The Body's Insistence on Meaning: Metaphor as Presentation and Representation in Illness Experience

Illness experience is articulated through metaphors that are grounded in—and constrained by—both bodily experience and social interaction. The bodily grounding of metaphor is based on the hierarchical elaboration of sensorimotor equivalences. The social grounding of metaphor resides in the pragmatics of language where context and intention are inseparable from meaning. Metaphors allow for inventive play, despite the dual constraints of body and society, by requiring only piecemeal correspondences to the world through ostension. The meaning of metaphors is then to be found not in representation but in presentation—modes of action or ways of life. Clinical examples illustrate how a semantics of metaphor can clarify the tensions between the essential irrationality of illness experience and the biomedical presumption of rationality. [illness behavior, semiotics, semantics]

Don't be the rider who gallops all night
and never sees the horse that is beneath him.

—Robert Bly, When Grapes Turn to Wine

With language we construct fictions, but not all experience is fictive, subject to the limitless power of imagination to transfigure and invent. Our aching bodies remind us there are at least two orders to experience: the order of the body and the order of the text (Berger 1987). Recently, scholars in many disciplines have begun to approach the body with renewed respect (Johnson 1987; Lakoff 1987; Levin 1985; O'Neill 1985; Rochberg-Halton 1986; Scarry 1985; Turner 1984). This concern for the body seems to be a response to obvious imbalances in contemporary Western thought: a pervasive dualism in which the activity of the mind is valued over and against the life of the body; a hyper-rationalism that ignores the significance of bodily felt meaning and minimizes the

way in which emotions compel thought, choice, and action; an emphasis on disemodied ideas, divorced from agents and situations, leading to a decontextualized view of knowledge and value; the postmodern loss (or abuse) of textual tradition, which divorces writing from its communal ground; a radical abstractionism and relativism that negate the meaning of the individual, lending themselves to totalitarian modes of thinking in which the suffering body is subordinated to philosophical or political ideals. Against all of these ways of unmaking the world, the turn toward the body represents a longing for community, for bodily connection and participation in a habitable world of substance and feeling.

There is an inescapable circularity between the order of the body and the order of the text. Past infancy, bodily experience is most conspicuously elaborated and communicated through language. Language, in turn, is grounded in bodily experiences that provide common referents for a lexicon and in the organization of bodily action that provides a prototype for syntactic structure (Johnson 1987; Vowles 1970). Any attempt to give autonomy to the study of either body or text, divorced from the other order of experience, is epistemologically naive. How can we say the body is “so and so,” when that knowledge is worked out through language that imposes its own structure on experience and thought? On the other hand, how can we claim to encompass all possible worlds of meaning in the permutations of language when bodily pain and suffering up-end our orderly lives and drive us to the most desperate gestures of faith?

Medical anthropologists, along with reflective practitioners of medicine, are uniquely positioned to explore the significance of embodiment. Sickness places the body in the foreground. As Kleinman (1988) movingly illustrates, the problem of sickness raises two fundamental questions for the sufferer: “Why me?” (the problem of bafflement) and “What can be done?” (the problem of order and control). Sickness challenges cultural clichés and facile explanations. It poses anew the problem of Job, latent in every life, made personal and immediate by the insistence of bodily suffering. How can meaning and value be sustained when consciousness is constricted, degraded, and defiled by pain?

Searching for a comprehensive framework for medical anthropology, Scheper-Hughes and Lock (1987) describe three realms of the body: the individual body-self of lived experience, approached by phenomenology, but known most directly in the wrenching immediacy of pain (Scarry 1985); the social body of symbolic representation (Douglas 1973); and the body-politic of power, domination, and control (Turner 1984). These distinctions point not so much to three bodies as to three types of text produced by scholars. In any real event, the three bodies form a single system, which may be simultaneously riven by conflict and unified by self-regulatory processes. Translation between these texts then demands an understanding of the processes that mediate the relationships between body, self, and society; between bodily feeling and social symbolism—psycho-physiology; between social symbolism and politics—rhetoric; and between body-politic and body-self—the dynamics of knowledge and power.

Despite the rhetoric of holism, the epistemological circularity of body and text does not imply the two orders can be readily dissolved into one. Body and text (like body and mind, from which this modern duality is transposed, cf. Kirmayer 1988) stand in dialectical relationship to each other. And if the text stands for a hard-won rational order, imposed on thought through the careful composi-
tion of writing, the body provides a structure to thought that is, in part, extra-

rational and disorderly. This extra-rational dimension to thought carries important

information about emotional, aesthetic, and moral value. The dominant representa-
tional theories of meaning employed in medicine, psychiatry, anthropology,

and cognitive science have tended to consider only those aspects of thought that

conform to the rationality of an ideal, disembodied mentality. The body and its

passions are viewed as disruptions to the flow of logical thought, as momentary

aberrations or troublesome forms of deviance to be rationalized, contained, and

controlled. Yet, in everyday life, bodily experience preempts our rational con-

structions. Through the pain and suffering that foreshadow its own mortality, the

body drives us to seek meaning, to take our words as seriously as our deeds. Ulti-

mately, the body insists that we finalize our temporary mental constructions,

committing ourselves to some view of reality.

Any theory of meaning that hopes to address the experience of illness must
give due weight to the primacy of the body not only as an object of thought but
as itself a vehicle for thinking, feeling, and acting. The body cannot be contained
by a theory of representation—for the body is not the same as the body-image.
The body’s influence on thought is more presentation than representation, given
in substance and action rather than in imagination and reflection. How to approach
this privileged position of the body without discarding the perspectivism of rep-
resentational theory is a problem for any serious medical anthropology.

In this article, I examine some limits of the prevailing rationalistic semantic
theories. In their stead, I outline a semantics of metaphor that offers a way to
explore the presence and insistence of the body in the mental and social life of
patients and physicians. In the first section, I describe biomedical and psycho-
dynamic interpretations of the experience of a patient on hemodialysis to illustrate
how the implicit assumptions of each interpretive system ignore salient aspects of
bodily experience and social context. Next, I briefly summarize some of the ra-
tionalistic and "mentalistic" biases of semantic theories, including psychody-
namics and structuralism, which downplay the primacy of the body. In the third
and fourth sections, I introduce metaphor theory from the perspective of cognitive
and developmental psychology and illustrate the bodily and social grounding of
metaphor. The conclusion considers some broad implications of the embodiment
of metaphor for theories of meaning and clinical interpretive practices.

Ridding the Body of Poison

Dr. A is bewildered by the irrational behavior of Mr. Y, a 35-year-old business-
man receiving hemodialysis for chronic renal failure. Although Mr. Y has a dan-
gerously low hemoglobin, he refuses a blood transfusion. Mr. Y explains that he
is terrified of receiving other people's blood because it may contain genetic ma-
terial that carries their personality traits. This could affect his mind and alter his
personality. Dr. A finds this explanation absurd if not unintelligible. He reasons
with Mr. Y, trying to impress on him the facts: "Red blood cells don’t contain

genetic material... and genes do not transmit personality from one adult to

another. Personality is a function of the brain, not the blood. You are in desperate

need of a blood transfusion to avoid a heart attack or stroke." Mr. Y acknowl-
edges this information but remains unconvinced.

