

METAPHORS OF MENTAL ILLNESS IN GĪKŪYŪ, A BANTU LANGUAGE SPOKEN IN KENYA, AFRICA

Gathigia, M.G.¹ and Ndung'u, R.W.²

¹Department of Languages, Karatina University, Kenya, P. O. Box 1957-10101, Karatina, Kenya

²Department of English and Linguistics, Kenyatta University, P. O. Box 43844-00100 Nairobi, Kenya

*Corresponding: gatambukimoses@gmail.com; mgathigia@karu.ac.ke, +254721993915

ABSTRACT

Metaphor is an instrument of understanding reality. Diseases and illness are phenomena that are reliably understood through metaphors. It is against this backdrop that this study set out to identify the metaphors of mental illness in Gĩkũyũ, a Bantu language spoken in Kenya, then, interpret the metaphors using the Conceptual Metaphor Theory (CMT). To achieve this objective, a purposive sample of twenty speakers of Gĩkũyũ (10 men and 10 women) was interviewed. The study collected 34 metaphors of mental illness in Gĩkũyũ. In addition, the metaphors collected were mapped into different kinds of conceptual domains: Mental disease is a disturbance, a deficiency and a head disease. Furthermore, the study noted that females tend to interpret the target domain of mental illness is disturbance; a deficiency and a head disease more than the males. The paper concludes that metaphor is an important cognitive process, central to language and thought in the conceptualization of mental illness in Gĩkũyũ. The paper, therefore, recommends that there is need to examine the correlation between the language that people use, the thought line behind the language and the way they behave.

Keywords: Mental illness, Metaphor, Gĩkũyũ, Gender, Conceptual mapping.

INTRODUCTION

The discipline of Cognitive Linguistics (CL) approaches language as “part of a cognitive system which comprises perception, emotions, categorization, abstraction processes, and reasoning” (Dirven and Verspoor 2004, p. ix). Thus, in CL, language is not considered an isolated feature or system but is seen to interact with other cognitive capacities. In this view, language becomes the observable output of otherwise largely invisible cognitive processes. In the paradigm of cognitive linguistics, a metaphor is understood as a device with the capacity to structure our conceptual system, providing, at the same time, a particular understanding of the world and a way to make sense of our experience (Lakoff and Nunez, 2000). Hence, the metaphor is, as Lakoff and Turner (1989) claim, rather than a linguistic expression or a figure of speech with an aesthetic value, a mode of thought and reason. Lakoff and Turner (1989, p. xi) say:

Far from being merely a matter of words, metaphor is a matter of thought – all kinds of thought: thought about emotion, about society, about human character, about language, and about the nature of life and death. It is indispensable not only to our imagination, but also to our reason.

From the above quotation, it is clear that metaphor occupies a central role in people's thought and imagination (Negro, 2014; Lakoff and Johnson, 1980; Lakoff and Johnson, 1999).

The study of metaphor has developed two opposing positions: the “non-constructivist position” and the “constructivist view” (Ortony, 1993). Ortony describes linguists like Grice, Searle, and Black as holding what he refers to as the ‘non-constructivist position’ that views ‘metaphors as rather unimportant, deviant, and parasitic on “normal usage”’ (1993, p. 2). In contrast to this rhetorical understanding of metaphor, Lakoff and Johnson (1980), Kövecses (2002), for example, take the ‘constructivist view’ which emphasizes the embodiment of language and thought, and challenges the traditional view of metaphor as a mere matter of words. However, instead of the term ‘constructivist view’, Kövecses (2002) uses the term ‘interactional view’ which “emphasizes that in many cases metaphors are conceptual devices used for understanding or creating reality, rather than merely describing it” (Lakoff and Johnson, 1980. p. 9). Metaphor, therefore, is an instrument of understanding reality. Diseases and illness are phenomena that are reliably understood through metaphors (Allan and Burridge, 2006).

