con los resultados de Bullo (2018), Bullo y Hearn (2020) y Bullo et al. (2021), quienes identifican la necesidad de las pacientes de atribuir agentividad a una entidad externa, evitando considerar que ellas mismas, o sus propios cuerpos, producen el dolor. Este recurso les permite distanciarse de la experiencia de dolor y, de esta manera, definirla, describirla y evaluarla.

6.2.2. Intensidades del dolor

La intensidad del dolor se construye a partir de diferentes tipos de conceptualizaciones o procedimientos de representación semántico-conceptual. Una de

ellas guarda relación con la reificación de la dolencia, es decir su representación como un objeto, en la cual se destacan las propiedades de tamaño, volumen y cantidad. De esta forma, se emplea el dominio de la materialidad para graduar la magnitud de la sensación dolorosa como físicamente más grande o numerosa, como lo ilustran los fragmentos del Ejemplo 4:

Ejemplo 4			
a.	la consecuencia de [...] estar con unos	dolores	<i>gigantescos</i> .mmm aparte de eso lo que me provocó
b.	por eso eran mis periodos tan abundantes los	dolores	que tenía los dolores al tener relaciones sexuales

En 4a, se presenta el uso del adjetivo *gigantescos*, que alude a la propiedad física del tamaño para comunicar indirectamente que los dolores sobrepasan las dimensiones humanas, por lo tanto, resultan inmanejables y rebasan la capacidad de acción de la paciente. En cambio, en el Ejemplo 4b, la entrevistada cuantifica las experiencias de dolor, calificándolas de *abundantes* durante su menstruación. De este modo, se emplea la propiedad de la cantidad para evocar la imagen de que el dolor se acumula en términos materiales de manera cuantiosa y continua en el tiempo. Es así como nuevamente se evocan dimensiones físicas y corporales básicas para comunicar que la intensidad del dolor supone el desafío y en cierta medida la superación de la gestión de las pacientes con respecto a sus padecimientos.

Además de representarse como reificada, el grado de dolor se puede describir por medio de metáforas orientacionales, que, según Lakoff y Johnson (2015: 80), «organizan un sistema global de conceptos con relación a otro»; además, «la mayoría tiene que ver con la orientación espacial». Así, una de las entrevistadas evalúa su dolor en términos del sistema espacial de verticalidad (Ejemplo 5):

Ejemplo 5			
	tenía contracciones muy fuertes tenía como <i>pics</i> de	dolor	<i>bajaba</i> no sé casi como una especie de contracciones como más <i>lejanas</i>

En el caso del Ejemplo 5, la entrevistada emplea la palabra *pic*, que corresponde a una castellanización del término anglosajón *peak*, para señalar que su dolor alcanza un punto máximo. Es así como se emplea el sistema espacial de verticalidad para evaluar que el dolor llega a un límite en su grado de fuerza, que no puede ser sobrepasado. De esta manera, la paciente ofrece una representación más distanciada de su dolor, pues lo compara con un sistema espacial elemental (arriba-abajo) que le permite otorgar una calibración simplificada de su experiencia.

Así también, la conceptualización de la intensidad del dolor se habilita por la combinación de expresiones metafóricas (ver Ejemplo 3). Como sugiere Charteris-Black (2016: 157), las metáforas mixtas proceden como una manera de enfatizar la magnitud de la experiencia corporal dolorosa y de representarla como algo que está fuera de control de los pacientes. Así, el contraste semántico entre las unidades léxicas incluidas en un mismo enunciado metafórico contribuiría en la expresión de la intensificación de los padecimientos.

