



Wasit University
Repository

Wasit University Repository

repository.uowasit.edu.iq

تحليل معرفي مقارنة لأعمال أدبية مختارة لأطباء كُتّاب عرب وأوروبيين

A Comparative Cognitive Analysis of Selected Arab and European Physician-Writers' Literary Works

محمد, حلا سليم نزر

إشراف: أ.د مازن جاسم محمد الحلو

جامعة واسط —

<https://repository.uowasit.edu.iq/handle/123456789/253>

<https://doi.org/10.31185/uowasit-97>

حُمِّلَ هذا الملف من مستودع جامعة واسط

Downloaded from the Wasit University Repository — repository.uowasit.edu.iq

Republic of Iraq
Ministry of Higher Education and Scientific Research
Wasit University
College of Education for Human Sciences
Department of English



A Comparative Cognitive Analysis of Selected Arab and European Physician-Writers' Literary Works

A Thesis

Submitted to the Council of College of Education for Human Sciences, Wasit University, in Partial Fulfilment of the Requirements for the Degree of Master of Education in English Language and Linguistics

By:

Halla Saleem Nazer

Supervised by:

Prof. Mazin Jasim Mohammed Al-Hilu (Ph.D.)

June 2026 A.D.

Muharram 1448 A.H.

Supervisor's Certification

I hereby certify that the thesis entitled (*A Comparative Cognitive Analysis of Selected Arab and European Physician-Writers' Literary Works*) by (Halla Saleem Nazer), has been prepared under my supervision at the College of Education for Human Sciences/ Wasit University as a partial fulfilment of the requirements for the degree of Master of Education in English Language and Linguistics.

Signature: 

Supervisor: Prof. Mazin Jasim Mohammed Al-Hilu (Ph.D.)

Date: 28 / 6 / 2026

In view of the available recommendation, I forward this thesis for debate by the Examining Committee.

Signature: 

Name: Prof. Hashim Aliwy Mohammed Al-Husseini (Ph.D).

Head of the English Language Department

Date: 28 / 6 / 2026

الأستاذ الدكتور
هاشم عليوي محمد الحسيني
رئيس قسم اللغة الانكليزية

Committee Certificate

We certify that we have read the thesis entitled (*A Comparative Cognitive Analysis of Selected Arab and European Physician-Writers' Literary Works*) and, as an examining committee, we examined the student (Halla Saleem Nazer) in its contents and, that in our opinion, it is adequate as a thesis for the degree of Master of Education in English Language and Linguistics.

Signature: 
Name: Prof. Fida' M. Almawla (Ph.D)
(Chairman)

Date: 13 / 9 / 2026

Signature: 
Name: Asst. Prof. Mohammed N. Abdulsada
(Member)

Date: 10 / 9 / 2026

Signature: 
Name: Prof. Hussain H. Ma'youf (Ph. D)
(Member)

Date: 13 / 9 / 2026

Signature: 
Name: Prof. Mazin J. Mohammed (Ph.D.)
(Member and Supervisor)

Date: 13 / 9 / 2026

Approved by the council of the College of Education for Human Sciences, Wasit University.

Signature: 
Name: Prof. Mahmoud Hamoud Arraq al-Quraishi (PhD)

Dean of the College of Education for Human Sciences

Date: 13 / 9 / 2026

بسم الله الرحمن الرحيم

﴿وَمِنْ آيَاتِهِ خَلْقُ السَّمَاوَاتِ وَالْأَرْضِ وَاخْتِلَافُ أَلْسِنَتِكُمْ وَأَلْوَانِكُمْ ۚ إِنَّ فِي ذَلِكَ لَآيَاتٍ لِّلْعَالَمِينَ﴾

صدق الله العلي العظيم

(الروم — الآية ٢٢)

In the Name of Allah, the Most Gracious, the Most Merciful

﴿And among His signs is the creation of the heavens and the earth and the variations in your languages and your colours; verily in that are Signs for those who know.﴾ (*Al Rūm: 22*)

(Ali, 2004, p. 1013)

DEDICATION

To the Martyrs of Iraq, Especially the Martyrs of al-Hashd al-Sha'bī

To My Late Maternal Grandfather

To the Memory of My Parents

To My Soulmates, My Refuge on the Hardest Days and My Joy on the

Brightest Ones: Afrah Ibrahim and Huda Bachai

Halla

2026

ACKNOWLEDGEMENTS

Before all and above all, my deepest gratitude rises to Allah Almighty, the Source of every strength I leaned on, the Light that guided me through each moment of doubt, and the One whose endless mercy carried me when my own resolve faltered. To Him belongs all praise, first and last; without His grace, not a single page of this work would have come to be.

To my supervisor, **Prof. Mazin J. M. al-Hilu**, I owe more than words can hold. Thank you for believing in this work, and in me, even in the moments I struggled to believe in myself. It has been a true honour to learn under your care, and the mark you have left on this thesis, and on me, will remain long after these words are read.

I wish to extend a special word of gratitude to **Prof. Hashim A. M. al-Husseini**, Head of the Department of English, for his fatherly kindness, his many compassionate and humane stances, and his valuable scholarly insight. His support meant a great deal to me throughout this journey, and I shall remain sincerely grateful for it.

To my professors during MA programme: **Prof. Qassim H. D. al-Ebadi** (PhD), **Prof. Enas Naji Kadhim** (PhD), **Prof. Khalida Hashoosh al-Ghezzy** (PhD), **Asst. Prof. Mohammed Nasser Abdulsada**, thank you for every lesson, every word of encouragement, and every door you opened onto knowledge I now carry with me. The seeds you planted have grown into whatever is worthy in these pages.