Mental illness has been hidden behind a curtain of stigma and discrimination for long (Allan and Burridge, 2006). As a consequence, myths, negative stereotypes and attitudes surround mental illness. According to Allan and Burridge (2006), the origins of mental illness are usually mysterious. Mental illness is viewed as a moral failure but not as a disease (Allan and Burridge, 2006). Since there is much debate about the meaning of mental illness (Allan and Burridge, 2006), this study, thus, first set

out to identify and interpret the metaphors of mental illness in Gĩkũyũ through the Conceptual Metaphor Theory. Gĩkũyũ is a language in the Central Bantu branch of the Niger – Congo family spoken primarily by the Agĩkũyũ of Kenya. Kenya is a linguistically diverse country, with over 40 spoken languages (Mbaabu, 1996, p. 1). In the classification system of Guthrie (1967) it is part of Zone E and labelled E51. Second, the paper discusses the influence of gender in the use of metaphors of mental illness in Gĩkũyũ. According to Gathigia and Ndung'u (2011), the gender variable influence the way people look at diseases.

Theoretical Underpinning of the Study

This study adopted the Conceptual Metaphor Theory (henceforth, CMT) which aims at inferring conceptual representations and organisation from linguistic expressions that are metaphorically understood where metaphorical meaning is indirect meaning. The CMT was developed by Lakoff and Johnson (1980) and buttressed by other scholars (for example, Lakoff and Turner, 1989; Kövecses, 2000, 2002). In its broadest sense, the CMT defines metaphor as “a cross-domain mapping in the conceptual system” (Lakoff, 1993, p. 203); that is, a mapping of conceptual correspondences from a source domain (the realm of the physical or more concrete reality) to a target domain (the disease of mental illness, in this paper). Thus, first, the basic tenet of CMT is that metaphors are not primarily a characteristic of language; they belong to the realm of thinking (Forceville, 2002). As Gibbs (2008, p.3) points out, metaphor is not simply an “ornamental” aspect of language, but a fundamental scheme by which people conceptualize the world and their own action. Another important tenet of the CMT is the postulation that there are two conceptual domains, that is, the source domain and the target domain. A domain is an experiential gestalt; that is, a “multidimensional structured whole arising naturally from experience” (Lakoff and Johnson, 1980, p. 85). The source domain is the conceptual domain from which the metaphor is drawn, and the target domain is the conceptual domain to which the metaphor is applied (Knowles and Rosamund, 2006). In other words, as Chilton (2005, p.6) states, source domains “have a clear tendency to be based in human physiological experience”, while target domains, “tend to be more abstract, under-structured or problematic conceptual areas” (p. 7). Using the

mnemonics proposed by Lakoff and Johnson (1980) along the line of “TARGET DOMAIN IS SOURCE DOMAIN” (as quoted in Charteris-Black, 2004, p. 13), the study discusses how meanings are achieved through a mapping from the concrete source domain to the abstract target domain in the conceptual system. These tenets make the CMT relevant in the analysis of metaphors of mental illness in Gĩkũyũ.

MATERIALS AND METHODOLOGY

The present study is mainly a qualitative analysis of responses which a sample of twenty (10 male and 10 female) speakers of Gĩkũyũ gave to the following interview question: “There are metaphors that Gĩkũyũ speakers use when referring to mental illness. Name any 5 such metaphors in Gĩkũyũ and explain why each of the words is used.” The twenty respondents were purposively sampled native speakers of Gĩkũyũ who could read and write in English and Gĩkũyũ. The study considered this sample to be representative because a larger one would not necessarily have given varied interesting data, as Rubin (1987, p. 118) would argue. So would argue Ritchie *et al.* (2003), who suggest that qualitatively inclined samples should “lie under 50” (p. 84). Gender was used as an independent variable since, according to Gathigia and Ndung'u (2011), it is one of the variables that influence the usage of metaphors.

RESULTS

The study collected 34 metaphors used to refer to the target domain of mental illness (see Table 1). The metaphors collected mapped three different kinds of conceptual mappings. That is: Mental disease is a disturbance; a deficiency and a head disease. These cognitive mappings further entailed further sub mappings or ontological correspondences between the source and the target domains. Table 2 displays the lexical frequencies and percentages in terms of gender.

From a quantitative point of view, the conceptual metaphor: Mental illness is a disturbance, accounts for 44% of the metaphorical euphemisms: Mental illness is a head disease (38%), while: Mental illness is a deficiency (18%) is the least frequent of the mappings of mental illness. Figure 1 displays the percentages of conceptual metaphors in each cognitive domain.