Finalmente, creemos que, para la comunicación de la gran intensidad de las experiencias dolorosas y el grado de menoscabo en la capacidad de acción de las pacientes, es decididor el empleo del dominio del agente animado causante de daño físico (Semino, 2010; Bullo, 2018; Bullo y Hearn, 2020), presente en los Ejemplos 1a, 1c y 3. Como mencionamos anteriormente, este modelo metafórico da lugar a imágenes o escenarios metafóricos sumamente agresivos, que colindan en su representación literal con la tortura y el salvajismo. Esto no sólo puede revelar el escaso o nulo control de las pacientes frente a las situaciones de dolor, sino también indicar un eventual impacto negativo de las dolencias en su bienestar emocional, dada la crudeza de las descripciones otorgadas. En el Ejemplo 6, otorgamos más instancias de la representación antes mencionada:

Ejemplo 6			
a.	yo no me podía parar sin	sentir	que <i>se me caía todo</i> por dentro yo a veces sentía <i>como que alguien me hubiera metido la mano y me estrujara como los ovarios el útero todo</i> era para mí <i>como que me desgarraran por dentro</i>
b.	cuando son los dolores por menstruación es un dolor que tú	sentís	<i>como que te están cortando por dentro así como u::n como que te estuvieran pasando un bisturí por dentro así como como desgarrando todo</i>

La construcción de la intensidad desmesurada de los padecimientos de dolor en el Ejemplo 6 se posibilita por medio de la disonancia cognitiva que expresan los usos metafóricos *como que alguien me hubiera metido la mano y me estrujara como los ovarios el útero todo y desgarraran por dentro* en el Ejemplo 6a, y *te están cortando por dentro, te estuvieran pasando un bisturí por dentro y desgarrando todo* en el Ejemplo 6b. Es decir, estas representaciones particulares de las dolencias son difíciles de imaginar como plausibles en la cotidianidad de la realidad, dada la excesiva agentividad y control sobre el cuerpo de las mujeres del dolor, en tanto entidad personificada.

6.2.3. Efectos del dolor en el estado emocional de las pacientes

En las entrevistas también se observa el uso de expresiones metafóricas que se refieren explícitamente al impacto de la endometriosis en el estado mental y emocional de las pacientes. En particular, en el Ejemplo 7, las entrevistadas destacan cómo el desconocimiento acerca de la enfermedad ginecológica y la falta de información, orientación y redes de apoyo coartaban sus cursos de acción para enfrentar o sobrellevar el padecimiento, lo cual puede motivar sentimientos de desesperanza ante la falta de soluciones:

Ejemplo 7			
a.	todo lo que uno pensó en su momento que era como algo no sé tal vez toda la vida iba a sentir este	dolor	ahora tiene una <i>especie como de salida</i> cachai como ahora ya tengo certeza eh respecto a qué es

b.	no conocíamos de la cuestión no habían vacunas no no había <i>salida en el fondo</i> em: y claro además tenis esta cuestión que es un	dolor	constante
c.	si yo	sentía	que yo estaba <i>así como sola en una isla desierta sin respuesta</i> porque en ese momento no sabían mucho y ahí me di cuenta que había un montón de mujeres que pasaban exactamente o peor que yo

La situación emocional de las pacientes en el Ejemplo 7 se comunica metafóricamente a través del uso del esquema de imagen⁷ de contenedor, que representa una región delimitada espacialmente en virtud de una zona exterior e interior (Sullivan, 2017: 398). En este caso, las mujeres que padecen endometriosis se representan a sí mismas como encapsuladas en una región espacial en el momento en el que no poseían mayor conocimiento sobre su patología, ni asistencia o apoyo para poder lidiar con ella. De esta manera, se sugiere que el margen de acción de las pacientes con respecto a la conducción de su vida con la enfermedad se encontraba en algún grado restringido.

En el Ejemplo 7b, la entrevistada señala: *no conocíamos de la cuestión* [la endometriosis] [...] *no había salida*; en tanto, en el Ejemplo 7a, la entrevistada cuenta que gracias al aprendizaje sobre su condición patológica su vida tuvo *una especie como de salida*. De este modo, en ambos enunciados se establece una correspondencia entre el conocimiento sobre el diagnóstico de la endometriosis, y la salida de un contenedor. En consecuencia, la información sobre la enfermedad y la orientación en esta línea otorgarían a las pacientes posibilidades de acción para lidiar con sus efectos negativos, lo cual creemos que puede tener un impacto positivo en su bienestar emocional.

