[Review of: Elisabeth El Refaie: Visual Metaphor and Embodiment in Graphic Illness Narratives]

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| Abstract:         | This is a book review. |
| Opposed Reviewers:|  |
From: Charles Forceville
To: Journal of Pragmatics
Re: Book review of El Refaie (2019)
Date: 14 September 2019

Dear editor,

Please find enclosed my review of El Refaie (2019). This book review has been read and approved by Siobhan Chapman, Journal of Pragmatics’ book review editor.

Yours sincerely,

Charles Forceville
Visual Metaphor and Embodiment in Graphic Illness Narratives

Elisabeth El Refaie, Oxford University Press, New York, 2019

Review by Charles Forceville for Journal of Pragmatics

(read & approved by Siobhan Chapman)

14 September 2019

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Lakoff and Johnson’s *Metaphors We Live By* (1980) launched Conceptual Metaphor Theory (CMT), often called embodied because it claims that human beings systematically conceptualize abstract, complex things (the “target domains”) in terms of concrete domains (the “source domains”) – concreteness consisting in sensory perception and bodily locomotion. The book catapulted metaphor studies into the heart of cognitive science. Since then several developments have strengthened CMT: One, the increasing awareness that bodily, potentially universal, dimensions are always complemented by (sub)cultural ones (e.g., Yu, 1998; Kövecses, 2005; Ibarretxe-Antuñano, 2013). Two, the exploration of non-verbal manifestations of metaphors – whether in visuals, music, sound, gestures, or in multimodal combinations of these – which in turn made clear that the affordances and constraints of metaphors may differ between genres and media (Forceville and Urios-Aparisi, 2009). Three, the awareness that the conventional A IS B formula runs the risk of downplaying metaphor's inherently dynamic character. Metaphors can develop and change in the course of a discourse (e.g., Cameron et al., 2009; Müller and Kappelhoff, 2018). Related to this is the insight that analyzing metaphorical
meanings requires paying attention to the specific contexts in which they occur (e.g., Kövecses, 2015). Four, marrying CMT and Critical Discourse Analysis/CDA (e.g., Charteris-Black, 2004; Musolff, 2016; Abdel-Raheem, 2019), thereby demonstrating how systematic analysis of metaphors in a discourse sheds light on ideological issues or socio-cultural problems.

El Refaie’s monograph contributes insights to all these developments. In this review I will first focus on her case study chapters and then examine in some detail the novel perspectives on CMT she presents.

El Refaie’s corpus consists of 35 graphic novels (say, “serious comics”) pertaining to various, mostly physical, illnesses – but even when they are primarily mental afflictions, they do affect bodily functioning, and in turn disturb sufferers’ sense of identity. Unlike in the default CMT examples, in these illness narratives the body is not the “normal” healthy body that imposes structure on complex target domains, but constitutes itself the problematic target domain that is in need of insight-generating metaphorical source domains. Moreover, the author points out, “normalcy” is to some extent subject to values and norms that differ from one (sub)community to another, while the experience of one’s body is not stable or unalterable – temporary illnesses and ageing processes affect every person’s bodily experiences.

A recurring pattern El Refaie observes in the ten graphic narratives about cancer in her corpus is that they all thematize the “troubling and paradoxical relationship between human vision and knowledge/understanding” (p. 119), an issue she claims
has not been discussed in studies of verbal cancer narratives. Moreover, this view problematizes the supposedly universal UNDERSTANDING IS SEEING metaphor (Sweetser, 1990). Cancer results in few bodily symptoms that are outwardly visible, while its visualizations in the form of X-rays are baffling to all but medical experts. Consequently, the author argues, SEEING often functions as metaphorical target domain in cancer narratives, resulting in a metaphor that could be labeled SEEING IS (NOT) KNOWING/UNDERSTANDING/BELIEVING (p. 122).

The eight autobiographical graphic novels dealing (partly) with depression all reveal a problematic relation with time, disrupting the conventional CMT TIME IS SPACE metaphor in which the present is here, the past is behind is, and the future is in front of us (e.g., Johnson, 1987): “The subjective perception that everything has lost significance may […] lead to an erosion of the boundaries between the past, present, and future” (p. 161). The result is a form of temporal and spatial containment that leads El Refaie to propose considering the experience of depression as “a form of entrapment in spacetime” (p. 180). The familiar DEPRESSION IS DESCENT, DEPRESSION IS DARKNESS (e.g., Forceville and Paling, 2018), DEPRESSION IS A BURDEN, and DEPRESSION IS FRAGMENTATION often converge in the graphic novels’ color patterns and lay-out.