I am also deeply thankful to the physician-writer **Dr Raad Sadiq al-Hili** for his constant encouragement and for the many kind and supportive positions he took toward me. His warm support lifted my spirits at moments when I most needed it.

I am grateful to **Asst. Prof. Dr. Muhannad Hadi Altalqani** of the college of Arts for his careful English translation of the Arabic excerpts analysed in this study.

A special and heartfelt thanks goes to **Zainab Raheem**, of the previous cohort, whose encouraging words never failed to lift me. Her steady belief in me, and the kindness she offered so freely, were a source of comfort and strength throughout this journey.

And finally, to those who held me closest through it all, my dear colleagues **Zahraa Abdul Wahid, Ranyah Faisal, Ghufraan Assim**, and **Samia Ahmed**, you stood by me when I needed it most, and carried me through moments I could not have endured alone. No words could ever measure the depth of my gratitude, nor repay all that I owe you.

ABSTRACT

Physician-writers - physicians who are also trained clinicians and who write literary fiction, essays, or memoir - may offer a window into how different cultures conceptualise illness, since they write as both clinicians and authors. Although metaphor has been extensively studied in medical discourse, research has concentrated on the Western ILLNESS IS WAR metaphor and given less attention to differences in the conceptualisation of illness between Arab and European physician-writers. This study identifies the conceptual metaphors and cultural schemas through which six physician-writers encode illness, the body, death, and the moral order in which suffering and loss are placed, determining the source domain, target domain, and mappings involved in each, in order to compare patterns across the Arab and European corpora. Adopting a comparative cognitive analysis, the study examines 12 extracts from three Arab and three European physician-writers through an integrated three-stage procedure informed by Conceptual Metaphor Theory, Cultural Linguistics, and the Metaphor Identification Procedure. The analysis shows that the ILLNESS IS WAR metaphor does not organise the encoding of suffering in the Arabic extracts, where it is systematically replaced by culturally embedded schemas - religious in two writers, social and ironic in the third - while the European corpus divides three ways, with one writer, Doyle, standing structurally closer to the Arabic pattern than to his European counterparts. These results carry direct implications for medical education, cross-cultural clinical communication, and the medical humanities, and suggest that cultural inheritance, more than membership of an East or a West, shapes how a physician-writer encodes suffering.

CONTENTS

DEDICATION	II
ACKNOWLEDGEMENTS	III
ABSTRACT	V
TABLE OF CONTENTS	VI
LIST OF TABLES	XII
LIST OF FIGURES	XIV
LIST OF ABBREVIATIONS	XV
ARABIC TRANSLITERATION SYSTEM	XVI

CHAPTER ONE

INTRODUCTION

1.1 Background	1
1.2 Statement of the Problem	2
1.3 Objectives	3
1.4 Research Questions	3
1.5 Scope and Limits	4
1.6 Significance	5
1.7 Definitions of Key Terms	7

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction	9
2.2 The Relationship between Literature and Medicine	9
2.2.1 Ancient and Constitutive Connections	10
2.2.2 The Modern Separation: A Nineteenth-Century Process	12
2.2.3 The Reintegration: Medical Humanities and Narrative Medicine	14

2.3 The Physician-Writer as a Literary Phenomenon	17
2.3.1 The Double Vision: Clinical Observation and Literary Imagination	17
2.3.2 The Arab Tradition: The Inheritance of the <i>Hakīm</i>	18
2.3.3 The European Tradition: Secular Empiricism and the Detached Gaze	20
2.4 Cognitive Linguistics: Foundations and Commitments	21
2.4.1 The Birth of Cognitive Linguistics: A Response to Generative Grammar	21
2.4.2 The Two Commitments of Cognitive Linguistics	22
2.4.3 Cognitive Poetics	23
2.5 Discourse Analysis and Its Cognitive Turn	24
2.5.1 Discourse Analysis: From Linguistic Form to Social Practice	24
2.5.2 The Cognitive Turn in Discourse Analysis	25
2.5.3 Cognitive Discourse Analysis of Literary Texts	26
2.6 Conceptual Metaphor Theory and Types of Metaphor	27
2.6.1 The Foundations of Conceptual Metaphor Theory	27
2.6.2 Types of Conceptual Metaphor	29
2.6.2.1 Structural metaphors	29
2.6.2.2 Ontological metaphors	29
2.6.2.3 Orientational metaphors	30
2.6.3 The Identification of Metaphor: MIP and MIPVU	31
2.6.4 Conceptual Metaphor and Medical Discourse	31
2.7 Cultural Linguistics and the Comparative Dimension	32
2.7.1 The Foundations of Cultural Linguistics	33
2.7.2 The Analytical Units in Cultural Linguistics	33
2.7.3 Conceptual Metaphor Theory and Cultural Linguistics	35
2.8 The Comparative Cognitive Discourse Analytical Approach	36
2.9 Previous Studies	37
2.10 Research Gap	41

CHAPTER THREE

METHODOLOGY

3.1 Introduction	42
3.2 Nature of the Study	42
3.3 Data Selection and Justification	43
3.3.1 Biography of Raad Sadiq al-Hili	43
3.3.2 Background of <i>Māriyā al-Yūnāniyya wa-‘ishquhā al-‘ajīb</i> (2021)	45
3.3.3 Biography of Ameer Taj al-Sir	46
3.3.4 Background of <i>Ibōlā 76</i> (2012)	47
3.3.5 Biography of Ossama Abdul- Raouf Elshazly	48
3.3.6 Background of <i>Awraq Sham ‘ūn al-Miṣrī</i> (2021)	49
3.3.7 Biography of Sir Arthur Conan Doyle	50
3.3.8 Background of <i>Round the Red Lamp</i> (1894)	51
3.3.8.1 Doyle’s ‘ <i>The Curse of Eve</i> ’	51
3.3.8.2 Doyle’s ‘ <i>A Straggler of ’15</i> ’	52
3.3.9 Biography of Anton Pavlovich Chekhov	52
3.3.10 Background of <i>Ward No. 6</i> (1892)	53
3.3.11 Biography of Oliver Sacks	54
3.3.12 Background of <i>The Man Who Mistook His Wife for a Hat</i> (1985)	54
3.3.13 Translation of the Arabic Extracts	55
3.4 The Selection of Literary Prose over Other Literary Genres	57
3.5 Analytical Procedures	58
3.6 The Model	59

