

Journal of African Languages and Literary Studies (JoALLS)

ISSN 2633-2108 (Print) ISSN 2633-2116 (Online)

Indexed by **SCOPUS, IBSS, COPERNICUS, EBSCO and
Sabinet**

Volume 5, Number 3, December 2024

Pp 5-23

Accounting for Pain using the Image Schemas: Evidence from Lubukusu Language in medical discourse

DOI <https://doi.org/10.31920/2633-2116/2024/v5n3a1>

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Abstract

This paper examines the cognition of pain in health discourse involving patients and health caregivers who do not share a common language. We anchor the patients' conceptualization of pain between the Lubukusu-speaking patients and the non-native doctors. This conceptualization is based on image schemas which are recurring patterns within our mental processes that determine how we understand the world around us. These schemas, may therefore provide a basic blueprint for the comprehension of metaphorical expressions. The findings reveal that the following four image schemas account for pain experiences: CONTAINER, BLOCKAGE, FORCE and PATH. It was also established that the conceptualization impeded intercultural communication

between patients and health providers. Health stakeholders should leverage on linguistic evidence in bridging communication gaps in health communication contexts.

Keywords: *Doctor-patient consultation; health discourse; Image schemas; pain; Lubukusu.*

Background

Patients often use metaphors in health discourses especially when they talk about their traumatic experiences related to pain with health care providers, (Connor et al., 2017; Patterson, 2013; Reuber et al., 2009; Sinnenberg et al., 2018). In this connection, there is a need for empirical evidence on how patients use metaphors that may impact on healthcare delivery to enable the stakeholders to respond appropriately. In the event of a mismatch in communication, the assumption is that the patient may not receive a favorable intervention from the whole chain of healthcare practitioners. We anchor the patients' conceptualization of pain on shared understanding of health discourses between the Lubukusu-speaking patients and the non-native doctors. Lubukusu is a language of the Oluluhya macro language, which belongs to the Bantu family of Niger Congo, Masaba (E.32) (Eberhard et al., 2021). Most Lubukusu speakers live in Bungoma, Kakamega, Trans Nzoia, Nandi and parts of Uasin Gishu Counties of Kenya. In the current multilingual contexts, health caregivers often encounter patients from different cultural and linguistic backgrounds (Schouten & Meeuwesen, 2006). For instance, patients seeking for health services often encounter health caregivers from different cultural and linguistic backgrounds. Ngutu & Nyamongo, (2015) observe that divergent linguistic orientations that often exist between interlocutors in cross linguistic communication may impede the dissemination of quality service of health services. Given this, patients and doctors who do not share similar conceptualization of pain related to different ailments may encounter constraints in understanding each other. This may affect the delivery of health services.

Health communication is a key and necessary factor in diagnosis and treatment of diseases. To mitigate the negative impact of chronic ailments such as HIV/AIDS, diabetes and cancer, an effective and well developed health communication is key. Studies in health communication (Berry, 2007; Heritage & Mynard, 2006) reveal that mutual communication is key for effective doctor-patient consultations.

This analysis focuses on patients' suffering from three chronic ailments; HIV/AIDS, diabetes and cancer. This was informed by the fact that treatment of such chronic diseases that undergo prolonged management requires emphasis on effective communication (Ngutu & Nyamongo, 2015). This analysis is based on image schemas in the abstract cognition of pain. The investigation was done in Webuye Referral Hospital in Bungoma, County, Western Kenya. The assumption was that, the health care providers who are not native Lubukusu speakers are unlikely to understand the metaphors of pain in the language without knowledge of accompanying image schemas which are pervasive in all languages but culture specific in the cognition of abstract concepts by specific languages.

Available studies on human cognition using the Image Schemas Theory (IST), have majorly been relying on monolingual populations to draw linguistic evidence (Esenova, 2011; Gatambuki 2014; Nyakoe, 2014; Anundo, 2018). However, this study used qualitative approaches, based on IST, in studying the linguistic evidence to make inferences about the influence of cognitive processes on doctor-patient consultation in a multilingual context. In addition, little attempt has been made to establish the link between cognitive linguistics and health communication. The objective was to establish whether an empirical investigation of a multilingual linguistic population would bring new insight.