The doctor’s rational explanation begins with the ‘‘facts’’ of biomedical the-
ory and proceeds, with the rhetorical style of medical authority, to an imperative
for action. The patient’s rationality is evidenced by his ability to grasp the doctor’s argument, accepting the premises of biomedicine and following the logic to its necessary conclusion. The physician expects that by argument and education the patient can be made to accept the real state of affairs and choose the only rational course of action—unless, of course, his capacity for reason is somehow impaired.

The epistemology implicit in the doctor’s approach stems from a naive realism: The patient’s world is made up of tangible objects (blood, hemoglobin, genes) which, if only he could see clearly, would provide accurate information about how and when and why to act. Although the physician’s perception is augmented by technical instruments and his personal uncertainty is shored up by colleagues and canonical texts, he acts as though the world he perceives through the medium of medical theory is “out there” for all to see. The epistemology of biomedicine is based on the metaphor of vision, in which the eye takes in a replica of an objective world which the brain then represents or mirrors (Rorty 1979). Technology extends the range of the eye but does not alter its intrinsic objectivity. Mind figures, in this picture, as the place where information about the world is recorded, organized, and stored. Thus, mental representations are presumed to be more or less isomorphic to reality, directly encoding facts about the world. This epistemology supports the radical separation of fact and value where, by value, I mean the felt importance or significance of means and ends. Mental representations are primarily about facts and only secondarily are they deformed or disrupted by idiosyncratic personal or social values.

The physician ignores the way in which medical training and the adoption of a theory embedded in technical language and practices actually create the ordered reality in which he discovers and situates the patient’s “real” problems. Within the narrow epistemological framework of biomedicine, the rationality of Mr. Y’s view of the world depends entirely on the empirical truth of his beliefs as judged against the standard provided by biomedical theory. Given this occlusion of the reality-creating function of medical theory and practice, it is not surprising that the physician quickly grows impatient with the patient’s inability to see what is there. Disagreement with medical opinion is prima facie evidence of irrationality. In his frustration, the doctor quickly resorts to scientific and professional authority to resolve, deflect, or ignore the patient’s doubt.

The theory of meaning that corresponds to the physician’s epistemology subordinates meaning to truth and holds that truth resides in the world. Facts, then, are represented in the mind as explicit conscious propositions whose main property is their truth value. As such, the doctor can provide Mr. Y with factual truths, which have unambiguous meaning and, if complete enough, lead inescapably to certain conclusions. Mr. Y may hold certain false beliefs, which can be challenged and replaced on a piecemeal basis by more accurate information. When this sort of education fails to change the patient’s behavior—even though the patient can recite the biomedical facts and seems to understand the doctor’s line of reasoning—the physician suspects some hidden perversity of the patient’s mind.

Dr. A then asks for a psychiatric consultation “to get Mr. Y to do the reasonable thing.” In conversation with the psychiatrist, Mr. Y recounts his frightening experiences during repeated childhood hospitalizations for kidney disease. He says he mistrusts doctors because of these experiences. He makes many allusions to the fragility of his body boundaries and physicians’ imperious disregard of his...
vulnerability. He appears to be very fastidious in his own physical self-care. This prompts the psychiatrist to ask Mr. Y if he is careful about what he puts into his body—like water or food. He smiles with some embarrassment and says: "You understand me very well, doctor. I only drink purified spring water and eat only meat with no hormones or additives. You will probably think it is irrational, but I believe it is better for my health." When his symptoms become more severe, Mr. Y eventually accepts a blood transfusion although he is obviously distressed by the situation.

The psychiatrist listens through Mr. Y's self-description for evidence of the unconscious. The patient cannot fully describe his predicament as a conscious set of beliefs. Instead, he reveals his conflicts indirectly through patterns of association, parapraxes, and unintended gestures. The psychiatrist looks to the patient's history of relationships, and to the twists and turns of the clinical conversation, to reveal the core conflicts and basic irrationalities that organize the patient's experience. A sense of physical vulnerability, of a fragile body-boundary to be vigilantly guarded, of pollution by contact—all are prominent in Mr. Y's thinking. From this the psychiatrist extrapolates forward to other related symptoms, which the patient confirms. The psychiatrist searches for historical events that have conditioned Mr. Y's mistrust of doctors and fear of medical treatment. A childhood history of kidney disease led to repeated hospitalizations for investigative procedures. These childhood hospitalizations involved separations from his family, with feelings of abandonment that have shaped his uncertain trust in caretaking relationships. These painful separations have continued: Mr. Y's wife and child have returned to stay with his extended family in Europe and he now lives alone in Canada. He denies any marital difficulty, claiming that this arrangement is simply due to his efforts to continue to conduct business in Canada. He minimizes the impact this separation has had on his illness. The psychiatrist interprets this denial of predictable distress as evidence of conflict: Mr. Y has difficulty forming close relationships; he probably feels abandoned by his family once again but has learned to hide his feelings. His anger and disappointment with family, past and present, are displaced and expressed as mistrust of the doctors and nurses whose treatment he disparages and compares unfavorably with the medical care he has received in Europe. This position allows him to maintain the fiction of positive relationships with others back home while communicating his suffering to the medical caretakers with whom he has vital ongoing relationships.

The epistemology implicit in the psychiatrist's approach is a version of psychological realism: Human action is distinguished from nonhuman events by intention. Behavior is guided by belief, and so, in the case of persons, reasons can be causes. Beliefs may not correspond closely to a consensual reality and may be hidden from consciousness. However, the psychiatrist, as detached observer, can discern the underlying beliefs that govern the patient's behavior. The patient's life-world is made up not of material objects but of mental representations. If Mr. Y believes that foreign blood is polluted with microscopic fragments of the donor's personality, then this is true—at least within Psyche's realm.

This respect for the autonomy of the psyche coexists uneasily with the materialism of biomedicine and probably accounts for some of the suspicion with which medical practitioners continue to view psychiatry (Kirmayer 1988). The psychiatrist's goal, however, is not much different from that of his medical col-
leagues—to rationalize the irrational and so, induce the patient to accept the authority of medicine in the form of a “necessary” blood transfusion. The psychiatric strategy to accomplish this goal may include teaching the patient the origins of his beliefs in details of personal history. Once these beliefs are situated in an idiosyncratic history, it is easier to discount their relevance for rational decision making.

A second focus of psychiatric therapy involves training the patient to better express and manage his emotions. Emotion clouds perception. Implicit even in the encouragement to freely express emotion is the notion that once emotion is expressed it will subside and allow the patient to make more rational decisions. Indeed, the epistemology of psychiatry sometimes holds that psychiatrists are able to see their patients’ minds more clearly than the subjects themselves, not only because psychiatrists are detached but precisely because they have become aware of the distorting effects of their own emotions and can somehow factor them out of their perceptions.

The theory of meaning that corresponds to this psychiatric epistemology is based on mental representation. The representations that impart meaning may be hidden from consciousness—never articulated or once expressed, but now pushed back down by repression. The representations revealed by the patient’s actions may be distorted and part of the work of psychotherapy is to expose them so that they may be rationally confronted and brought back into accord with consensual reality.