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4.1 Introduction	62
4.2 Part One: The Arab Physician-Writers	63

4.2.1 Analysis of al-Hili's Novel <i>Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb</i> -----	63
4.2.1.1 Extract One: <i>Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb</i> -----	63
4.2.1.2 Stage One: Metaphor Identification (MIP/MIPVU) -----	64
4.2.1.3 Stage Two: Source/Target Domain Mapping -----	67
4.2.1.4 Stage Three: Cultural Schema Identification -----	70
4.2.1.5 Extract Two: <i>Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb</i> -----	72
4.2.1.6 Stage One: Metaphor Identification (MIP/MIPVU) -----	73
4.2.1.7 Stage Two: Source/Target Domain Mappings -----	75
4.2.1.8 Stage Three: Cultural Schema Identification -----	78
4.2.2 Analysis of Taj al-Sir's Novel <i>Ibōlā 76</i> -----	79
4.2.2.1 Extract Three: <i>Ibōlā 76</i> -----	79
4.2.2.2 Stage One: Metaphor Identification (MIP/MIPVU) -----	80
4.2.2.3 Stage Two: Source/Target Domain Mapping -----	82
4.2.2.4 Stage Three: Cultural Schema Identification -----	86
4.2.2.5 Extract Four: <i>Ibōlā 76</i> -----	87
4.2.2.6 Stage One: Metaphor Identification (MIP/MIPVU) -----	88
4.2.2.7 Stage Two: Source/Target Domain Mapping -----	90
4.2.2.8 Stage Three: Cultural Schema Identification -----	94
4.2.3 Analysis of Elshazly's Novel <i>Awraq Sham 'ūn al-Miṣrī</i> -----	96
4.2.3.1 Extract Five: <i>Awraq Sham 'ūn al-Miṣrī</i> -----	96
4.2.3.2 Stage One: Metaphor Identification (MIP/MIPVU) -----	97
4.2.3.3 Stage Two: Source/Target Domain Mapping -----	99
4.2.3.4 Stage Three: Cultural Schema Identification -----	102
4.2.3.5 Extract Six: <i>Awraq Sham 'ūn al-Miṣrī</i> -----	105
4.2.3.6 Stage One: Metaphor Identification (MIP/MIPVU) -----	105
4.2.3.7 Stage Two: Source/Target Domain Mapping -----	107
4.2.3.8 Stage Three: Cultural Schema Identification -----	112
4.3 Part Two: The European Physician-Writers -----	113
4.3.1 Analysis of Doyle's Collection of Short Stories <i>Round The Red Lamp</i> -----	113

4.3.1.1 Extract Seven: ‘ <i>The Curse of Eve</i> ’	113
4.3.1.2 Stage One: Metaphor Identification (MIP/MIPVU)	114
4.3.1.3 Stage Two: Source/Target Domain Mapping	117
4.3.1.4 Stage Three: Cultural Schema Identification	120
4.3.1.5 Extract Eight: ‘ <i>A Straggler of ’15</i> ’	122
4.3.1.6 Stage One: Metaphor Identification (MIP/MIPVU)	123
4.3.1.7 Stage Two: Source/Target Domain Mapping	124
4.3.1.8 Stage Three: Cultural Schemas Identification	127
4.3.2 Analysis of Chekhov’s Novella <i>Ward No. 6</i>	129
4.3.2.1 Extract Nine: ‘ <i>Section III</i> ’	129
4.3.2.2 Stage One: Metaphor Identification (MIP/MIPVU)	129
4.3.2.3 Stage Two: Source/Target Domain Mapping	131
4.3.2.4 Stage Three: Cultural Schema Identification	134
4.3.2.5 Extract Ten: ‘ <i>Section VII</i> ’	136
4.3.2.6 Stage One: Metaphor Identification (MIP/MIPVU)	136
4.3.2.7 Stage Two: Source/Target Domain Mapping	138
4.3.2.8 Stage Three: Cultural Schema Identification	141
4.3.3 Analysis of Sack’s Clinical Tales <i>The Man Who Mistook His Wife for a Hat</i> (1985) ----	143
4.3.3.1 Extract Eleven: ‘ <i>The Lost Mariner</i> ’	143
4.3.3.2 Stage One: Metaphor Identification (MIP/MIPVU)	144
4.3.3.3 Stage Two: Source/Target Domain Mapping	146
4.3.3.4 Stage Three: Cultural Schema Identification	150
4.3.3.5 Extract Twelve: ‘ <i>The Disembodied Lady</i> ’	152
4.3.3.6 Stage One: Metaphor Identification (MIP/MIPVU)	152
4.3.3.7 Stage Two: Source/Target Domain Mapping	154
4.3.3.8 Stage Three: Cultural Schema Identification	158
4.4 Findings	159
4.4.1 The Pattern of Convergence and Divergence	160
4.4.2 The Conceptual Metaphors and Cultural Schemas	161