Finalmente, el Ejemplo 7c incorpora el enunciado metafórico *estaba así como sola en una isla desierta sin respuesta*, que elabora el esquema de imagen del contenedor para proporcionar una representación más específica y creativa del estado de la entrevistada en virtud de su padecimiento crónico. En este caso particular, la comparación metafórica no sólo implica el escaso empoderamiento en la paciente, sino también comunica sentimientos de soledad y angustia frente a su situación. Por ende, creemos que la orientación y asistencia médica, así como las redes de apoyo, podrían beneficiar la salud mental de las pacientes y contribuir a la prevención de estados emocionales de pesimismo y desesperanza.

Una experiencia similar a la descrita en el Ejemplo 7c se presenta en el enunciado del Ejemplo 8, en el cual la entrevistada hace uso de la metáfora del abandono para construir un relato que da cuenta de la escasa consideración de la endometriosis y, por ende, la asistencia insuficiente en su diagnóstico y tratamiento, en los servicios públicos de salud chilenos:

⁷ Los esquemas de imagen corresponden a estructuras cognitivas que representan configuraciones espaciales elementales de la experiencia corporal del ser humano (Kövecses, 2010; Sullivan, 2017). Estas formas esquemáticas pueden estructurar el dominio fuente de una metáfora conceptual (Sullivan, 2017).

Ejemplo 8

desde la política pública desde la salud pública que esto no se tome en consideración [...] se	siente	totalmente el <i>abandono</i> ahí totalmente y que uno tenga que incluso hasta consultar particular
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Literalmente, el verbo transitivo *abandonar* se define como «Dejar solo algo o a alguien alejándose de ello o dejando de cuidarlo» (Real Academia Española [RAE], 2014). Así, en esta representación, quien abandona se corresponde con las políticas y los servicios públicos de salud, mientras que las personas abandonadas, con las pacientes que padecen endometriosis. Por lo tanto, la expresión metafórica implica la idea de deserción deliberada de quien debería ofrecer acompañamiento y atención; es este caso, los proveedores de salud públicos. Asimismo, el uso metafórico comunica emociones de soledad, pero también de desprotección, que podrían actuar como gatillantes de eventuales estados de inacción de las pacientes con respecto a su enfermedad.

7. CONCLUSIONES

El objetivo de este trabajo fue determinar las conceptualizaciones del dolor asociadas al padecimiento crónico de endometriosis a partir de los usos metafóricos relacionados con el dolor en entrevistas realizadas a mujeres chilenas que padecen esta enfermedad ginecológica. Nuestro análisis nos permitió corroborar que la metáfora conceptual constituye un recurso lingüístico de uso frecuente y funcionalidad múltiple en el discurso sobre salud. Si bien las expresiones metafóricas referían no solamente al dolor, sino a otras entidades y tópicos del discurso, aquellas que las mujeres utilizaron para caracterizar el dolor experimentado fueron las de mayor frecuencia. Esto evidencia una tendencia que trasciende idiomas y que constituye uno de los recursos más valiosos a la hora de representar un fenómeno tan usual y universalmente humano, pero a la vez profundamente individual y complejo.

Los resultados arrojaron diferentes conceptualizaciones vinculadas a la experiencia de dolor. Las que destacan por su centralidad, por su recurrencia y por el proceso deliberado de compleja selección cognitiva que conlleva se relacionan principalmente con los tipos e intensidades de dolor. De igual manera, se detectaron metáforas conceptuales que refieren a la reacción de otros sujetos ante quien padece endometriosis. Tristemente, los hallazgos confirman lo que la literatura ha identificado como procesos de pérdida de agentividad, o desempoderamiento que este padecimiento conlleva. Dado que se trata de una enfermedad ginecológica, y que en culturas como la chilena se asocia a la mujer con demostraciones «exageradas» de sus sentimientos, por tratarse de una cultura de acercamiento (Bravo, 2017), el dolor que las mujeres padecen tiende a ser subestimado o totalmente ignorado. Resulta evidente que esta actitud se relaciona con impactos sociales, como las demoras de diagnósticos y, en consecuencia, de tratamientos.