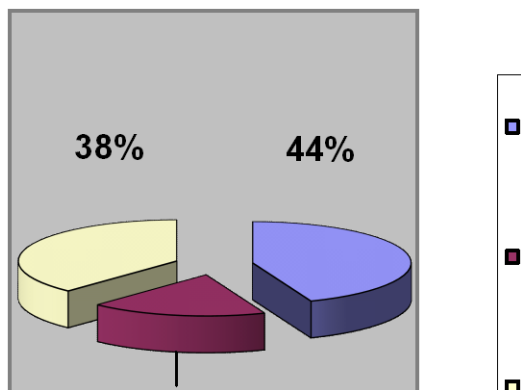


Figure 1: Conceptual domains for mental illness
Mental illness is a disturbance

Mental illness as a disturbance conceptual metaphor has also a demonological dimension in Gĩkũyũ. This conceptualization is the source of 15 correspondences which is 44% of the total metaphorical substitutes of mental illness. Although the distinction between this conceptual mapping and mental illness is a deficiency may appear to be rather fuzzy, this conceptualization views mental illness as a disturbance when an individual is said to be engaged in eccentricities like (1a) and (1b):

- (1a) 'Kũoya maratathi' or 'kũngania maratathi' - to collect papers,
- (1b) 'Kũoya mahuti' - collecting rubbish.

It is a common feature in most mental patients to pick anything that comes their way, valuable or not.

The usage of following metaphors (2a), (2b), (2c), (2d) and (2e) stem from the fact that mental patients look disturbed and confused as indicated below:

- (2a) 'Kũhũgũya' - to be confused,
- (2b) 'Mũng'ũrĩ' or 'nyugĩ' - loss of sanity,
- (2c) 'Gũtukanĩrwo' - to be mixed up,
- (2d) 'Kũhĩtanĩrwo' or 'kũhĩtana' - to get it wrong,
- (2e) 'Mũthandũko' - to have split.

The perception of mental illness as demonic possession meant that people exhibiting mental disorder were stigmatized by the community as they experienced spurts of forgetfulness, peculiar hallucinations and would laugh for no apparent reason. There is also no proper coordination in one's ideas and thoughts. This is clearly expressed in the following metaphoric alternatives:

- (3) 'Kũgĩa na tũmatamba' or 'kũgĩa na rũirĩũ' - to have forgetfulness and hallucinations,

- (4) 'Mũndũ gwĩthekia' - laughing with self,
- (5) 'Malaria manene' - big Malaria.

The borrowing of the term 'Malaria' in (5) is normally attributed to the hallucinatory effects of the disease which mirrors the condition of a mental patient. The seriousness of the disease is also reflected in the use of the adjective 'manene' for 'big' referring to Cerebral Malaria.

The metaphor (6), on the other hand, is employed when a mental patient exhibits elements of exaggeration by doing audacious or daredevil activities. Such a psychotic episode may involve delusions, such as false beliefs of grandeur as is exemplified below:

- (6) 'Gwĩkinya maguta' - to accelerate oneself.

Metaphors in (7) and (8) are euphemisms for mental illness since the victims are normally associated with garrulity as:

- (7) 'Kwĩarĩria' - talking to oneself,
- (8) 'Kũgĩa ndeto nyingĩ ta mũndũ mĩtware nĩ rũĩ' - to exhibit loquacity just like a drowning man.

It is argued that because of desperation that a drowning man will not only struggle to hold a straw but he or she will frantically call for help.

Mental illness is a deficiency

This conceptual mapping is the source of six correspondences which is 18% of the euphemistic alternatives for mental illness. In this conceptualization, mental illness corresponds to the lack of disconnect brought about by a deficiency. Some of the common submappings in this conceptual metaphor include:

- (9) 'Kũrekia', 'kũrekia raini', 'gũte raini', 'kũbuca' - deficiency in the line of thinking,
- (10) 'Kwohoka' - loose mind or unhinged,
- (11) 'Gũte mbaũ' - lost mind or sanity,
- (12) 'Gũtigaria' - deficient.