4.4.3 The Central Argument	163
4.4.4 The Physician-Writer's Double Vision	164

CHAPTER FIVE

CONCLUSIONS, RECOMMENDATIONS, AND SUGGESTIONS

5.1 Introduction	166
5.2 Conclusions of the Study	166
5.2.1 Conclusions Relating to Research Question One	167
5.2.2 Conclusions Relating to Research Question Two	167
5.2.3 Conclusions Relating to Research Question Three	168
5.3 Recommendations	169
5.3.1 Recommendations for Scholars of Arabic and Comparative Literature	169
5.3.2 Recommendations for Specialists in Medicine and Literature	170
5.4 Suggestions for Further Study	170
References	172
Appendices	186
Appendix A	186
Appendix B	189
Abstract in the Arabic	196

LIST OF TABLES

No.	Title	Page
Table 3.1	The Selected Data	56
Extract One of al-Hili's Novel <i>Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb</i>		
Table 4.1	Metaphor Identification (MIP/MIPVU)	64
Table 4.2	Source–Target Domain Mappings of the Metaphorical Expressions	67
Extract Two of al-Hili's Novel <i>Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb</i>		
Table 4.3	Metaphor Identification (MIP/MIPVU)	73
Table 4.4	Source–Target Domain Mappings of the Metaphorical Expressions	75
Extract Three of Taj al-Sir's Novel <i>Ibōlā 76</i>		
Table 4.5	Metaphor Identification (MIP/MIPVU)	80
Table 4.6	Source–Target Domain Mappings of the Metaphorical Expressions	82
Extract Four of Taj al-Sir's Novel <i>Ibōlā 76</i>		
Table 4.7	Metaphor Identification (MIP/MIPVU)	88
Table 4.8	Source–Target Domain Mappings of the Metaphorical Expressions	90
Extract Five of Elshazly's Novel <i>Awraq Sham 'ūn al-Miṣrī</i>		
Table 4.9	Metaphor Identification (MIP/MIPVU)	97
Table 4.10	Source–Target Domain Mappings of the Metaphorical Expressions	99
Extract Six of Elshazly's Novel <i>Awraq Sham 'ūn al-Miṣrī</i>		

Table 4.11	Metaphor Identification (MIP/MIPVU)	105
Table 4.12	Source–Target Domain Mappings of the Metaphorical Expressions	108

Extract Seven of Doyle’s ‘*The Curse of Eve*’

Table 4.13	Metaphor Identification (MIP/MIPVU)	114
Table 4.14	Source–Target Domain Mappings of the Metaphorical Expressions	117

Extract Eight of Doyle’s ‘*A Straggler of ’15*’

Table 4.15	Metaphor Identification (MIP/MIPVU)	123
Table 4.16	Source–Target Domain Mappings of the Metaphorical Expressions	125

Extract Nine of Chekhov’s Novella *Ward No. 6* ‘Section III’

Table 4.17	Metaphor Identification (MIP/MIPVU)	129
Table 4.18	Source–Target Domain Mappings of the Metaphorical Expressions	131

Extract Ten of Chekhov’s Novella *Ward No. 6* ‘Section VII’

Table 4.19	Metaphor Identification (MIP/MIPVU)	136
Table 4.20	Source–Target Domain Mappings of the Metaphorical Expressions	138

Extract Eleven of Sacks’s ‘*The Lost Mariner*’

Table 4.21	Metaphor Identification (MIP/MIPVU)	144
Table 4.22	Source–Target Domain Mappings of the Metaphorical Expressions	146

Extract Twelve of Sacks’s ‘*The Disembodied Lady*’

Table 4.23	Stage One: Metaphor Identification (MIP/MIPVU)	152
Table 4.24	Source–Target Domain Mappings of the Metaphorical Expressions	155

LIST OF FIGURES

No.	Title	Page
Figure 3.1	The Proposed Theoretical Framework of the Study	61

LIST OF ABBREVIATIONS

CDA	Critical Discourse Analysis
CL	Cultural Linguistics
CMT	Conceptual Metaphor Theory
CoDA	Cognitive Discourse Analysis
IJMES	International Journal of Middle East Studies
MIP	Metaphor Identification Procedure
MIPVU	Metaphor Identification Procedure <i>Vrije Universiteit</i>

ARABIC transliteration system

1. Consonants

Letter	Transcription	Letter	Transcription
ء	ʾ	ض	ḍ
ب	b	ط	ṭ
ت	t	ظ	ẓ
ث	th	ع	ʿ
ج	j	غ	gh
ح	ḥ	ف	f
خ	kh	ق	q
د	d	ك	k
ذ	dh	ل	l
ر	r	م	m
ز	z	ن	n
س	s	ه	h
ش	sh	و	w
ص	ṣ	ي	y

2. Vowels

Short Vowels	Transcription	Long Vowels	Transcription
Fatha (َ)	a	Alif (ِ / ُ)	ā (kitāb)
Kasra (ِ)	i	Yā' of prolongation (ِي)	ī (karīm)
Ḍamma (ُ)	u	Wāw of prolongation (ُو)	ū (nūr)

3. Special Cases

Case	Transcription	Case	Transcription
Tā' marbūṭa (ة)	-a / -at	Hamza (ء)	ʾ
Definite article (ال)	al-	Madda (ّ)	ā
Shadda (gemination)	doubled letter	Alif maqṣūra (ى)	ā

Note. Adapted from *IJMES Transliteration System for Arabic, Persian, and Turkish*, by International Journal of Middle East Studies, n.d. Initial *hamza* is not represented at the beginning of a word; the *tā' marbūṭa* (ة) is rendered -a in pause and -at in the construct state (*iḍāfa*).