Un último dominio identificado, pero de consecuencias igualmente graves para las mujeres, es el de metáforas conceptuales que construyen los efectos de la patología en la personalidad o en el estado emocional de las pacientes. Si bien este resultado se relaciona de manera íntima con el anterior, representa una dimensión de foco más individual. No resulta extraño que años de padecimientos, de subestimación y

desacreditación sistemática del padecimiento por parte de la sociedad produzcan deterioros en la personalidad de las pacientes. Si bien este tema ha sido abordado desde la literatura (véase, por ejemplo, Díaz Alegría et al., 2023), constituye aun un desafío para futuros estudios.

En este trabajo pudimos corroborar que una de las funciones principales de la metáfora conceptual en géneros narrativos es la de vehicular posicionamientos intersubjetivos, posibilitando codificaciones de experiencias de primera persona (Silvestre-López, 2022). En esta línea, los estudios del discurso deberán aportar en el futuro trabajos que iluminen, entre otros, la manera en que las conceptualizaciones varían entre hablantes de distinto género o el impacto que generan los factores culturales en las configuraciones de dolor. Esta es, sin lugar a duda, un área que no ha de perder vigencia en la disciplina y, desafortunadamente, en la vida de miles de individuos.

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Estadísticas / *Statistics*

Artículos recibidos / *Article submissions*: 24

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Artículos internacionales aceptados / *International submissions accepted*: 3

Artículos nacionales / *Domestic submissions*: 13

Artículos nacionales aceptados / *Domestic submissions accepted*: 9

Directrices para autores / *CLR Style Sheet*

Normas de publicación CLR

A. CONSIDERACIONES GENERALES. POLÍTICA EDITORIAL

Cultura, lenguaje y representación (CLR) es una publicación de carácter científico-académico, de periodicidad bianual, dedicada a la investigación en el área de los estudios lingüísticos culturales. Cada número aborda alguno de los espectros relevantes de las representaciones de la cultura en sus diferentes manifestaciones lingüísticas (social, política, educativa, artística, histórica, etc.), poniendo un especial énfasis en enfoques innovadores.

Su objetivo consiste en la divulgación de propuestas relevantes para la comunidad científica internacional dentro de la disciplina de los estudios lingüísticos culturales, para lo cual expresa su compromiso con la publicación de contribuciones originales y de alto contenido científico, siguiendo los parámetros internacionales de la investigación humanística.

La aceptación de artículos para su publicación estará condicionada al dictamen positivo de dos evaluadores externos. La presentación de un trabajo para su evaluación implica que se trata de material no publicado previamente y que no se encuentra en fase de evaluación para otra publicación.

En el caso de que un artículo previamente publicado en *Cultura, Lenguaje y Representación* quisiera ser publicado por su autor en otro medio, el mismo deberá mencionar a esta revista como lugar de publicación original. Para cualquier duda al respecto se recomienda consultar con la dirección de la revista.

B. PRESENTACIÓN DE ORIGINALES

Las contribuciones se realizarán de manera electrónica en documento de WORD o RTF.

Aquí tiene la **plantillas para la escritura de artículos.**

Aquí tiene la **plantilla para la escritura de reseñas.**

Se recomienda el uso de **lenguaje inclusivo** en los artículos sometidos a revisión, primando la utilización de las recomendaciones específicas contenidas en la Guía de tratamiento no sexista del lenguaje administrativo de la Universitat Jaume I. Asimismo, CLR exige que se informe sobre si los datos de origen de la investigación tienen en cuenta el sexo, con el fin de permitir la identificación de posibles diferencias.

B.1 Artículos

Los originales podrán presentarse en castellano, valenciano o inglés.