These metaphors suggest a deficiency in the person or some sort of weakness of character. Euphemism (9) borrows from the English term 'line' to show that there is divergence in the line of thinking of a mental patient. The etymology and euphemistic effect behind the usage of (11) is not clear. The stereotype of the mental patient is, therefore, one who is potentially dangerous and incorrigibly deficient. Metaphor (12) may be interpreted as a dysphemism. A dysphemism is an expression with connotations that are offensive either about the denotatum or to the audience, or both (Allan and Burridge, 1991, p. 26).

Table 1: Metaphors of mental illness and their lexical frequencies

No	METAPHORS	LF			
	GĨKŪYŪ	GLOSS		M	F
1	Gũthũka mūtwe	disorder of the head	A head disease	5	3
2	Mũrimũ wa kĩongo	disease of the head	A head disease	-	2
3	Kũoya maratathi / kũngania maratathi / kũngania mahuti	collecting papers or rubbish	A disturbance	5	3
4	Kũrũara meciria	to be sick in mind	A head disease	-	5
5	Kũrwo nĩ meciria	lose of ones mind	A head disease	2	-
6	Gũte mbaũ	to lose timber	A deficiency	4	2
7	Gũthũka gatongoria	to have a controller / leader	A head disease	1	1
8	Mbũrĩ	bad spirits	A head disease	1	-
9	Kwohoka gatongoria	loosening of the brain	A head disease	1	-
10	Nyugĩ	lose of sanity	A disturbance	4	1
11	Mũthandũkũ / Kũng'athuka	to have split	A disturbance	2	-
12	Kũreikia raini / gũte raini	to lose the line of thinking	A deficiency	4	1
13	Kwĩarĩria	talking to oneself	A disturbance	1	-
14	Kũruta nguo	to remove clothes	A disturbance	1	-
15	Gũkarario nĩ kĩongo	to be opposed by the head	A head disease	-	1
16	Maroho moru	bad spirits	A head disease	-	1
17	Mũng'ũrĩ	loss of sanity	A disturbance	-	1
18	Kũhũgũya / kũboiya	to be confused	A disturbance	4	2
19	Kwohoka	to have a loose mind	A disturbance	1	1
20	Gwĩkinya maguta	to accelerate oneself	A disturbance	1	-
21	Kwĩremwo / kwĩrigwo	be unable to take care of oneself	A deficiency	1	-
22	Gũtukanĩrwo	to be mixed up	A disturbance	2	3
23	Mũndũ gwĩthekia	laughing with self	A disturbance	1	-
24	Kũhĩtana / kũhĩtanĩrwo	to get it wrong	A disturbance	1	2
25	Kũgĩa na tũmatamba	to be forgetful	A disturbance	1	-
26	Kũgĩa na ndeto nyĩngĩ ta mũndũ mũtware nĩ rũĩ	to exhibit loquacity like a drowning person	A disturbance	1	1
27	Kũrware	to be sick	A head disease	1	-
28	Gũtigaria	to be deficient	A deficiency	1	2
29	Mbũgũgũ	bad spirits	A head disease	-	2
30	Kũgĩa na rũirirũa	to be confused	A disturbance	1	-
31	Kũrũga hakiri	jumping of the mind	A head disease	-	2
32	Kũnoka	to have an engine knock	A disturbance	1	-
33	Malaria manene	dangerous malaria	A disturbance	1	-
34	Kũbuca	to be deficient	A deficiency	-	1

Table 2: Gender variable in the interpretation of mental illness

Conceptual mappings for mental illness	Males		Females		Total (lexical frequency)
	Lexical frequency (lf)	Percentage (%)	Lexical frequency (lf)	Percentage (%)	
Mental illness is a disturbance	13	32.5%	26	62.5%	39
Mental illness is a deficiency	7	39%	11	61%	18
Mental illness is a head disease	11	41%	16	59%	27

Mental illness is a head disease

This mapping is the source to 38% of the total metaphorical euphemisms of mental illness. The conceptual metaphor mental illness is a head disease is based on the fact that mental illness generally

affects the head. Some of the correspondences in this mapping include:

- (13) 'Gũthũka mūtwe', 'gũthũka kĩongo' - disorder of the head,
 (14) 'Mũrimũ wa kĩongo' - disease of the head,

- (15) 'Kūrwarā meciria' - sickness of the mind,
- (16) 'Kūrwarā' - to be sick,
- (17) 'Kūrūga hakiri' - disorder of the mind,
- (18) 'Kūrwo nī meciria' - loss of mind,
- (19) 'Gūthūka gatongoria' - to have a ruined controller or leader,
- (20) 'Kwohoka gatongoria' - loosening of the controller,
- (21) 'Gūkarario nī kīongo' - when one does the opposite of what is expected,
- (22) 'Kūhūgūya kīongo' - to be confused in the head,
- (23) 'Maroho moru', 'mbūrī', 'mbūgūgū' - possess bad spirits.