CHAPTER ONE

INTRODUCTION

1.1 Background

Scholars interested in the relationship between medicine and literature have long attended to the ways in which narrative practice influences, mediates, and reflects human cognition. Physician-writers, individuals with first-hand experience as both medical practitioners and literary writers, occupy a special epistemic position, situated between empirical clinical observation and imaginative literary representation. Their writings are thus a privileged site for examining the construction and negotiation of cognitive models, moral sensibilities, and culturally specific modes of thinking about illness, the body, and human suffering, modes created and sustained within linguistic, geographical, and philosophical traditions.

Physician-writers have been a significant figure in the Arabic tradition as well as in the European one. The Arabic tradition of medicine, which began with classical medical scholarship (*Ibn Sīnā*, *al-Rāzī*), continues through the literary modernism of the twentieth and twenty-first centuries, where medicine and narrative discourse intersect in a continuous manner. The European tradition, from the Hippocratic works, through the European Enlightenment, to the modern narrative-medicine movement (Charon, 2006), has likewise employed literary means to examine the nature of sickness, the body and the body politic, and the boundaries of biomedical knowledge. The present study chooses six writers from these two traditions to examine how their cognitive frameworks compare at the level of conceptual metaphor and culturally transmitted schema.

The theoretical framework combines Conceptual Metaphor Theory (CMT; Lakoff & Johnson, 1980) and Cultural Linguistics (CL; Sharifian, 2016). Additionally, it employs the Metaphor Identification Procedure (MIP; Pragglejaz Group, 2007), and its extended version, MIPVU (Steen et al., 2010), to provide a rigorous method for identifying metaphorically based language in discourse. The framework is an integrated one, since literary texts are not only aesthetic products but also cognitive acts: structured discourses in which physician-writers organise their understanding of illness, the body, and mortality through culturally specific conceptual metaphors and shared cultural schemas. It allows a systematic and replicable comparison across languages and traditions, and it provides the three-stage analytical procedure on which the empirical analysis of the present study is built.

1.2 Statement of the Problem

Three specific gaps in the existing scholarship motivate this study. *First*, although there is a large and expanding body of literature on the conceptual metaphors of illness in Western texts, including Sontag's (1978) critique of military metaphors for illness, comparatively little is available on the conceptual metaphors of illness in Arabic, and fewer studies still treat Arab and European physician-writers within a single analytical framework. *Second*, the comparative studies, reviewed in Chapter Two, approach 'Arab' and 'European' writing as internally consistent categories; none of them tests that consistency within either category. *Third*, the studies reviewed in Chapter Two fall into two bodies of scholarship that have not met: those concerned with physician-writers proceed by literary-critical and historical methods, while those that apply CMT or CL do so to other kinds of discourse. Neither body brings the two frameworks together in a single documented procedure applied to the writing of physicians. The present

study addresses these three gaps directly. It analyses extracts from the two corpora side by side within one analytical framework; it does not assume the internal coherence of either corpus but tests it extract by extract; and it applies an integrated three-stage procedure to a balanced corpus of twelve extracts, six from each. In doing so, it offers both empirical comparative findings and a methodological model that other researchers may apply to similar corpora.

1.3 Objectives

In the light of the gaps identified above, this study aims to achieve the following objectives:

1. To identify the conceptual metaphors through which the six selected physician-writers encode illness, the body, death, and the moral order in which suffering and loss are placed, applying the MIP/MIPVU procedure to twelve verified extracts.
2. To map the source and target domains of each identified metaphor and to determine the conceptual metaphors that organise each extract.
3. To present an integrated methodological model that combines CMT, CL, and the MIP/MIPVU procedure in three analytical stages suitable for similar corpora of physician-writers.

1.4 Research Questions

The three research questions below correspond to the objectives above and can be addressed with evidence from the twelve extracts:

1. Which conceptual metaphors and schemas culturally transmitted schemas are used in the encoding of illness, the body, death, and the moral order in which suffering and loss are placed in the selected works of the Arab and European physician-writers?
2. How do the cultural, religious, and historical contexts shape the repertoire of conceptual metaphors and cultural schemas available to each physician-writer?
3. To what extent does the three-stage procedure proposed in this study yield comparable results across the Arabic and European data?

1.5 Scope and Limits

The corpus consists of six literary works, two extracts from each, totalling twelve verified extracts. From the Arabic corpus: Raad Sadiq al-Hili's *Māriyā al-Yūnāniyya wa-‘ishquhā al-‘ajīb* [ماريا اليونانية وعشقها العجيب] (Dar Amal al-Jadida; Dar Manshurat Gilgamesh, 2021), whose analysed extracts focus on the dethronement of the mighty man and the ageing of wartime Athens; Ossama Abdul-Raouf Elshazly's *Awraq Sham ‘ūn al-Miṣrī* [أوراق شمعون المصري] (Dar al-Riwaq, 2021), whose analysed extracts treat the concept of childbirth and the schema of ‘from the womb of pain’ (*min raḥim al-alam*); and Ameer Taj al-Sir's *Ebola 76* [إيولا ٧٦] (Dar al-Saqi, 2012), whose analysed extracts focus on disease as a longing lover and on epidemic death as sorcery.

From the European corpus: Anton Chekhov's *Ward No. 6* (1892; Garnett translation, 1921; Project Gutenberg eBook 57333), whose analysed extracts are drawn from Chapters III and VII; Sir Arthur Conan Doyle's *Round the Red Lamp* (Methuen, 1894; Project Gutenberg eBook 423), whose analysed extracts are drawn from ‘*The Curse of Eve*’ and ‘*A Straggler of*

'15'; and Oliver Sacks's *The Man Who Mistook His Wife for a Hat* (1985; Harper Perennial edition, 1990), whose analysed extracts are drawn from '*The Lost Mariner*' (Jimmie G.) and '*The Disembodied Lady*' (Christina).