The biomedical perspective emphasizes biological disease to the exclusion of illness experience (Kleinman 1988). Psychodynamic psychiatry places illness experience at center stage, but its emphasis on intrapsychic determinants leads to a decontextualized view of the patient. Both perspectives miss crucial dimensions of embodiment: the physical substance and social context of the patient’s predicament.

Hemodialysis contravenes the healthy order of bodily experience. The patient witnesses his blood leaving his body and traveling through plastic tubing into the hidden depths of the dialysis machine. The machine has nervous habits: it blinks and twitches—shifting registers, clicks, and beeps mark the progress of blood through the machine. Once processed—transformed by the machine—the blood returns to the patient to be contained and hidden inside the body once more. Ordinarily, the presence of blood is indicated by a healthy color and turgor to the skin, a steady heart rate and stable blood pressure, a clear-headed ability to perceive and think, and a strong body, able to stand, move, and exert itself without undue fatigue. During and immediately after dialysis, however, patients often feel drained and exhausted, unsteady on their feet; their thinking is clouded; when they stand abruptly they may feel faint. Such complications of dialysis make it seem as though the machine has altered the blood or incompletely returned it to the body. These experiences both give rise to, and are amplified by, the equation of blood and “strength.”

Dialysis confronts patients with violations of conventional body boundaries. This transgression of boundaries is paralleled by recurrent dilemmas about the limits of control by self and other (Alexander 1981). Patients are expected to passively cooperate with treatment and accept “machine-dependency” while actively participating in managing their illness and maintaining their autonomy in
every other sphere of life. The regions of the patient's life given over to medical care and those areas that remain independent change dramatically with the fortunes of treatment and the progress of disease. Depending on shifting circumstances that are often obscure to the patient, medical staff may view either acquiescence or independence as signs of mature rationality.

For the patient on hemodialysis, the permeability and transgression of body boundaries parallels recurrent ambiguities about the limits of autonomy and necessary dependence. These universal issues take on heightened meaning in the context of each individual's history. Early childhood experiences of unexplained pain made Mr. Y's body a mystery to himself. Contrary to their social image as caregivers, the surgeons and nurses who treated him as a child caused considerable pain and fear—sticking needles and knives into his body and drawing blood from him. He has experienced his body as something appropriated by others for study and examination. At times it has seemed that they knew his insides more intimately than he did, with their ability to peer inside his bodily cavities and their arcane technical knowledge of how the body works. Encouraged to take charge of his own care, he has acquired the vocabulary of biomedicine but puts it to his own use, emphasizing those elements of health under his direct control. So it is that he becomes preoccupied with what he puts into his body. He posits a direct connection between what goes in and what comes out of his body, and this is dramatically confirmed by the daily consequences of even slight deviation in the strict diet and fluid intake he must follow on dialysis. He idealizes what is natural, organic, and pure—food from the country, untainted by the toxins and pollution of technologized urban life—a common theme among city dwellers (Herzlich 1973), but this has the force and certainty of a belief that has become central to his bodily experience.

There is a further social dimension to Mr. Y's preoccupation with reestablishing the integrity of his body boundary and maintaining the purity of his "insides." Mr. Y is a foreigner, a businessman who has come from Europe to Canada. He views the locals as less cultured and sophisticated than himself. He feels their coarseness is intrinsic, part of their bodily constitution, and fears receiving blood from them since this would taint his body and with it his mind. This incipiently racist theme of "blood purity," although it may receive impetus from Mr. Y's childhood traumas, finds support in collective representations and discriminatory practices. Mr. Y is not alone in using birthplace, accent, education, and other signs of ethnicity to mark status. Mr. Y's assumed superiority is endorsed by a segment of his culture of origin. It is matched by local attitudes that express feelings of inferiority. Mr. Y's prejudice serves to draw a sharp boundary that separates him from others. It alienates him from his medical caretakers who not only find him difficult to understand but, reacting with moral repugnance, cease to wish to understand.

Islands of Reason, Oceans of Desire

In sickness we confront the inchoate. Bodily suffering distorts the landscape of thought, rendering our previous constructions incoherent and incomplete. The study of the essential irrationality of sickness is hampered by the fact that the "objective" social sciences adopt many of the same rationalistic values as bio-
medicine. For medicine the irrational is pathological; for the social sciences the irrational is deviant or exotic. Those who sympathize with the deviant offer rational explanations as justification. The dominant theories of the social sciences tend to treat the nonrational aspects of existence as defective or in need of rationalization (Sperber 1985). This emphasis on rationality and control is a central preoccupation of Western culture, and it permeates our models of the acquisition and use of knowledge, no less than our ethical and aesthetic vision. It is no surprise then that scholars struggle to capture feeling within the skein of rational discourse.

The rhetoric of rationality promotes a naive view of conceptual representations as propositions directly accessible to consciousness. This allows us the fiction that people can, quite reasonably, tell us their beliefs. Rationality then inheres in the logical consistency or coherence of beliefs and in the consistent entailment of our actions by our beliefs. Western academic psychology is founded on a similar assumption of rationality: states of mind can be correlated with behavior only if we assume a coherent and stable set of production rules by which intention and belief are translated into action (Heil 1986).

A similar view of belief obtains in anthropology. Young (1981, 1982) has characterized the "rational man position" in medical anthropology, which comprises several underlying assumptions about human "nature" including: (1) Language and cognition share the same underlying structure. Language allows access to people's beliefs. Thus, there need be no significant gap between someone's volition and their verbalized intentions. (2) Knowledge is internally consistent according to some variety of propositional logic. (3) Reasoning is a conscious mental process by which people organize knowledge to provide useful information and guide action. It loosely follows deductive or inductive logic. Other forms of reasoning (e.g., symbolism) have only restricted application to dreams, rituals, magic, or expressive culture. (4) People behave pragmatically on the basis of causal models and attempt to predict and control what is going to happen to them.

Into this neat scheme the irrational intrudes. Action does not spring directly from belief. Belief often follows action, manufactured to justify behavior to one's self or to further a strategic self-presentation. Beliefs themselves are situational, inconsistent, at times incoherent. What coherence belief attains may reside not in logical consistency but in the wholeness of an image or metaphor, in the dynamics of emotion or the persistence of a mood, or it may be imposed by the physical constraints of the body in the course of turning inconsistent beliefs into action.