Se deberá incluir un título, un resumen de entre 150 y 250 palabras y entre 4 y 8 palabras clave. Toda esta información debe ser bilingüe en su integridad, necesariamente en inglés y otra de las lenguas de la revista, ya sea esta el castellano o el valenciano.

La estructura del resumen debe integrar la siguiente información: introducción, metodología, resultados, debate y/o conclusión.

La extensión de los artículos, a espacio simple, tiene que oscilar entre 7000 y 8000 palabras, incluyendo resumen y bibliografía.

En el caso de que existan apéndices (documentación adicional que ya existe independientemente del texto, y que no forma parte del mismo, en la que se incorporan datos o información estrictamente necesaria para la comprensión del artículo) si los hubiere se considerarán a parte y no podrán sobrepasar las cinco páginas.

B.2 Reseñas

Los originales podrán presentarse en castellano, valenciano o inglés.

Las reseñas de publicaciones relevantes tendrán 3-5 páginas (900-1500 palabras aprox.).

La reseña deberá incluir: título completo del libro; los nombres completos de los autores en el orden en que aparecen citados en el libro; lugar de publicación; editorial; año de publicación; número total de páginas (ej. XII + 234); ISBN; precio (si se conoce).

C. INFORMACIÓN PERSONAL

La información personal y de contacto del autor se introducirá en la aplicación de la página web a la que se tiene acceso desde la dirección y edición de la revista, pero los evaluadores externos no tendrán información sobre la autoría de los artículos y reseñas. Se incluirá la siguiente información: a) Nombre y apellidos; b) Departamento al que se pertenece, universidad, dirección postal del despacho en la institución, código postal, ciudad y país; c) dirección de correo electrónico institucional (no es válido gmail, hotmail...); d) ORCID con el siguiente formato <https://orcid.org/0000->

Cada autor debe tener su código ORCID y debe tenerlo actualizado en el momento de realizar el envío.

Si un artículo es escrito por más de un autor, se deberá explicar el motivo del orden de firma y se tendrá que especificar qué parte ha aportado cada autor/a. Cuando se realice el envío se debe dar de alta en la plataforma a todos los autores.

D. FORMATO PARA ARTÍCULOS Y RESEÑAS

Los originales deberán estar escritos en interlineado sencillo, justificados, con letra Times New Roman 10.

Para las notas se utilizará la letra Times New Roman 8. En ningún caso se utilizarán las notas al pie para acomodar las citas bibliográficas.

La estructura deberá ser la siguiente:

Título del artículo en el idioma principal (Times New Roman, 12. Alineación: justificada. Seguido de una línea sin texto)

Título en inglés, o en castellano si el idioma principal es inglés (Times New Roman, 11. Alineación: justificada. Seguido de una línea sin texto)

Nombre y apellidos del autor (en negrita y versalita. Times New Roman, 10. Alineación a la izquierda)

Universidad o Institución con la que está vinculado el autor (en versalita. Times New Roman, 10. Alineación a la izquierda. Seguido de una línea sin texto)

Resumen: la palabra «Resumen» en versalita, el resto del resumen en Times New Roman, 10. Alineación justificada. Entre 150 y 250 palabras.

Palabras clave: «Palabras clave» en cursiva, el resto del resumen en Times New Roman, 10. Alineación justificada. Entre 4 y 8 palabras, estas palabras clave deberán ser extraídas del Tesaurus Europeo de Educación (ERIC) o del Tesaurus de la UNESCO. (Seguido de una línea sin texto).

Abstract: la palabra «Abstract» en versalita, el resto del resumen en Times New Roman, 10. Alineación justificada. Entre 150 y 250 palabras.

Keywords: «Keywords» en cursiva, el resto del resumen en Times New Roman, 10. Alineación justificada. Entre 4 y 8 palabras.