We have also included in this conceptualization the overriding belief among Agikūyū that mental illness is bad spirits that affect the head as in (22). Therefore, all metaphorical euphemisms that implicitly refer to the head or mind have been included in this conceptual mapping.

DISCUSSION

The study identifies 34 metaphors of mental illness in Gikūyū (cf. Table 1). The presence of 34 metaphors of mental illness confirms the fact that a single idea can also be explained by a number of metaphorical expressions (Charteris-Black, 2004). This is in consonance with Landau (2010) who notes that metaphor is a "unique cognitive mechanism underlying social thought and attitudes," and which acts as a reflection of culture (p. 2). Similarly, Jiang (2000) argues that it is commonly accepted that "language is a part of culture," and "the two are inseparable" (p. 328). Jiang (2000) adds that metaphors are actually based on the culture of the society, and it is this culture that gives rise to different associations and images for certain words. Past researches also corroborate the finding that metaphor is a basic and indispensable linguistic feature of human understanding (Kövecses, 2002; Cienki, 2005).

The study notes that the metaphors used to refer to mental illness in Gikūyū are well accounted for in terms of the Conceptual Metaphor Theory (CMT) as propounded by Lakoff and Johnson (1980). The CMT also facilitates in the identification of the various conceptual mappings of metaphors of mental illness. The finding is in consonance with past studies on metaphor (Machakanja, 2006; Crespo-Fernández, 2013) which have proved that the CMT is an effective framework for the analysis of metaphors. Third, this study found that females have slightly higher lexical frequencies for mental illness than males. Gender, therefore, comes out as a dominant variable that provides people with lens through which

they look at mental illness. Thus, the conceptualization of **mental illness** by females as **mental illness is a disturbance**, **mental illness is a deficiency** and **mental illness is a head disease** by females may be due to the following reasons. Brizendine (2006) postulates that women are more susceptible to emotional breakdowns and mental illness than men. Brizendine (2006) adds that the disparity in vulnerability to mental illness between males and females may be caused by both biological differences and social pressures. Thus, stress – sensitive female hormones may account for the special vulnerability of women to mood and anxiety disorders and, therefore, put credence to the findings of this study that women have higher lexical frequencies for all conceptual mappings. Second, Busfield (1996) noted that mental disorder is a "female malady", but claims that there is no evidence pointing to biological vulnerability of women to mental disorder. Instead, Busfield suggests that cultural factors are the locus of the differences in mental disorder between men and women. Third, evolutionary psychology has also found that women have a greater ability to identify and feel the emotions of others, resulting in increased psychological sensitivity. This may, therefore, predispose females to have more lexical frequencies for mental illness than males.

CONCLUSIONS

Based on the findings and discussion above, this study concludes that metaphor is so pervasive in the expression of mental illness that it appears to play an indispensable role in our understanding of it. In other words, this shows that metaphor is a useful cognitive mechanism of conceptualizing mental illness in Gikūyū. The study concludes that metaphors of mental illness in Gikūyū are well accounted for in terms of the Conceptual Metaphor Theory and that the gender variable is intertwined with mental illness. The findings of this study would be of invaluable assistance to cognitive linguists, metaphor theorists, philosophers, cultural anthropologists and other scholars who have collaborated on the development of the cognitive linguistics framework. The study would also be significant to psychologists, counsellors and other stakeholders in the medical field so that they understand the cognitive processes within a mental patient's mind.

REFERENCES

- Allan, K. and Burridge, K. 1991. *Euphemism and Dysphemism: Language Used as a Shield and Weapon*. Oxford University Press, Oxford, UK.
- Allan, K. and Burridge, K. 2006. *Forbidden Words*. Cambridge University Press, Cambridge, UK.