Image Schemas and Cognition of Pain in Health Discourse

According to Johnson (1987), image schemas are abstract structures within our cognitive system that are responsible for our internal thinking and comprehension. They are therefore the basic foundation of our cognitive system since they are the first to appear in our minds. Mandler (2004) observes that once the mental sensory information has been extracted and packaged as image schemas, this experience results to conceptual representation. This may then determine how we conceptualize concepts within our environment.

In doctor-patient consultations, similarity in the order of conceptual structures may influence the way the information is comprehended. A question that arises is: do patients and health caregivers have similarities in accounting for metaphors of pain? This is because, any mismatch would result in miscommunication and subsequent misdiagnosis. Furthermore, languages have numerous image schemas depending on the

emotional experience under review. Given this, studies in health communication urge for leveraging on applicable communication strategies is one of the most significant ways of addressing ongoing public health challenges (Randolph & Viswanath, 2004; Salmon & Atkin, 2003). This can only be achieved if effective health campaign strategies are applied, (Grunig & Dozier, 2003).

There have been numerous studies on doctor-patient discourse focusing specifically on the constraints that the doctors and patients have in communicating effectively with each other (Ainsworth-Vaughn, 1994; Wodak, 1997). However, scant attention has been paid on the potential implication of metaphors in conceptualizing pain that may impact on efficacy in cross linguistic health communication. The role of communication in facilitating smooth doctor-patient discourse should be underscored. In this view, there is a need to evaluate the efficacy of the medical consultation as an institutionalised discourse which is carried out under professional and institutional regulations (Pilgram, 2006; Van Eemeren & Houtlosser, 2006)).

As observed by Johnson (1987), our daily experiences in interacting with our surroundings may result in the formation of image schemas. He gives the example of a CONTAINER SCHEMA and a BLOCKAGE SCHEMA to represent the concept of containment and restraint respectively. Such Image Schemas in this study are vital in providing the roadmap for the accounting for the understanding of abstract concepts like pain in healthcare communication. We also want to ascertain the veracity of the claim that people from specific languages groups use image schemas to make the world around them comprehensible (Evans & Green, 2006). The current application of image schemas to account for conceptualization of pain in health communication is unique because it offers significant insights on how governments and healthcare stakeholders can leverage on linguistic forms of specific speech communities to come up with interventions of addressing the potential gaps in health communication.

Methodology

Nurses were engaged in a role-play of doctor-patient consultations to bring out a reflection of their painful experiences during sickness. A sample size of twenty- five respondents from the selected hospital was used in the study. This comprised of ten non-native doctors in the selected hospitals in Bungoma County, four interpreters and seven

nurses at the health facility who acted as the Standardized Patients (SPs) and four real patients. The SPs were used because of ethical issues in accessing the doctor-patient consultation discourse. The nurses selected were those who had worked for more than 10 years and were selected on the assumption that they were in a position to enact the real situation in the doctor-patient consultation. However, the four real patients who were interested in the study offered to be recorded in real consultations and were also considered. The patients signed the consent forms and they too were recorded. Each consultation took about ten minutes and was recorded and transcribed. A sample of 30 words and phrases from this corpus was selected by judgmental sampling for analysis. Only those words and phrases that exuded the concept of image schema were picked to form the units of analysis.

Results and Discussion

The collected data accounts for the presence of image schemas in metaphors of pain in health communication. Consequently, the following four categories of Image Schemas were revealed; CONTAINER, BLOCKAGE, FORCE and PATH. We discuss how these four categories accounted for the metaphors of pain in health discourse.

The Container Image Schemas

A container has boundaries, an interior and exterior and a base and sometimes a cover. According to Lakoff & Johnson (1980), the CONTAINER image schema comprises of the following three sections; interior, boundary and external elements. Cervel (1998) posits that CONTAINER image schema is key because it provides a systematic guideline for cognitive structures. In the analyzed data, a wide range of conceptual metaphors were collected that depict CONTAINMENT image schema. This is especially if the target domains are considered as CONTAINERS in the conceptualization of pain as seen in the table 1 below;

Table 1: A Table showing Metaphors of pain in Lubukusu Conceptualizing the CONTAINER Image Schema.