The irrational then is not simply a defective category—the mere absence of rationality—but a category with its own distinct qualities. The irrational stands for the role of the body in thought: sensuous and emotional. Emotions "are embodied thoughts, thoughts seeped with the apprehension that 'I am involved' " (Rosaldo 1984:143). Emotions determine not what is logical to do to achieve certain ends but what ends are most pressing in a given situation. The affective significance of words, concepts, and images is not simply derived from their formal relationships with each other but is based on their larger human significance. Food and sex, fear and desire, sickness and health, however much they are elaborated in abstract semantic models, take their urgency and power from people's ways of life. The attempt to model these exigencies of human life as equivalent to any other rationally held proposition ignores their salience and subjectively compel-
ling quality. This failure to recognize the primacy of the irrational is part of a more basic defect of rationalistic semantic models—their lack of attention to the embodiment of meaning. 4

While the interpretive methods of psychodynamics and structuralism offer approaches to the irrational, both lack sufficiently rich concepts of embodiment and so, inevitably, end in rational reduction. Psychoanalysis seeks to contain the irrationality of the body within a system of a few correspondences between universal existential themes and supervenient biological drives. The vast array of symbols and forms of expression is reduced to a few core conflicts. Indeed, some psychoanalysts have defined “symbol” as a sign signifying one of a few universal bodily acts: birth, death, hunger, sex, aggression, and a few others (Jones 1967). By virtue of its signifying one such knot of human passion, the symbol takes on a powerful evocative function that can speak to us across cultures. Psychoanalytic anthropology tends to view culture as a layer of shared beliefs plastered onto the basic biopsychodynamic structure of the human being (Gellner 1985). The diversity of cultures reflects variation in surface meaning while the depths of each individual involve the same processes of psychological conflict (Spiro 1982). The symbol can be decoded in terms of universal human themes; even religious symbols serve primarily to represent, deflect, and resolve inner conflicts. From the psychoanalytic viewpoint then, there can be only a few possible meanings for any conceivable symbol. For this reason, Freudian and many contemporary psychodynamic interpretations of literature and art often do violence to the power and life of the work. As Bersani (1986:108) notes, “the work of art is often ‘treated’—interpreted and, one might almost say, cured—as if it were little more than a socialized symptom.” In justly criticizing the reductive interpretation of art, however, this remark denigrates the significance of “socialized symptoms” whose meaning is also not exhausted by a psychodynamic treatment. Psychoanalytic explanation reduces the variety, complexity, and multivocality of the patient’s bodily experiences and expressions, with their frequent conscious lacunae, to the arbitrary completeness, rationality, and self-consciousness of the analyst’s theory (Sperber 1974).

Structuralism reduces the body to idealized parts and functions that populate a symbolic order. Substituting form for content, structuralist theory results in a “cognitive crystallography” in which the sense of what really matters is lost in elegant abstractions. Structuralist theories respect the enormous variety of symbolic representations of meaning but, owing to their pure cognitivism, leave symbolic systems unmotivated and, in a sense, quite arbitrary. Yet,

Symbols are generated out of a need, whether a life wish or a death wish, but there is no real interpretation that is not situational and strategic. To suppose that there is a real or true interpretation that surpasses situation and the primal preoccupations of a given participant is the first strategy by which the inchoate has been approached. . . . Judgement in symbolic analysis is much less empirical than moral. [Femandez 1982:19–20]

Ultimately, structuralism is limited in its explanatory power because it promotes a separation of abstract meaning and embodied use. For structuralism, the body is a mannequin—a stripped down, inanimate frame on which the vestments of theory can be draped. For psychoanalysis, the
body is a primitive, ungoverned engine of desire. In practice, both approaches
tend to deal not with the realities of the body itself but with limited images or
representations of the body. In substituting the image of the body for the body, of
text for performance, representation for action, both psychoanalysis and structural-
ism are able to exaggerate the coherence of meaning systems.

Sperber (1974) has called for a semantic theory that incorporates the insights
of structuralism and psychodynamics while avoiding their limitations. From psy-
chodynamics would come attention to the wellsprings of action, the motive force,
the power of mattering. From structuralism would come attention to the interre-
latedness of symbols and of the formal structure and coherence of symbolic sys-
tems that allows them to encode complex structures of the social world. Only a
perspective that encompasses both can hope to provide an adequate approach to
the shifting meanings of illness experience. A semantics of metaphor can meet
this challenge and offers a way into the urgency and inventiveness of language.

Towards a Semantics of Metaphor

In seeking to give metaphor a central role in semantic theory, we must con-
sider it not simply as a literary trope but in its more encompassing meaning of
metaphoric concept. The metaphor “A is B” is an invitation to think of A (the
topic) as if it were a sort of B (the vehicle). Metaphor confers the properties of
one concept on another and all of our cognitive, affective, and somatic ways of
knowing may be brought to bear to elaborate metaphoric correspondences. As
well, unlike explicit tropes, metaphoric concepts may be implicit or uninten-
tional, used without awareness or concern with the metaphoric/literal distinction.

Metaphors are asymmetrical analogies in which high salience features of the
vehicle are applied to the topic (Ortony 1979). “Surgeons are butchers” is quite
distinct from “butchers are surgeons”—each metaphor draws on salient features
of the vehicle to make latent features of the topic more salient. But the flow of
information in metaphor is not completely one-sided. Topic and vehicle must in-
teract to determine which of many potentially salient features of each can be re-
lated and are relevant to context and intention (Sternberg and Nigro 1983). At-
ttempts to reduce a specific metaphor a priori to an isomorphic mapping of the
structure of one domain onto another fail because the homologous features of the
two domains are unknown until they are related metaphorically. Metaphor in-
volves a process of discovery or invention. Hence, metaphor is essentially cre-
tative of meaning—even when this meaning is static and conventional, as is the
case for the dead metaphors we call literal speech.

In the process of interaction, topic and vehicle color each other. Metaphors
about surgeons and butchers influence the way we think about both occupations.
Further, metaphors not only change the way we view a specific topic, they can
restructure a whole domain (Kelly and Keil 1984 cited in Winner 1988:122ff.).
Once a metaphoric comparison is made with a specific event, related events may
be thought of in terms of parallel metaphors. For example, comparing pop psy-
chology to fast-food encourages us to think of classical psychoanalysis as an elab-
orate repast. And there may be other schools of psychology we find hard to swal-
low. Even a moment of metaphoric contact between two concepts encourages us
to play with structuring whole regions of experience in terms of metaphors bor-
rowed from related domains.
The perceptual basis of metaphor is similarity or equivalence. In its crudest form this perceptual equivalence involves synesthesia—equivalences across different sensory modalities. Infants readily perceive cross-modal analogies in what may be taken as the earliest form of metaphor (Wagner et al. 1981). Luria’s mnemonist, S, who claimed to have eidetic recall for many of his childhood experiences, provides evidence for the role of synesthesia in spontaneously organizing perceptual categories. In a stream of associations and imagery to the Russian word *zhuk* (beetle), he creates a vivid portrait of the metaphoric world of the infant:

> A *zhuk*—that’s a dented piece in the potty. . . . It’s a piece of rye bread. . . . And in the evening when you turn on the light, that’s also a *zhuk*. for the entire room isn’t lit up, just a small area, while everything else remains dark—a *zhuk*. Warts are also a *zhuk*. . . . Now I see them sitting me before a mirror. There’s noise, laughter. There are my eyes staring at me from the mirror—dark—they’re also a *zhuk*. Now I’m lying in my crib. . . . I hear a shout, noise, threats. Then someone’s boiling something in the enamel teakettle. It’s my grandmother making coffee. First she drops something red into the kettle, then takes it out—a *zhuk*. A piece of coal—that’s also a *zhuk*. I see them lighting candles on the Sabbath. A candle is burning in the holder, but some of the tallow hasn’t melted yet. The wick flickers and goes out. Then everything turns black. I’m scared, I cry—this is also a *zhuk*. . . . And when people are sloppy pouring tea, and the drops miss the pot and land on the plates, that’s also a *zhuk*. [Luria 1968:84]

Spontaneous perceptual metaphors become more elaborate as the child grows. A 15-month-old child points to his toe sticking through a hole in his sock and laughingly says “Turtle”; a three-and-a-half-year-old child peers into mother’s curly dark hair and proclaims: “Dark woods” (Winner et al. 1979). Such inventive metaphors rest on salient perceptual similarities—elements of which are universal. In adulthood these similarities are often overshadowed by conventional associations based on socialization (hair is viewed in terms of its grooming and conformity to standards of attractiveness). It remains for poets to remind us of our natal language. In the underlying similarities that arise from perceptual salience we find one way the body makes its presence known through metaphor.