For the purposes of this study, these twelve extracts are analysed both conceptually (in terms of metaphor) and culturally (in terms of schema). The encoding of illness, the body, and death is understood here to include the moral and cultural order within which suffering and loss are placed, since the schemas through which these writers frame illness and death are inseparable from the value systems that give them meaning. The study does not address biographical psychology, medical historiography, or the reception of the works, unless these are directly germane to the text. The Arabic extracts are analysed in the original Arabic texts; the English renderings presented alongside them were prepared for the study by a specialist translator (see 3.3.13). Chekhov's extracts are analysed in Garnett's English translation, and Doyle's and Sacks's extracts are analysed in the original English.

Two conventions of citation should be noted. Because the copy of Sacks consulted does not preserve the pagination of the print edition, references to his work are given by paragraph number, counted from the beginning of the story in which the extract occurs. Hadith references follow the numbering of Sunnah.com; where collections employ divergent numbering systems, the reference number given there is used throughout.

1.6 Significance

This is a modest, four-part contribution. Comparatively, it brings together three Arab and three European physician-writers not previously examined together. Methodologically, it turns

the integration of CMT and Cultural Linguistics into a repeatable procedure, tested across Arabic and English. For the medical humanities, it documents metaphors of illness - DISEASE IS A LOVER BURNING WITH DESIRE, SUFFERING IS A GENERATIVE WOMB, and EPIDEMIC DEATH IS SORCERY - that have had less attention than the ILLNESS IS WAR metaphor. Substantively, it finds that the Arab writers decline that model despite sharing no single cultural logic, while the Europeans form no corresponding unity, with Doyle closer structurally to the Arabic pattern - a reconfiguration of the conventional binary not anticipated in Chapter Two's literature.

Beyond these specific contributions, a more general reflection on the value of such a study may be offered. To study how people think about illness, the body, and death within a cognitive-linguistic framework is not a matter of ornament but of real life. Metaphors of suffering shape the ways it is borne, treated, consoled, and shared. A counsellor who assumes that a patient's endurance is a passive surrender, rather than an active upholding of *ṣabr*, will misunderstand the patient and misdirect the care. Researching and documenting these conceptualisations is not healing in itself, but it makes visible the frameworks of thought within which healing communication acts; to that extent, it is an indirect but real contribution to healing.

The significance of the present study, therefore, is not measured by the number of its readers or the scope of its ideas, but by the kind of work it does: its modest, careful, and honest contribution of a long tradition of inquiry into the ways human beings use language to understand their pain, their bodies, and their mortality. It belongs to that tradition and brings to it one genuine increment, however small: the systematic comparison of the ways in which physician-writers from two cultural worlds, neither of them the unified block that comparative

work has often assumed, encode the universal human experience of illness and death in metaphor and cultural schema.

1.7 Definitions of Key Terms

The following terms are used throughout this study and are defined here for clarity:

Physician-writer: a person who has trained and practised in medicine and has produced literary works informed by that medical training and practice, whether through clinical observation, the doctor–patient relationship, or the experience of illness. All six writers fit this: al-Hili, Elshazly, and Taj al-Sir in the Arabic data, and Chekhov, Doyle, and Sacks in the European.

Conceptual metaphor: following Lakoff and Johnson (1980), a systematic cognitive mapping in which one domain (the source) is used to understand another (the target), e.g., ILLNESS IS WAR. It is a conventional structure of thought, not individual style.

Cultural schema: following Sharifian (2016), a culturally transmitted mental framework, shared within a cultural group that organises perception, memory, and reasoning about culturally salient domains such as illness, death, and moral obligation.

MIP / MIPVU: two related procedures for identifying metaphorically used language in discourse. The MIP (Pragglejaz Group, 2007) determines whether a lexical unit is used metaphorically by comparing its basic meaning (its most concrete, bodily, or historically prior

sense) with its contextual meaning; where the two differ and can be understood by comparison, the unit is marked as metaphorical. MIPVU (Steen et al., 2010) is a later refinement developed at VU University Amsterdam, which extends the procedure to handle direct metaphor, personification, and borderline cases more systematically. In this study, both are applied in Stage One to establish, on explicit and replicable criteria, which lexical units in each extract are metaphorically used.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Given the interdisciplinary nature of this work, the present chapter reviews the existing body of research concerning the central concerns of the study: the relationship between literature and medicine and its embodiment in the physician-writer; cognitive linguistics, within which two main frameworks are employed, Conceptual Metaphor Theory (CMT) and Cultural Linguistics (CL); discourse analysis and its cognitive turn; and the comparative study of Arabic and European literature in particular.

2.2 The Relationship between Literature and Medicine

The relationship between literature and medicine is far older than their present-day institutional separation might suggest. As the following section shows, the two were, for most of their history, not separate disciplines to be integrated but a single enterprise concerned with the human being in its entirety. A longer history that must be understood before one can grasp the contemporary fields of the medical humanities, narrative medicine, and the cognitive-linguistic study of medical discourse. This relationship is examined here through three key historical moments: its ancient and foundational form across the Egyptian, Greek, and Arab-Islamic civilisations; its comparatively recent institutional separation in the nineteenth century; and its re-emergence today in the medical-humanities and narrative-medicine movements.

2.2.1 Ancient and Constitutive Connections

In the ancient world, medicine and literature or philosophy were co-constitutive. The ancient Egyptians used herbs and material substances alongside ritual and incantation in the treatment of illness, and the healer acted as a mediator between the body, the world, and the order of meaning (Al-Sultan, 2026). The Egyptian medical papyri contain not only recipes and surgical descriptions but also prayers and invocations, so that the technical and the meaning-bearing dimensions of healing were not regarded as distinct.