1. NOMBRES DE APARTADOS/CAPÍTULOS EN MAYÚSCULA

1.1. SUBAPARTADOS EN VERSALITA

1.1.1. Subapartado dentro de un subapartado en cursiva

La tipografía en **cursivas** está restringido. Se utilizan principalmente en el caso de palabras y expresiones extranjeras y si se debe resaltar un término. Del mismo modo, los títulos de libros y publicaciones periódicas (revistas, periódicos, etc.) también deben escribirse en cursiva.

El uso de la **negrita**, solo debe emplearse en títulos o encabezados de sección, pero no dentro del cuerpo principal del texto. Del mismo modo, el uso del **subrayado** debe evitarse a lo largo del texto.

Los **guiones** (-) deben usarse en expresiones compuestas.

Se debe emplear la **raya** (–) para indicar los rangos entre las páginas de referencias bibliográficas y como sustituto de los corchetes, en cuyo caso, deben ir precedidos y seguidos de un espacio.

Si el autor emplea metáforas, deberán aparecer en versalita -según las convenciones internacionales-: La vida es un camino.

E. CITAS

Se utilizarán comillas españolas en la siguiente gradación que recomienda la RAE (« “ ‘ ’ ») cuando el texto citado no supere las cuatro líneas.

Para las citas de cuatro líneas o superiores se deberá poner una sangría de 1,25 cm el texto, estará unido al párrafo anterior y separado del párrafo siguiente una línea. Se utilizará el sistema de citas abreviadas, incorporadas en el cuerpo del texto, utilizando el siguiente formato: Marqués (2016a: 32); (Solà, 2008: 115).

Cuando existan referencias a más de un autor dentro de un paréntesis, las mismas deberán ir separadas por un punto y coma, y ordenadas cronológicamente.

Las omisiones textuales se indicarán por puntos suspensivos entre corchetes: [...]; igualmente, los comentarios del autor dentro de una cita irán entre corchetes.

Del mismo modo, los corchetes también deben usarse para marcar cualquier digresión o adición por parte de la persona que cita: «La única evidencia empírica encontrada por los investigadores [antes de la década de 1950] es la que incluye...». Asimismo, los comentarios del autor dentro de una cita se incluirán entre corchetes.

Como regla general, las citas directas deben ir seguida de su referencia abreviada, lo que reducirá considerablemente el uso de las notas a pie de página. Sin embargo, las referencias a citas más extensas en un párrafo separado deben colocarse antes, o después, para que no puedan interpretarse como parte de la cita.

F. BIBLIOGRAFÍA

La bibliografía debe presentarse al final de la obra, ordenada alfabéticamente por autores, y ajustada a los siguientes criterios APA 7.^a Edición (que se especifican a continuación). El **nombre de los autores no se abreviarán**, tampoco se usará ni raya ni guiones si se repite un autor.

Si el DOI facilitado en la publicación es excesivamente largo, puede utilizar el abreviador de DOI (compruebe que el nuevo DOI funciona correctamente)

F.1 Libros

No se indica la ciudad de edición, solo la editorial.

Montoro del Arco, Esteban Tomás (2006). *Teoría fraseológica de las locuciones particulares. Las locuciones prepositivas, conjuntivas y marcadoras en español*. Peter Lang.

F.2 Libros electrónicos

Sanz Gil, Mercedes (Ed.) (2022). *Estrategias lingüísticas para la sociedad multilingüe*. Octaedro. <https://doi.org/10.36006/16333>

F.3 Artículos en publicación periódica

Navarro Ferrando, Ignasi (2017). Conceptual metaphor types in oncology. *Ibérica*, 34, 163-186.

F.4 Partes, capítulos... de un libro colectivo

Martí-Contreras, Jorge (2022). La mediación lingüística en español para fines específicos: el ámbito de los negocios. En M.Sanz (Ed), *Estrategias lingüísticas para la sociedad multilingüe* (pp. 63-76). Octaedro. <https://doi.org/10.36006/16333>

F.5 Si la autoría se adjudica a una institución, se le da el mismo tratamiento tipográfico.

Consejo de Europa (2001). Marco Común Europeo de Referencia para las Lenguas: aprendizaje, enseñanza, evaluación. Consejo de Europa.