Metaphors are not only linguistic or perceptual, however; they can also be made with gestures or actions. Enactive metaphors transform an object through its use. By 18 months, children are able to play with objects as if they were something else: a comb becomes a toothbrush, a truck becomes a telephone (Winner et al. 1979). Even where there is little or no resemblance between objects, enactive metaphors can transform the meaning of one into the other. Such gestural metaphors persist as an important feature of nonverbal communication.

Metaphors are produced in the perception of resemblances and in symbolic play before they are recognized as anomalous parts of speech (Vosniadou and Ortony 1983) and long before they can be verbally explained (Winner 1988). Both perceptual and enactive metaphors are grounded in bodily experience. Without an initial set of perceptual equivalence classes, the infant would have no way to recognize regularities and construct a coherent world. Elementary perceptual similarities arising from the bodily experience are extended through metaphor to yield more complex categorizations of experience. Metaphors based on perceptual similarity and enactment are closely related and we might call their function *senso-*. 
**Rimotor equivalence:** things that look the same and things that can be used the same way are made the same through perception and action.

Metaphors have affective as well as sensorimotor roots. Zajonc (1980, 1984; but see Russell and Woudzia 1989) provides evidence that affective evaluations or judgments can be made quickly and reliably in the total absence of stimulus recognition. His studies suggest that there are information processing systems associated with emotion that allow rapid judgments of certain qualities of stimuli. These affective qualities supply a metaphorical dimension to words and concepts. Osgood’s work with the semantic differential has established cross-cultural universals of affective meaning involving dimensions of evaluation, potency, and activity (E-P-A) (Osgood, May, and Miron 1975). These dimensions parallel the functioning of adaptive biological systems for approach/avoidance, attention, and arousal. These fundamental aspects of motivation and emotion can still be discerned in the more complex forms of sentiment that arise from patterns of social interaction. Indeed, some of the structure of interpersonal action can be explained in terms of the social regulation of these dimensions of affective experience (Heise 1985).

Developmental studies indicate that metaphor comprehension begins at an early age and is governed not so much by the maturation of general cognitive skills (such as logical operations or classification) as by the child’s fund of knowledge about the world and, hence, about the objects referred to by the terms of the metaphor. Until the age of eight or nine, children make many errors in metaphor comprehension because they lack knowledge of the world, particularly of the abstract properties and interrelationships of things. Young children tend to look for sensory similarities between topic and vehicle when a nonsensory, relational similarity is intended (Winner 1988:36). Older children are able to decode metaphors in terms of affective meaning: they are sensitive to the evaluative, potency, and activity dimensions of metaphoric meaning explored by Osgood and his colleagues in their semantic differential studies. Finally, as a fund of abstract relational knowledge develops, metaphor comprehension reaches an adult level of sophistication in selected domains. But the ability to understand metaphors continues to develop over the life span since it depends on knowledge and experience of specific domains, not simply on a general process of abstraction. The richer one’s fund of knowledge, the further one can decode and extrapolate a metaphor.

What sort of semantics can be built on these considerations of the developmental psychology of metaphor? The meaning of words and gestures is grounded in bodily experience. Meaning resides not exclusively in the relationships between concepts (as structuralism would have it) but in their connection to the body and its skills and practices. Meaning emerges from the capacity to use bodily experience (including socially embodied experience) to think with metaphorically.

When Mr. Y expresses his fear of tainted blood and personality invasion, he is using metaphors that structure his experience in terms of contagion. The law of contagion, one of the laws of primitive magic described by Frazer and again by Mauss, states that things that have once been in contact with each other may affect each other through a transfer of some of their properties via an invisible ‘essence.’ This is not simply a cognitive construction. Nor is it the result of conflicts pushed out of consciousness. The contagion metaphor is a consequence of bodily learning, and it persists as a result of the nature of bodily revulsion and disgust.
Rozin, Millman, and Nemeroff (1986) report studies that show the operation of the laws of sympathetic magic in everyday life. The law of contagion ("once in contact always in contact") reflects the psychological process of forging metonymic relationships. For example, drinks that have once had contact with a dead, sterilized cockroach are viewed as contaminated and are rejected with disgust. Clothing previously worn by a disliked person remains "soiled" and undesirable even when freshly laundered. The law of similarity ("the image equals the object") is illustrated by experiments showing that people are repelled by chocolate fudge shaped like dog feces and are less accurate throwing darts at a picture of someone they like than at a villain. In Rozin's studies, the laws of sympathetic magic operate even though people "know better." The power of metonym and metaphor transcends the dictates of logic and reason.

The enactive nature of early symbolization suggests a metaphor for metaphor: Metaphors are tools for working with experience. A metaphor expresses something that the body knows how to do, a way of working with or transforming a concept. Tools are pluripotential. Their shape suggests a use to the hand but they can be used in many ways not originally intended (although this sometimes involves misuse, as when the handle of a screwdriver is used to hammer nails). Metaphor provides ways of acting on our representations, or of making presentations to others, that transform the conventional representation, unpack new meanings, open up the situation. The logic of a metaphor can only be appreciated when we see how it is applied, and there are always new uses to which a metaphoric tool can be put. So metaphors cannot be reduced to any finite diagram or set of images. Metaphoric connotation is inexhaustible because, like a tool, a metaphor can always be used to fashion something new. The more we know of the world, the further we can extend our metaphors and the more skillfully we can use them to reshape experience.

In addition to providing an account of conceptual inventiveness, metaphor theory offers a remedy for the drought of passion in semantics. Individual experience is organized by metaphors whose meaning is not completely accessible to consciousness and is not circumscribed by a rational accounting of associations or beliefs. Metaphor theory shows how our purest, most abstract ideas are products of bodily action and emotion. Unlike psychodynamic theories of meaning, metaphor theory does not assume that conflict lies behind every symbol. Conflict and ambivalence can arise from the dynamics of bodily and affective processes (as in the laws of sympathetic magic) or from the antinomies of desire (e.g., Freud 1961[1930]). But the "depth" of metaphoric meaning may subsist in bodily experiences that are themselves unconflicted. The bodily grounding of metaphor provides modes of thinking that yield rich, yet often hidden, meanings. The social world provides further ways of extending metaphor to generate highly differentiated abstract symbols. Thus, the multivocality of symbols need not be reduced to a single personal theme. The meaning of illness experience and behavior can be sought not only in personal history but in the social contexts and ways of life that also serve to ground metaphor.