This combined view was passed on and elaborated by the ancient Greeks. Within Hippocratic philosophy, medicine was linked to philosophy: Hippocrates did not separate the body from the soul, and he held that knowledge of the patient's lifestyle and psychological nature was integral to clinical care (Nutton, 2004). Plato and Aristotle explored illness within a larger discussion of virtue, moderation, and the good life. In this conception, the physician was a sage who held a humane vision of the whole person.

As Lloyd (1983) and Hunter (1991) have shown, the integration in the Hippocratic case histories is created by their narrative form, organised by onset, course, crisis, and resolution, which anticipates the structure of narrative prose in later literature. This intellectual culture gave rise to the tragic drama of Sophocles, in which illness, cure, and the boundaries of human knowledge are represented in a manner continuous with the language of the medical writings. During the medieval era, Arab-Islamic civilisation brought this holistic view of medicine and the humane sciences to its culmination. In *al-Qānūn fī al-Ṭibb* [The Canon of Medicine], *Ibn Sīnā* (Avicenna; 980–1037) discussed the role of temperament, psychological state, music, and social relationships in healing, alongside the more technical aspects of pharmacology and surgery

(Goodman, 1992; Al-Sultan, 2026). On this view, the body is not a machine but a living being influenced by all that surrounded it. *Al-Rāzī*, for his part, emphasised the role of dialogue with the patient and affirmed that the good character of the physician is part of treatment and care (Al-Sultan, 2026).

This integrated view was not confined to figures such as *Ibn Sīnā* and *al-Rāzī* but was typical of the medieval Islamic medical tradition in general. As Pormann and Savage-Smith (2007) describe, the medicine practised in medieval Islam combined the inherited Greek humoral framework with a distinctively Islamic conception of the body, health, and healing, in which the art of the physician was embedded within a wider religious and ethical system rather than isolated from it. Rahman (1987) demonstrated that health and medicine in the Islamic tradition were embedded in a holistic worldview, whereby the body is regarded as a trust from God, illness may carry meaning as a trial *إبتلاء* (*ibtilāʾ*), and healing results from the action of God's creation rather than from human mastery alone. Nasr (1987) placed this medical practice within the broader context of Islamic experience, in which the physiology of the body and the spirituality of the soul are intertwined and the physician's profession is sacred and integral to a transcendent view of the human person. These culturally specific conceptualisations, body as trust, illness as trial, and healing as a divinely ordered process, operate in the work of the Arab physician-writers and are the very conceptualisations explored in the analysis chapter of the present study; their roots in the classical Islamic medical tradition give the schemas a historical depth that the comparative analysis later uncovers.

The physician-scholar whose medical knowledge overlapped with his mastery of language, philosophy, and poetry was the *ḥakīm*, who embodied this tradition. *Ibn Sīnā* was at once a physician, a philosopher, and a writer of allegory: his work on the soul, his *Arjūza fī al-*

Ṭibb [a versified medical poem], and his allegorical-philosophical narratives such as *Ḥayy ibn Yaqẓān* form a coherent intellectual project. The famous account of his curing a case of lovesickness by reading the pulse, mentioned in the chapter on *al-‘ishq* in *al-Shifā’*, illustrates the continuity of the concepts of love and disease within this tradition (Goodman, 1992; al-Bayan, 2005). This conception of the physician’s vocation remains present in the contemporary Arabic physician-writer literature to which the present study is applied.

In these three ancient and medieval traditions - Egyptian, Greek, and Arab-Islamic - the same view of the bond between medicine and the humanities persists. Medicine is not an autonomous technical field that may draw, at will, on rhetorical or narrative elements from literature; it is part of an integrated inquiry into the human being, whose body, soul, imagination, and moral life are perceived as a whole. The contemporary institutional separation must be understood against this longer history.

2.2.2 The Modern Separation: A Nineteenth-Century Process

The stark division between medicine and literature, and between literature and the other humanities, is relatively recent, a characteristic of modernity and particularly of the nineteenth century. It should be viewed not as a single event but as a long-term evolution linked to a complex infrastructure of institutional, epistemological, and technological developments. In the historiography of medicine, three principal structural developments are most frequently cited.

The first is the transfer of the cognitive centre of medical knowledge from the bedside to the laboratory. The standard of medical evidence changed in the early nineteenth century with the development of pathological anatomy, in the middle decades with the work of Claude

Bernard, and in the second half with the germ theory of Pasteur and Koch. Knowledge shifted toward what could be measured and reproduced in the laboratory, and the patient's story was relegated to a secondary order of evidence (Porter, 1997; Bynum, 2008).

The second, identified by Foucault (1973) in *The Birth of the Clinic*, is the emergence of what he termed the clinical gaze (le regard médical). This was not merely a technological advance but a new perspective on the body. The clinical gaze makes the patient an object of medical knowledge, to be seen and measured, rather than a subject whose story must be heard and understood. As a result, the patient's subjective experience was treated, at best, as the raw material of clinical knowledge.

The third development is the institutionalisation of medical education on a strictly scientific model. Medical schools across Europe and North America were reorganised over the course of the nineteenth century, with a new emphasis on the laboratory sciences, anatomy and physiology, chemistry and bacteriology, and a corresponding relegation of the humanistic elements of the premodern curriculum. This process was emblematically codified in North America in the Flexner Report (Flexner, 1910), a survey of medical education in the United States and Canada that recommended closing or restructuring schools failing to meet the laboratory-science model. Although issued in the early twentieth century, the Flexner Report formalised a process that had unfolded throughout the nineteenth.