Several important insights arise from the case study chapters. First, CMT scholars are reminded of McLuhan’s wisdom that the medium is the message: graphic narratives enable metaphors that are not (so readily) expressible in verbal discourses, for instance because of the medium’s ability to transform things and
bodies (see also Forceville 2006: 381). Second, the choice of source domain in a metaphor matters. With reference to Sontag (1978), El Refaie observes about the ubiquitous CANCER IS AN ENEMY metaphor: “For people who are suffering from an incurable form of cancer, or who no longer have any effective treatment options available to them, having their illness experience framed in terms of victories and defeats is likely to be deeply demoralizing” (p. 130). She shows that graphic novel artists come up with very different source domains for cancer, for instance A PARASITE or A JELLYFISH. El Refaie even cites empirical research (Keefer et al., 2014) suggesting that patients’ acceptance or rejection of certain therapies or medication is influenced by the degree to which medical experts adopt the same metaphors as their patients.

El Refaie’s systematic applications of a theory (here: CMT) to a new medium (graphic novels) and genre (illness narratives) lead to insights that may require adaptations in that theory. Thus, she maintains that while Forceville’s (1996) model of pictorial metaphor can account for some occurrences of visual metaphor in her corpus, it cannot do justice to others, proposing two additional types of visual metaphor. For one, since visual lay-out may contribute to metaphorical construal, she introduces “spatial metaphors”. This is an insightful idea – also because it links up with Lakoff and Johnson’s “orientational” metaphors (1980: Chapter 4). A second new subtype El Refaie offers for consideration is “stylistic metaphor,” pertaining to metaphorical construal on the basis of an artist’s choices in terms of, for instance, elements’ colors, forms, sizes, and lay-out. I agree that stylistic idiosyncrasies
sometimes trigger metaphor construal. After all, any similarity between two things that are either textually present or contextually made salient can be a reason for a reader-viewer to construe a metaphor – something El Refaie also points out (p. 14). I look forward to further fleshing-out of the new concept of “stylistic metaphor”.

A proposal I have serious difficulty with, by contrast, is El Refaie’s radical idea that in graphic novels metaphorical mappings may run from target to source no less than from source to target, making the metaphors “bidirectional” or “reversible”. The irreversibility of target and source in a given context is a fundamental tenet both in verbal manifestations of metaphor (Black, 1979; Lakoff and Johnson, 1980) and in visual and multimodal expressions (Forceville, 2002), and rejecting it would constitute abandoning what has hitherto been considered one of the defining criteria of metaphoricity. It is clear where El Refaie’s suggestion comes from. The author has convincingly shown that in graphic illness narratives “embodiment” is problematic, so that vision and embodiment become themselves target domains that are in need of clarifying metaphorical source domains. Accepting this does not, however, in my view amount to agreeing that target and source are in the examples analyzed reversed. Surely Lakoff and Johnson’s MIND AS BODY metaphor (1999: 248) has not changed, in El Refaie’s examples, to BODY AS MIND.

In order to retain “metaphor” as a useful analytical tool, its applicability certainly requires adaptations vis-à-vis non-verbal and multimodal media such as graphic novels, but there is a limit to how far “metaphor” can be stretched without deteriorating into an umbrella term covering all sorts of “hybrids” that are, in one way
or another, figurative (see also Forceville, 2018). I agree with Black (1979) that metaphor is one trope among others. We simply need richer theorizations of many of those other tropes. As for their visual and multimodal varieties, this work has already begun for visual puns, metonymy, hyperbole, antithesis, and allegory, which moreover can often be combined (for discussion and references, see Forceville, 2019). Moreover, not all non-literal meaning can be captured in existing tropes. In cases where El Refaie suggests bidirectional mappings to do justice to complex meaning, my proposal would instead be to adopt a blending theory model (e.g., Fauconnier and Turner, 2002), in which two domains (input spaces) “democratically” contribute meaning to a blended space, on the assumption that all metaphors are blends, but that there also many other, non-metaphorical types of blends.

In short, El Refaie definitely fulfils her claim that she “presents the first comprehensive account of metaphor in graphic illness narratives” (p. 186), and excellently demonstrates the medium’s specific affordances to create metaphorical meaning. Her book thereby is first of all a substantial contribution to comics/graphic novel scholarship. In the second place, it helps understand how graphic illness narratives can provide insight and consolation to those who suffer from these illnesses and to their friends and family. Moreover, her analyses can aid doctors’ and therapists’ understanding how they should communicate with patients – if only by letting patients choose their own metaphorical source domains so as to avoid unwanted mappings in source domains favored by others. Thirdly, this monograph proposes refinements and adaptations in CMT, varying between being insightful,
promising, and problematic. My estimate is that El Refaie’s book will resonate in all three fields.

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