NO	LUBUKUSU	GLOSS
1	<i>Buchuni luongwa</i>	Pain is a precipice
2	<i>Buchuni liloo</i>	Pain is a hole
3	<i>Buchuni kamawaa</i>	Pain is like falling inside a heap of thorns
4	<i>Buchuni enyanja</i>	Pain is a lake
5	<i>Buchuni silongo</i>	Pain is a place where initiates are smeared.

Source (Field observation, 2022)

As observed from table 1 above, pain is conceptualized in terms of CONTAINER image schemas. The example below, elicited by the respondents and their analysis shows how a CONTAINER schema can be used to talk about a pain experience. For instance, the metaphor *Buchuni liloo* (Pain is a hole) PAIN IS A HOLE as used by patient 5 in example 1 below;

Example 1 Patient

Buchuni liloo (pain is a hole).

In this extract, the patient was explaining the pain in his stomach. His pain was a sensation that seems like being kept in a deep hole. From such a hole, a vulnerable patient cannot escape without the help of other people found outside the hole. Failure by the doctor to map the source domain *liloo* (hole) into target domain of *buchuni* (pain) would lead to communication breakdown. Matusitz & Spear (2014) have argued that effective doctor-patient communication comprises of listening, building rapport and maximizing on nonverbal communication signals. In this regard, the doctor should be a keen listener, paying attention to all the nuances of linguistic cues for effective diagnosis.

The plant source domain is also used to conceptualize pain, especially when some plant species are viewed as CONTAINERS also seen in example 2 below:

Example 2 Patient

Buchuni kamawaa (pain is like falling inside a heap of thorns).

In this extract, the patient was describing the aging wound on the leg. The conceptual metaphor *Buchuni kamawaa* (pain is like falling inside a heap of thorns), is a scary and hair-raising scenario where the patient

appears to be telling the doctor that the experience is like being pricked from all sides of their body. Shuy (1993) observes that culture specific lexical items and linguistic structures have the potential to impede communication in the medical consultation. In this case, the doctor has to go beyond the surface meaning of the utterance to get what the patient means. This is why medical practitioners should have intercultural linguistic competencies to deal with such cases.

It was also revealed a subsidiary of CONTAINER image schema, IN and OUT CONTAINER were also used to conceptualize pain.

In And Out Container Image Schema

From the metaphor PAIN IS A CONTAINER get various subsidiary schematic patterns which were instantiated namely IN and OUT as shown in table 2 below.

Table 2: A table showing Metaphors of pain in Lubukusu conceptualizing IN and OUT CONTAINER Image Schema

NO	LUBUKUSU	GLOSS
1	<i>Buchuni enungilo</i>	Pain is a cooking pot
2	<i>Buchuni liruburu</i>	Pain is a dung-beetle hill
3	<i>Buchuni khatubi ke etala</i>	Pain is a small reed basket
4	<i>Buchuni nammima</i>	Pain is a shrine
5	<i>Buchuni kbasoa</i>	Pain is a small basket used for planting millet

Source (Field observation, 2022)

In the data collected, it was revealed that the IN and OUT image schema is visualized as a CONTAINER in which one can get IN and OUT as described in example below:

Example 3 Patient

Buchuni enungilo (Pain is a cooking pot).

In this extract, the patient is explaining the persistent headache. He uses the word *enungilo* (cooking pot) which in Lubukkusu refers to a pot specially made for cooking. During the cooking process, this type of pot normally has an airtight stopper made of banana fibres. The stopper ensures that no steam leaves the pot until the meal is properly cooked. This makes the pot a high-pressure cooker.

As conceptualized by the patient, this ordeal calls for urgency in mitigating pain. It points to the fact that the patient is in dire need of an intervention. Lakoff and Johnson (1980) explain that a CONTAINER has boundaries just like the *enungilo* (cooking pot) referred to by the patient. Since the patient is in a helpless condition, he is not in a position to even shatter the earthen pot and escape. It should be noted that in doctor-patient consultation, the patient solely depends on the doctor's prescription. Therefore, in case the clinician or doctor has no idea of how the experience in the *enungilo* (cooking pot) is mapped into the pain experience, then it may be difficult to understand the intensity of pain experienced by the speaker and prescribe the necessary medical interventions. This assertion is captured by Shuy (1993) who stresses that health care givers should come up with necessary linguistic competencies to understand what the patient is saying for proper diagnosis.