The Embodiment of Metaphor

Talk of flesh and blood makes our words immediate. This immediacy is a consequence of the developmental history of metaphor. As we have seen, the ear-
liest vehicles for metaphor are bodily sensations and actions (Johnson 1987). Over time, bodily emotions and sequences of interaction with others give rise to complex feelings or sentiments that provide more elaborate grounds for metaphor (Lakoff 1987). In this way, our complex conceptions are built from elemental bodily experience by extending a scaffolding of metaphor (Lakoff and Johnson 1980). It might seem that the elaborate structure that underlies metaphor would make for great distance between abstraction and physical experience. But, for adults, metaphors take no longer to process and understand than literal expressions (Winner 1988:125). The psychophysiology of metaphor mediates the immediate—closing the gap between the body and society.

Injury or alteration of the body changes not only the content of thought, but also its form. Sacks perceptively describes this link after an injury that damaged nerves in his leg. Trying to move his limb under the guidance of a physiotherapist,

I felt the effort diffuse uselessly, unfocussed, as it were. I felt that it had no proper point of application or reference. I felt that it wasn’t really “trying,” wasn’t really “willing”—because all “willing” is willing something, and it was precisely that something which was missing. Miss Preston had said, at the start of our session, “Tense the quad. I don’t need to tell you how.” But it was precisely this “how,” the very idea, which was missing. I couldn’t “think” how to contract the quadriceps anymore. I couldn’t “think” how to pull the patella, and I couldn’t “think” how to flex the hip. I had the feeling that something had happened, therefore, to the power of my “thinking”—although only with regard to this one single muscle. [1984:64]

A partial loss of sensorimotor function is experienced as a loss of the ability to think certain thoughts. In place of the clarity of willing a movement, Sacks experiences his intention as “diffuse . . . unfocussed,” without “point of application.” As the denervation of his limb progresses, the alterations in sensation contribute to a profound disorientation. Touching his own leg, Sacks is horrified to find it losing its reality and substantiality. Ultimately, his sense of self is undermined by the alterations in sensation and control of his leg.

Just as bodily changes are felt immediately in the metaphorical process of thought, so the interactional nature of metaphor ensures that thoughts may be felt immediately in the body. For example, in clinical hypnosis, it is common to suggest that counting from 1 to 10 will take the subject one step deeper into trance with each count. The sequence of numbers is metaphorically mapped onto the experience of depth (itself a metaphor for the degree of focusing of attention or absorption). It follows from this correspondence, without further explanation or instruction, that counting from 10 back to 1 will lead to coming gradually up out of trance. Interestingly, the experience of going down and coming up is often felt in the body as a kinesthetic sensation. People will spontaneously supply images that fit this experience: swimming downward toward darkness and floating upward toward the light at the surface. If the hypnotic guide suddenly reverses counting without warning, the direction of felt movement abruptly changes and this can cause a distinct sensation of turning, veering, even vertigo. This is initially surprising to subjects—there is no indication they are consciously figuring out how to act. Rather, they experience this movement as happening to them and it may convince them they are experiencing something extraordinary. But the hypnotic situation is not extraordinary; it merely frames each metaphor—making
it stand out from the stream of communication that ordinarily creates a seamless consensual reality. If the bodily grounding of metaphor is revealed in the images we supply for up and down, an elementary form of the social grounding of bodily experience is illustrated in the response to a mere change in the sequence of numbers spoken to the hypnotic subject.

The dual grounding of metaphor in bodily and social experience has far-reaching implications for developmental accounts of metaphoric meaning. Lakoff (1987) and Johnson (1987) suggest that a small number of image-schemas based on bodily experience of the physical world provide basic metaphors that structure our more abstract models of experience. As Quinn (1991) points out, however, many of the experiences they offer as fundamental do not seem to be truly simple. For example, they propose that our understanding of containment is based on experiences of taking things out of and putting things into physical containers. As even casual observation of an infant shows, however, this is not simply a motor act but an event charged with the pleasurable anticipation of exploration, the vague fear of what is hidden in the shadows, and the surprise of unexpected discovery. All of this is conditioned by the presence of parents, siblings, and others, so that social context is woven into even the simplest actions from the start. The elemental is not given but must be extracted from shifting experience by the construction of invariants, and what is invariant may not be a motor act or perception but an attitude, plan, disposition, or desire. Thus, metaphors that seem to arise from simple motor acts are themselves rooted in affectively charged motivational schemata. This affect is in turn shaped and interpreted through culturally governed interactions with others. If this is true for the image-schemas of apparently simple motor acts, how much more so for such significant events as "the experience of the body as a container of blood and sensation" (Johnson 1987). For a dramatic illustration of the role of culture in shaping such elemental body experiences, consider the permeable boundaries of the Hindu body-self (Bharati 1985), which make the worries of Mr. Y seem eminently sane and sensible.

The bodily experiences that Lakoff and Johnson would place at the base of metaphor, then, are themselves complex social and cultural constructions. Some of this complexity is reintroduced by Lakoff (1987) in considering that part of the structure of metaphoric models stems not directly from the body but from prototypical social situations or scenarios. For example, metaphoric thought about anger is structured in terms of the bodily experience of autonomic arousal and cardiovascular response (e.g., anger is a hot liquid under pressure) but also in terms of social situations in which there is an offending event and a failed attempt at control that leads to an act of retribution (Lakoff 1987:397ff.). Conventional metaphors are shaped by knowledge of situations, which is culture-specific to an even greater degree than bodily experience.

Because of their embodied nature, metaphors create meaning not only through representation but through enactment or presentation. The presentation of metaphor takes two forms: metaphors as cognitive tools that work on our concepts to fashion new meaning (as discussed in the previous section); and metaphors as communicative acts or gestures, constrained by social structure yet giving rise to new patterns of social interaction and modes of discourse (Fernandez 1986).
Wittgenstein’s notion of the language game is helpful to clarify the sense of metaphorical presentation as social enactment (Bloor 1983). ‘'The term ‘language-game’ is meant to bring into prominence the fact that the speaking of language is part of an activity, or of a form of life’’ (Wittgenstein 1958:1, para. 23). Wittgenstein sees the use of language as akin to a game in which there are tacit rules and participants take turns to create a meaningful activity. Learning the meaning of words is equivalent to learning the proper occasions and techniques for their use. Situations evoke appropriate action; in turn, actions refigure the meaning of situations. As social enactment or presentation, metaphor can therefore be constitutive of meaning without requiring any intermediary process of mental representation.