F.6 Año

Si hay más de una obra del mismo autor/a publicada el mismo año, se indicará con una letra redonda usto después del año, sin separación:

Duque, Eladio (2011a). The texture of discourse: Towards an outline af connectivity theroy de Jan Renkema. *Círculo de lingüística aplicada a la comunicación*, 45, 56-64.

Duque, Eladio (2011b). Integración de conocimiento en las relaciones de discurso. *Tonos digital: revista de estudios filológicos*, 21.
<https://www.um.es/tonosdigital/znum21/secciones/estudios-11-duque.htm>

F.7. Más de una obra de un autor.

Se escribirá en cada referencia los apellidos y nombre de los autores (y no se usarán guiones ni rayas o líneas) **sin abreviar el nombre**.

G. CORRECCIÓN DE PRUEBAS

Una vez superada la doble evaluación ciega, se maquetará el artículo y el autor podrá revisar la corrección de pruebas.

H. INFORMACIÓN SOBRE EL PROCESO EDITORIAL Y PLAZOS

La revista establecerá dos plazos para la entrega de trabajos originales, para cada número se cerrará la admisión de trabajos 6 meses antes, es decir:

- Número ordinario: publicación en mayo. *Call for papers* abierto del 1 de junio al 31 de octubre.
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El promedio de semanas entre que se manda el artículo y es publicado es de **24 semanas**.

Se seleccionan los dos evaluadores externos para cada artículo y se asegura que sea una revisión ciega del artículo.

Los evaluadores envían los informes al editor y proponen la (a) aceptación del artículo sin modificaciones, (b) aceptación con modificaciones o (c) no aceptación.

Los editores envían a los autores de los informes y dan un plazo, si es necesario, para la mejora del artículo.

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CLR Style Sheet

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Culture, Language and Representation is a biannual scientific-academic publication devoted to research in the area of cultural and linguistic studies. Each issue addresses a spectrum of cultural representations in their diverse linguistic manifestations (social, political, educational, artistic, historical, and others), placing a particular emphasis on innovative approaches.

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- The structure of the abstract should include the following information: motivation, theoretical approach, methodology, results, discussion and conclusion.

- The length of the manuscript should range between 7000 and 8000 words, including abstract and references.
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Altava Rubio, Vicenta, Francisco Gimeno Agost, Gil Lorenzo Valentí, Inmaculada Pérez Serrano and Isabel Ríos García Molina. 2010. *Classroom situations. Teaching materials for disciplinary use*. Jaume I University Publications.

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Porcar Orihuela, Juan Luis. 2016. *A country in gray and black*. 2nd edition. Publications of the Jaume I University.

F.2 Electronic books

Sanz Gil, Mercedes (Ed.) (2022). *Estrategias lingüísticas para la sociedad multilingüe*. Octaedro. <https://doi.org/10.36006/16333>

F.3 Articles in Journals

Navarro i Ferrando, Ignasi (2017). Conceptual metaphor types in oncology. *Ibérica*, 34, 163-186.

F.4 Parts, chapters ... of a collective book

Martí-Contreras, Jorge (2022). La mediación lingüística en español para fines específicos: el ámbito de los negocios. En M.Sanz (Ed), *Estrategias lingüísticas para la sociedad multilingüe* (pp. 63-76). Octaedro. <https://doi.org/10.36006/16333>

F.5 If the authorship is awarded to an institution

Consejo de Europa (2001). Marco Común Europeo de Referencia para las Lenguas: aprendizaje, enseñanza, evaluación. Consejo de Europa.

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Duque, Eladio (2011a). The texture of discourse: Towards an outline of connectivity theory by Jan Renkema. *Círculo de lingüística aplicada a la comunicación*, 45, 56-64.

Duque, Eladio (2011b). Integración de conocimiento en las relaciones de discurso. *Tonos digital: revista de estudios filológicos*, 21.
<https://www.um.es/tonosdigital/znum21/secciones/estudios-11-duque.htm>

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