Liruburu (dung beetle hill) is another IN and OUT CONTAINER which is used to conceptualize pain as analyzed in example 4 below:

Example 4 Patient

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

In this extract, the patient who is HIV positive is talking about persistent vomiting and loss of appetite. Dung beetles, in their adult stage, are generally considered dirty. Therefore, this conceptualization points to the disgusting experience of the speaker-patient. The patient feels defiled by the PAIN which is equated to the soil that makes up the dung-beetle hill. This schema points to how urgently the patient is supposed to be helped to come out and be cleansed at the same time so as to recover the lost purity brought on by the pain. In health communication, such urgency should be correctly interpreted to facilitate effective diagnosis and treatment.

The Blockage Image Schema

A BLOCKAGE occurs when there is an impediment in the path of a moving projectile. In this study the BLOCKAGE Image schema is instantiated in several metaphors of pain as shown in table 3 below;

Table 3: A table showing Metaphors of pain in Lubukusu conceptualizing The BLOCKAGE Image Schema

NO	LUBUKUSU	GLOSS
1	<i>Buchuni siboe</i>	Pain is a prison
2	<i>Buchuni mulumale</i>	Pain is a sentence
3	<i>Buchuni litaala</i>	Pain is an animal pen
4	<i>Buchuni mwitekeyi</i>	Pain is between the roof and the wall
5	<i>Buchuni kwa ndiangu</i>	Pain is a door for the impotent

Source (Field observation, 2022)

This conceptual metaphor is exemplified by the BLOCKAGE image schema in imprisonment. What can be visualized is a situation where a patient is restrained from operating normally by being put under lockdown and the curtailment of movement as shown in the examples 5 and 6.

Example 5 Patient

Buchuni mulumale (Pain is a sentence).

This extract is from a terminally ill patient who cannot walk. The metaphor exemplifies the BLOCKAGE that occurs when one is jailed. The pain experience in this case is equated to serving a prison sentence. It is interpreted that this jailhouse is a way of defiling a person’s good nature. The prison in this case is a BLOCKAGE. It is hoped that once they finish serving their time and having undergone the process of rehabilitation the former prisoner will be set free. Many scholars have argued that even same-language medical discourse is a form of interaction of unequal where the patients’ concerns are rarely addressed (Waitzkin, 1991; Wodak, 1997). In the present study, the communication constraints are even more due to the fact that the patient and the doctors have different linguistic and cultural backgrounds. This is attributed to the culture specific conceptualization of concepts like *mulumande* (sentence) to map the concept of pain.

The BLOCKAGE image schema is further exemplified by the instantiation *Buchuni litala* (Pain is an animal pen) as analyzed below:

Example 6 Patient

Buchuni litaala (pain is an animal pen).

This extract is from a diabetic patient describing his pain. In Lubukusu, the picture created by an animal pen is one of dirt and discomfort. The traditional animal pen is in most cases filled with dung and urine. The general feeling expressed by this metaphor is the kind of humiliation one endures during the period under pain. The animal pen acts as a BLOCKAGE occasioned by the placement of obstacles on the path of a projectile in motion. The said obstacles inhibit the ample movement of the moving object from reaching the destination.

The Force Image Schema

FORCE is one of the most significant image schemas underlying cognition. This is because the exertion, resistance, or blockage of such FORCE can be one of the primary factors in conceptualization of metaphors (Talmy, 1988). Some scholars, such as Cervel (1998) categorize the FORCE image schema as a subsidiary of path. However, in the present study, FORCE is seen as an independent image schema. The metaphors of pain in conceptualizing the FORCE schemas are shown in table 4 below:

Table 4: A table showing Metaphors of pain in Lubukusu conceptualizing The FORCE Image Schema

NO	LUBUKUSU	GLOSS
1	<i>Buchuni lisasi</i>	Pain is bullet.
2	<i>Buchuni efandiri</i>	Pain is a catapult
3	<i>Buchuni lifumo</i>	Pain is a spear
4	<i>Buchuni lukembe</i>	Pain is circumcision knife
5	<i>Buchuni lukhoroto</i>	Pain is a clay projectile

Source (Field observation, 2022)

Table 4 above accounts for the conceptualization of pain using the FORCE image schema. The collected data is analyzed as below:

Example 7 Patient

Buchuni lisasi (Pain is a bullet).