In fact, language games can teach words for which there are no discrete objects, actions, or events to be represented. As an illustration, consider Boyer’s (1986) analysis of terms like ‘‘mana’’ or ‘‘manitou,’’ which play a central role in the conceptual systems of many cultures, yet, on close examination, seem empty—that is, they have no apparent content, existing without clear referents, internal structure, or representation. Boyer suggests that these sorts of terms are learned by participation in a succession of situations where mana is (tacitly or explicitly) known to be present. Exemplary social events provide contexts in which it is appropriate to use the ‘‘empty’’ term. Social interaction (including, for example, responding to emotions in the faces and gestures of others at ritual occasions where mana is immanent or manifested) shapes the meaning of mana to give it instrumental significance. A variety of discourses—from informal gossip to technical discussions and the expression of an expert opinion—supply meaning to the ‘‘empty’’ term not through ostension but through its use.

Clearly, mana is not a meaningless signifier, a null sign, or wild card, capable of standing in place of anything. It stands only for what is potent or potentially powerful. This level of meaning is abstracted out not at the level of complex cognition but at an earlier affective level. As Boyer argues, for ‘‘empty’’ concepts, there is a necessary causal link between the entity referred to and the acquisition of the concept: that is, one has to have been influenced by mana to understand what the concept means. Mana is not an abstract concept but rather an experiential one. Its ‘‘emptiness’’ lies in the fact that experiential knowledge need not be represented, it can be presented by the body. The experience of potency in ritual settings and human relationships shapes a crude concept of mana which can then be elaborated through participation in specific social contexts where rules of social interaction are acquired. The nature of power and potency is enlarged through the cognitive elaborations of metaphor that draw on (and reshape) a way of life. In Wittgenstein’s terms then, ‘‘empty’’ concepts derive meaning through participation in language games that teach the rules of usage. Indeed, the ability to use a concept properly encourages in us the illusion that it points to some object in the world and has a corresponding mental representation.

The idealized language game is a metaphor employed by Wittgenstein to explicate the different ways in which knowledge is acquired and used. It roots meaning in social interaction and technique or praxis. The concept of language games invokes the rule-governed aspects of social life that can be described in formal models. But the rules of language games are not conscious directions—the very idea of following a rule is abstracted out of the larger whole that constitutes a way
of life. The rules of social interaction are not embodied in any one individual; a rule-governed pattern emerges from the fact that each person knows how to play his part.

Recognizing the dual grounding of metaphor in bodily and social experience allows us to steer a course between relativism and universalism.

For, how can knowledge be the construct of individual minds, yet public and shared? There is a vast amount of understanding that is relative to given cultures and not universal but that is still shared by individual members of a culture. If, as Johnson argues, our universal experience of ourselves in the world gives rise to universally shared understanding, culturally received models of the world best account for this other kind of understanding that is shared across individual minds, but not universally so. [Quinn 1991:91]

Metaphors embody the situational knowledge that constitutes culture. While conventional metaphors reflect common sense, the idiosyncratic metaphors of individuals are local contributions to the cultural situation. So each individual retains the potential to create new meaning from his or her unique perspective.

The social grounding of metaphor in a way of life is crucial to the development of an aesthetics, ethics, and pragmatics of knowledge. Left to tinker on its own, metaphor is capable of wild and limitless invention. This inventiveness is constrained by participation in language games. While the bodily grounding of metaphors ensures their quality of immediacy, through social interaction a critical or "objective" dimension is introduced into the play of metaphor. Cultural meaning, then, cannot be reduced to metaphors, any more than things can be reduced to words; culture remains a way of life, possible only by virtue of the existence of others ready to assume their roles.

Conclusion

Part of what makes the patient's self-description unintelligible to the biomedical physician is the practitioner's tendency to take the metaphoric constructions of illness experience for literal statements within the empirical realm of biomedicine. Language is treated not as a personal expression but as a transparent universal code. But "blood" for the patient is not "blood" for the physician. The inability to see the metaphoric and contextual basis of discourse limits the physician's comprehension of the patient's life-world.

The psychodynamic clinician is attuned to metaphoric meaning but interprets it reductively as simply indicating universal mental mechanisms that serve primarily as defenses against anxiety. The patient's metaphors can then be replaced by a more exact description of emotional conflict. This provides a rational explanation for the patient's idiosyncratic behavior, but it forecloses the search for meaning intrinsic to the metaphoric gesture.

After telling the story of a patient with chronic low back pain who has undergone repeated surgical procedures, Kleinman concludes:

Among the aspects of his personality that have been transformed by the pain are his trust in others and his confidence in himself and his body. "It has been terrible for me. I know, even though I can't change it, I have become tense, self-conscious, and hopeless. I'm easily hurt and feel others don't respect me." Howie
never used the term, but several times I felt he could have added the term spine-
less—that this image was part of how he regarded himself. [1988:71]

The crucial question is: Whose metaphor is this, the patient’s or the physician’s? Do such metaphors reflect the patient’s underlying body image or conceptual model of his illness? Are they constructions of the physician aimed to provide coherence for a world disordered by pain? Are they tacit understandings between patient and physician, drawn from shared experiences of embodiment or a conventional social code? Are they, finally, just literate devices to simplify the patient’s experience, create the illusion of understanding, and limit our discomfort with the inchoate?

The metaphoric process allows all of these forms of meaning. When a patient with a life-long history of migraine headaches spontaneously remarks, “My head is made of glass,” she is simultaneously revealing something about her body image, her model of migraine, and the way she wishes to be handled by the physician. She draws this metaphor from a common fund of physical experience but its nuance and full significance depend on the languages of suffering used within her family and salient in her current social context (which includes the health care system). It is not necessary that a speaker realize her statement is a formal metaphor for it to be the expression of a metaphoric relationship, whether in the speaker’s own cognitive model or in the relationship of body to society. Symbolizing is the embodiment or enactment of metaphor. This is so whether the action is intentional or accidental.

The politics of metaphor inheres in the processes that authorize and control interpretations. Medical authority uses judgments based on metaphors drawn from biology to legitimate or disqualify the patient’s illness behavior, often without awareness of the patient’s own interpretation. Psychoanalysis accepts the patient’s metaphor as raw material but places the analyst in an unassailable position as the interpreter of truth and meaning (Gellner 1985). The overzealous interpreter who ascribes meaning to every action may actually obstruct the sufferer’s search for his own metaphor. The suffering individual—for whom the inchoate is less an obstacle than the primae materia for self-understanding—may experience the clinician’s facile and all-encompassing interpretations as oppression (Kirmayer 1988).

Ultimately, all forms of political rhetoric use metaphors about what is “given,” “natural,” or “good” to dominate our imagination of what is possible (Perelman 1982). The various constructivist perspectives in psychology and the social sciences undermine this tendentious appeal to common sense, technical certainty, or conventional morality by arguing that our experience and empirical knowledge are not direct consequences of a natural world but are, in fact, human constructions.

Constructivism emphasizes that the sense-data of the world are not received raw. Facts are not in the world to be picked up by the senses; they are cognitive constructions, made to fit our preconceived notions and implicit theories (Neisser 1976). This process of shaping reality in accord with belief begins at the earliest stages of perception, which is itself guided by theories about the world. The categories of experience, the limits of objects, and the causal order of processes are all consequences of active meaning-giving functions of mind, both as it is repre-
sent by each individual's psychology and, most importantly, as it is created out of the rules and structures of society (Barnes and Bloor 1984).