- Brizendine, L. 2006. *The Female Brain*. Morgan Road Books, New York, USA.
- Busfield, J. 1996. *Men, Women and Madness*. New York University Press, New York, USA.
- Charteris-Black, J. 2004. *Corpus Approaches to Critical Metaphor Analysis*. Palgrave MacMillan, London, UK.
- Chilton, P. 2005. Manipulation, memes and metaphors: the case of Mein Kampf, p. 15-44. In: L.D. Saussure and P. Schulz (Eds.), *Manipulation and Ideologies in the Twentieth Century*. Amsterdam: John Benjamins, Amsterdam. Netherlands.
- Cienki, A. 2005. Metaphor in the “Strict Father” and “Nurturant Parent” cognitive models: A test case for two models of metaphors. *Journal of language and politics*, 3: 409-440.
- Crespo-Fernández, E. 2013. Euphemistic metaphors in English and Spanish epitaphs: A comparative study. *Atlantis, Journal of the Spanish Association of Anglo-American Studies*, 35 (2): 99-118.
- Dirven, R. and Verspoor, M. 2004. *Cognitive Exploration of Language and Linguistics*. John Benjamins Publishing Company, Amsterdam, Netherlands.
- Forceville, C. (2002). The identification of target and source in pictorial metaphors. *Journal of Pragmatics* 34:1-14.
- Gathigia, M. and Ndũng’ũ, R. 2011. *A Cognitive Linguistics Analysis of Gĩkũyũ Euphemisms*. VDM Publishing House Ltd, Saarbrücken, Germany.
- Gibbs, R.W. 2008. *The Cambridge Handbook of Metaphor and Thought*. Cambridge University Press, Cambridge, UK.
- Guthrie, M. 1967. *The Classification of Bantu Languages*. Dawsons of Pall Mall, London, UK
- Jiang, W. 2000. The relationship between culture and language. *ELT Journal*, 54(4): 328-334.
- Knowles, M. and Rosamund, M. 2006. *Introducing Metaphor*. Routledge, London/New York, UK/USA.
- Kövecses, Z. 2000. *Metaphor and Emotion: Language, Culture and the Body in Human Feeling*. Cambridge University Press, Cambridge, UK.
- Kövecses, Z. 2002. *Metaphor: A Practical Introduction*. Oxford University Press, Oxford, UK.
- Lakoff, G. 1993. The contemporary theory of metaphor. p. 202-251 In: A. Ortony (Ed.), *Metaphor and Thought*. Cambridge University Press, Cambridge, UK.
- Lakoff, G. and Johnson, M. 1980. *Metaphors We Live By*. University of Chicago Press, Chicago, USA.
- Lakoff, G. and Núñez, R. 2000. *Where Mathematics Comes From: How the Embodied Mind Brings Mathematics into Being*. New York: Basic Books.
- Lakoff, G. and Turner, M. 1989. *More than Cool Reason. A Field Guide to Poetic Metaphor*. University of Chicago Press, Chicago, USA.
- Landau, M. 2010. A metaphor-enriched social cognition. *American Psychological Association*, 136 (6): 1045-1067.
- Machakanja, I. 2006. Conceptual metaphors in English and Shona. A cross-linguistic and cross-cultural study. PhD Thesis, University of South Africa, South Africa.
- Mbaabu, I. 1996. *Language Policy in East Africa: A Dependency Theory Perspective*. Nairobi: Educational Research Publication.
- Negro, A.I. 2014. Pictorial and verbo-pictorial metaphor in Spanish political cartooning. *Círculo de Lingüística Aplicada a la Comunicación*, 57: 59-84.
- Ortony, A. 1993. *Metaphor and Thought*. Cambridge University Press, Cambridge, UK.
- Ritchie, J., Lewis, J. and Elam, G. 2003. Designing and selecting samples, p. 127-139. In: J. Ritchie and J. Lewis (Eds.), *Qualitative Research Practice. A Guide for Social Science Students and Researchers*. Thousand Oaks, CA: Sage, USA.
- Rubin, D.B. 1987. *Multiple Imputations for Non-Response in Surveys*. New York: Wiley.