Lisasi (bullet) is a projectile that kills through FORCE. If a Lubukusu speaking patient says that the kind of pain they are experiencing is represented by *lisasi* (bullet), then the medical practitioner must appreciate that the pain needs urgent intervention because it is deadly. The patient means to say that they are under siege by a very forceful enemy. The pain involved here is devastating and the pain is also deadly. The patient should not be a passive participant in the medical discourse to be understood and helped appropriately. Therefore, the health care workers need to pay attention to the language used. This is especially when culture specific references are used as analyzed in example 8, below:

Example 8 Patient

Buchuni lukembe (Pain is a circumcision knife).

During the sacred ritual of circumcision, the first cut administered by the surgeon involves a forceful downward stroke because the foreskin is known to be tough and difficult to cut. The subsequent cuts involving the inner layers of the skin are more painful. The surgeon is more methodical and careful because any miss can damage the phallus irreparably. This slow surgery without anesthesia is normally extremely painful yet it is the reason why boys have to undergo circumcision. It is used as a way of establishing and enhancing the pain threshold of the initiates. When a patient talks about their pain being *lukembe* (circumcision knife) they imply that it is calculated, intentional and torturous at the same time hitting them with phenomenal force. This is in line with the FORCE image schema. However, since *lukembe* (circumcision knife) cannot be well understood without the knowledge of the Bukusu ecological knowledge, the metaphor can be susceptible to misinterpretation by non-native Lubukusu speaking medical practitioners.

The Path Image Schema

Gatambuki (2014) categorizes the following three orientations of the PATH Image schema: horizontal, circular and vertical. It is observed that the horizontal path entails FRONT BACK and LEFT-RIGHT. Cervel (1998) goes ahead to posit that the VERTICAL image schema entails the UP-DOWN while the circular orientation entails CYCLICAL orientations. These categories cumulatively give forth to image schemas with the following nomenclature: FRONT-BACK, RIGHT-LEFT, UP-DOWN, CIRCLE, VERTICAL or PATH-WHOLE listed in table 5 below:

Table 5: A table showing Metaphors of pain in Lubukusu conceptualizing The PATH Image Schema

NO	LUBUKUSU	GLOSS
1	<i>Buchuni bututuba</i>	Pain boils
2	<i>Buchuni bukenda</i>	Pain walks
3	<i>Buchuni buyukhilila</i>	Pain goes around in a circular motion
4	<i>Buchuni bunina nebwikha</i>	Pain is going up and down
5	<i>Buchuni lilisi</i>	Pain is smoke

Source (Field observation, 2022)

Table 5 above shows how pain can be accounted for using the PATH image schema as revealed in the example below:

Example 9 Patient

Buchuni bututuba (Pain boils).

This is a visualization of a substance that is boiling over. It could be a liquid like milk. Pain has the nature of starting from a mild point and going up to reach considerable severity. This gives us the notion of a substance, though abstract, taking a path towards a destination. In this excerpt, the diabetic patient is narrating how his legs feel at the moment. In this case the doctor who is unable to link the schema to the pain may struggle to construct a coherent account of the patients' condition hence the patient's problems cannot be sufficiently addressed individually and concretely.

Example 10 Patient

Buchuni bukenda (Pain walks).

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

This conceptualization gives the notion of pain as an immobile object that takes a trajectory. This time around the schema being portrayed is one of a circular motion. The patient is in a position to feel the pain set out on a journey from one end of the body to the other. This visual effect mirrors what happens when an animal is tethered to a peg. The animal will only be able to graze to the extent of the length of the leash. What emerges is that as the animal moves round it tramples on the grass to a point of causing a hard pan. What is left is the effect of overgrazing. This is bad for soil conservation. One needs to have been a cattle herder to accurately visualize the kind of pain the patient is undergoing. This movement could be represented by a LEFT-RIGHT or a RIGHT LEFT image schema. The metaphor under consideration also signals the CYCLE image schema. This suggests that pain is a cyclical entity. Johnson (1987) observes that we encounter different kinds of experiences in how our body metabolic function works daily. For instance, our bodies may have a CYCLE from normal functioning, to sickness and recovery. Other cyclic experiences include: hot and cold, windy and calm, wet and dry, the recurrence of day and night, dry season to rain season, morning and evening and rags to riches and back again. Such bodily processes of unexpected rise and fall form the basis of the CYCLE schema.