Thus, we never see reality directly but only through the formative influence of our social conceptions of reality. This is a liberating vision that allows us to challenge the received wisdom of our time, to imagine new worlds or ways of life that might be more desirable. In this radical relativism, there is no way to decide between alternate visions on the basis of their correspondence to some underlying reality; any theory has the same potential to generate self-confirming perceptions. Instead, the choice between alternate constructions of reality must appeal to some other domain of value such as overarching principles of ethics or aesthetics.

But there are limits to this view, for whatever our mental map of a room, if we are wrong, we will bark our shins raw against the furniture. As Taylor insists: “‘There is an inner connection between understanding the world and achieving technological control which rightly commands everyone’s attention, and doesn’t just justify our practices in our own eyes’” (1984:101). There are things our worldview does not create or eliminate by its ontological premises. They can be modified, the blow can be lessened, we can look at our raw shins and interpret this not as evidence of misplaced furniture but as indicating something entirely different: moral retribution for wrong deeds, disfavor with the gods, eating of taboo foods, and so on. But the person who notices his surroundings and marks a corresponding spot on the map has the potential to avoid barking his shins a second time.

The point of the social construction of reality, then, is not that it eliminates this realist/idealist dimension to experience but that it insists that we accord the same importance to socially constructed artifacts and to the rules of social interaction and expression that we accord to material events. Social constructivism can contribute to a more detailed map of reality—precisely the sort one needs to stay socially alive. The cartographer’s problem then becomes how to place the socially constructed and the bodily given on the same map. This is where metaphor theory can make a signal contribution.

In Italo Calvino’s *The Castle of Crossed Destinies* (1977), the narrator enters a forest where his voice is stilled. He comes upon a castle and enters a great hall. There, around a table, sit a silent host of characters, playing a game of cards. On closer inspection, the narrator sees that they are dealing tarot cards. He soon realizes they are telling each other their stories through the sequence of images presented by the cards. Details in the tarot images open up narrative possibilities that the omniscient author—now in thin disguise as narrator—weaves into a coherent tale. As each character tells his story, the tarot cards are fit together in a magic square of intersecting stories. Reading in one direction, we find the story of the courtier, and from another direction, cross-cutting the same cards, the story of the knight. Every path through the field of cards yields a new strand of potential narratives.

Calvino’s castle of crossed destinies illustrates the double constraint of embodiment on the construction of meaning: each symbol is drawn from the conventional images inscribed on the face of the cards. Each narrator follows a path through the same orderly field of cards and so uses images available for other narratives. If we take the images of the tarot cards to be the sense-data of perception or, better, our bodily experiences (built on a scaffolding of metaphor and, hence, already at many removes from the raw qualia of experience) and the rec-
tangular grid of the interlocking cards as the social matrix of communication that demands that each image take its place in context, we have an apt metaphor for the interplay of body and society in the generation of myth and meaning.

As this extended metaphor makes clear, however, our destinies are crossed but not determined. The path through the field of cards offers a range of narrative possibilities: it leads the author and reader to come at the next card from a particular angle; but the metaphorical elaboration of the tarot images allows author and reader to strike out in new directions. The author's artistry creates a seamless fusion of image and intention. But the Castle is, after all, a world of literary invention, designed to draw attention to its imaginary status. Each time one of Calvino's constructions escapes the boundaries of its card, we are reminded that the literary world is not self-contained. The realm of symbols lives in and among the world of things.

NOTES

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1And a fourth, semiotically distinct bodily realm is side-stepped: the body of biology is not entirely subsumed by the three categories of Scheper-Hughes and Lock. Even if we deny the distinctive epistemological characteristics of science (which I am not prepared to do) we are left with crucial semiotic distinctions. Compare: (1) feeling sick; (2) being treated as sick by others; (3) being told you are sick by a doctor; (4) finding your temperature elevated on a thermometer. The last event is neither strictly bodily felt, social-symbolic, nor political, but indexical—demonstrably linked to the body's physical condition (cf. Mounin 1985). This points toward a semiotic analysis of the unique value of scientific inquiry.

2Clearly, value resides not only in felt significance but in reasoned principles supported by logical argument or the weight of evidence, and also in conventional practices accepted by a historical community. However, values that are initially experienced as extrinsic are internalized as bodily felt convictions through participation in a way of life.

3The doctor's judgment of irrationality, then, rests on the patient's failure to accept the tenets of biomedicine (beliefs); to articulate a sensible priority among his goals (personal survival versus avoiding genetic pollution); and, finally, to restrain his emotional reaction to his predicament. These distinct aspects of irrationality may be given different weight by individuals practicing within the same cultural framework.

4A theory of embodied thought would also address the formal limitations of semantic network models of cognition, which do not take sufficient note of the role of reference or denotation in meaning (Johnson-Laird, Herrmann, and Chaffin 1984).

5This liberal use of the term "metaphor" has a venerable tradition from Aristotle's treatment of metaphor as the "intuitive perception of the similarity of dissimilars" (Wheelwright 1962:74), through Vico's recognition of the poetic basis of social-historical understanding (Bergin and Fisch 1970), to contemporary cognitive science models of belief (Ballim, Wilks, and Barnden 1992).
The whole point of this emphasis on technique is to help us get rid of the common impression that language is like a mirror, and that whenever a sentence has meaning there is something, a proposition corresponding to it. Using language is exercising a technique. . . . W. tried to explain by the analogy with a map. In a map, squares may represent houses and lines may represent streets, and this now may be explained to a child. This is a house and this is a street. “Now it’s as though everything on the map represents something,” W. said, but “representing is not represented on the map.” The map we may say represents. That it is a map involves that the map is used in a certain way. Its use is what makes it a map. In the same way it is the use of a sentence which makes it intelligible. [Bouwsma 1986:23–24]

Wittgenstein’s notion of technique or use in place of representation owes much to earlier concepts of “imageless thought” in German academic psychology (Bartley 1985:128 ff.; but see Bloor 1983:14ff.).

To Boyer’s social account we might add that if the preeminent feature of mana terms is their evocation of potency or efficacy then their meaning may reside in affective processes like those that give rise to E-P-A on the semantic differential (Osgood, May, and Miron 1975). Specifically, mana is potency in E-P-A—pure affective meaning that does not require further cognizing as a propositional network or imagistic representation to be used to think with. The point remains that meaning can be presented in the word mana without any representation of the concept.

“‘But surely you can see . . .?’ That is just the characteristic expression of someone who is under the compulsion of a rule” (Wittgenstein 1958:86e). This seems to me to lay the ground for a more satisfying account than Sperber’s (1985) somewhat opaque notion of “semi-propositional representations.” By insisting on a representational model of knowledge, Sperber is forced to classify representations that fail to identify a unique verifiable proposition as “semi-propositional.” The current view of metaphor as presentation or enactment suggests that rules of usage, bodily and rhetorical skills may be embodied dispositions to respond or ways of acting that are neither propositional nor imagistic in structure. Action systems based on procedural knowledge do not require mental representations to generate complex sequences of behavior.

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