When a patient feels that pain is mobile, they will most definitely say the direction it is taking. In this case pain behaves like a climber from a low level to a higher level. This gives us the UP-DOWN feeling, making the patient have a sense of loss of direction. The UP-DOWN motion feeling is derived from a person's imagination that we may be gaining or losing in an experience. This correlates with the concept of VERTICALITY where there is a contrast between what is UP and what is DOWN. This imagination can also be seen during the harvesting of

fruits where energetic people ascend up and must certainly descend down. The descending down is as laborious as going up because the climber would certainly be carrying some load on their way down. This goes to tell about the intensity and duration of pain.

The Part-Whole Image Schema

The part-whole Image schema is linked to the fact that a collection of parts can only make sense jointly if they are properly linked together (Lakoff & Johnson, 1980). Gatambuki (2014) posits that the PART-WHOLE Image schema is closely linked to the LINK Image schema, where a part of an object is linked to a complete whole. In the analyzed data, we established such relationships in accounting for pain where parts and whole objects were assumed to work in unison. In the present study the PART-WHOLE Image schema is instantiated in seven metaphors of pain in Lubukusu as illustrated in Table 6 below:

Table 6: A table showing Metaphors of pain in Lubukusu conceptualizing The PART-WHOLE Image Schema

NO	LUBUKUSU	GLOSS
1	<i>Buchuni kamawaa</i>	Pain is thorns
2	<i>Buchuni kamaambakhese</i>	Pain is the weed that attaches to sheep
3	<i>Buchuni buchuni makoe</i>	Pain is black jack
4	<i>Kumubili kumanya mvene</i>	The body knows the owner
5	<i>Kumubili kwabene</i>	The body belongs to someone else

Source (Field observation, 2022)

Table 6 above reveals how pain is accounted for using the PART-WHOLE image schema as discussed in example 11:

Example 11 Patient

Buchuni makoe (Pain is black jack).

The black jack plants bear bristles that are hooked and they can stick to peoples' garments, fur of animals or feathers of birds when they pass through them. They are also spread by wind and soil and are stubborn. They reduce the growth of crops like beans. The burrs are also seed contaminants. It is a nuisance to sheep and goats. This instantiation is another PART-WHOLE image schema. This weed has physical features that make its dispersal very easy. It is hairy and light meaning it can be

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

There are numerous cases of negligence in health facilities, but some could be forestalled by talking and listening to the patient keenly. It is wrong to have a medical practitioner who is all knowing. Patients, if they are in a conscious state, should be involved in making decisions about their bodies. In cases where it is not possible their next of kin should be consulted.

Conclusion

On account of the findings presented in this paper the conclusions were that it was possible to account for image schemas in the metaphonimies of pain used by Lubukusu speakers. The image schemas include: CONTAINER, BLOCKAGE, FORCE and PATH. This kind of finding is essential when coming up with mitigation measures in addressing the big gap that exists in health communication. The data revealed that various image schemas accounted for numerous pain metaphors in health discourse. This was established through the analyzed responses gathered during the FGD sessions of the programmed patients. This study finds and holds that image schemas and corresponding pain metaphors are as many as the people, their culture and life experiences. In addition, there is a lot of evidence on the negative impact of unresolved linguistic and cultural inhibitions in health discourses. From the analyzed data it was revealed that poor health provider-patient communication is responsible for low participation in the health promotion and prevention activities because of poor linguistic proficiency and cultural competence. Some culturally embedded beliefs, traditions, religious convictions and traditional rituals and practices lead to low uptake of essential healthcare services.

It is therefore necessary to develop and implement strategies to maximize the contributions and effectiveness of intercultural mediators in the health sector. This would encourage the administrators and healthcare providers to develop a comprehensive approach to the management and integration of intercultural mediators. In addition, the

key policy actors in healthcare provision should provide training for medical personnel in the application of intercultural knowledge and mediation. Lastly, stakeholders should formulate a standardized training manual and accreditation process to facilitate the deployment of intercultural mediators in health facilities where health personnel are not familiar with the cultural and linguistic barriers that impede smooth dissemination of healthcare services.

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