Together, these developments produced what a feature article in *al-Riyadh* states succinctly: modern Western medical practice receives the body alone, while the human experience, with all its anxieties, hopes, and confusion, is absent from the medical file (*Al-Sulṭān*, 2026). When the patient arrives at the hospital with thoughts, memories, and questions,

he or she is met by a clinical apparatus able to register only what falls within the laboratory-scientific paradigm. Within this paradigm, questions traditionally regarded as medical, questions of the meaning of illness and its place in the life-narrative, become a priori illegitimate. It is against this background that the modern field of the medical humanities arose, as discussed in the next sub-section.

Two qualifications must be entered against this account. The *first* is that the separation was never complete: the figure of the physician-writer (Chekhov, Doyle, William Carlos Williams, Bulgakov, Sacks, Selzer, and Verghese) remained alive throughout the nineteenth and twentieth centuries as a structural counter-presence, so that the tie between the two professions could be suppressed institutionally but not dissolved constitutively (Coope, 1997). The *second* concerns the cultural geography of the separation: the institutional and epistemological changes described above were largely characteristic of the Western European and, later, North American world. In other cultural regions, such as the Arab world, the union of medicine with the humane sciences was more firmly established and less fully displaced by the laboratory-scientific paradigm. This disparity between the European and Arab cultural contexts is one of the considerations that motivate the comparative design of the present study.

2.2.3 The Reintegration: Medical Humanities and Narrative Medicine

The late 1980s and 1990s saw a sustained intellectual and institutional effort to reassert the link between medicine and the humanities, in response to the perceived limitations of the strictly biomedical paradigm. This movement, broadly classified under the umbrella of the medical humanities, sought to return literature, philosophy, ethics, the arts, and narrative theory

to what its advocates regard as the proper centre of medical inquiry: the human being (Bleakley, 2015; Al-Sultān, 2026). Four strands of this scholarship may be distinguished.

The first and most formally developed strand is narrative medicine, pioneered primarily by Rita Charon and her colleagues at Columbia University. In her groundbreaking *Narrative Medicine: Honoring the Stories of Illness*, Charon (2006) argued that the epistemic structure of medicine is ‘irreducibly narrative.’ The clinical encounter begins with the patient’s story, proceeds through the physician’s reconstructive rewriting of that story as a case history, and ends with a narrative conclusion in the form of a diagnosis and treatment plan. The skills required - to listen to, comprehend, and feel the narratives of others - are the same as those developed through the careful reading of literary texts. On this view, narrative competence is a fundamental part of medical competence, not merely an enrichment of medical training.

Hunter (1991), in *Doctors’ Stories*, established the cognate point from the medical-historical side, demonstrating that the case history is structured according to the narrative conventions of the realist novel. Kleinman (1988), in *The Illness Narratives*, showed the importance of medical anthropology for understanding the patient’s illness story as a cognitive structure deeply embedded in culture, one that clinicians ignore at serious clinical cost. Together, these three works - Hunter (1991), Kleinman (1988), and Charon (2006) - form the principal theoretical bedrock of the narrative-medicine movement.

A second strand, tracing its origins to Foucault (1973) and furthered by Sontag (1978) and Semino (2008), treats medical language not simply as a description of a pre-existing body but as constitutive of the body as a clinical object. Sontag (1978) criticises the dominance of military metaphors for illness in Western discourse; her account, however, is drawn from

Western literary and cultural material and does not address Arabic or Islamic framings of illness. On this view, medical metaphors such as THE BODY IS A MACHINE, ILLNESS IS AN ENEMY, and TREATMENT IS A BATTLE are not merely rhetorical embellishments of a neutral scientific content but cognitive tools that structure the way illness is experienced, communicated, and treated. The current cognitive-linguistic approach to medical metaphor, exemplified by Flusberg, Matlock, and Thibodeau (2018), has developed this insight with empirical evidence that different metaphorical framings of illness measurably affect patients' treatment choices and well-being. It is to this strand that the present study belongs.

A third strand, best developed by Halpern (2001) and Bleakley (2015), holds that the imaginative engagement fostered by literary reading enables the perspective-taking and tolerance of ambiguity central to clinical empathy. A fourth strand, less prominent in the Anglophone literature but recently surveyed from within the Arab academy, concerns the therapeutic use of literature itself. Abdul Jabbar and Abdulaali (2024) trace the connection between the two fields across three domains - therapy, empathy, and epistemology - from Aristotle's theory of catharsis to the modern practices of bibliotherapy and scriptotherapy, noting that literature courses have been taught in medical faculties since the early 1980s and that research has demonstrated their positive effect on healthcare workers. Significantly, the present study identifies the physician-writer as among the clearest sites at which literature and medicine converge.

Together, these four strands of the medical-humanities and narrative-medicine movements provide the immediate scholarly context for the present study.

2.3 The Physician-Writer as a Literary Phenomenon

The phenomenon to which the present study attends is not the abstract relationship between medicine and literature as two institutional fields, but the concrete figure of the physician-writer, who does not merely move between two distinct activities but carries them out within the same text. Such integration produces a doubly authorised literature, grounded not only in the writer's literary skill but also in his or her medical knowledge. This section reviews the scholarship on the physician-writer as a literary phenomenon and its representation in the Arab and European traditions, together with the cognitive and discursive position the physician-writer occupies.

2.3.1 The Double Vision: Clinical Observation and Literary Imagination

The most important accounts of the physician-writer have emphasised that the fusion of clinical and literary activity is not the simple application of literary technique to medical content but a mode of vision that synthesises the rigour of the clinical observer with the imaginative power of the literary writer. In his article on Chekhov, Coope (1997) argued that medical training was not separate from the writer's fiction but supplied his very way of seeing: cool, precise, thorough, and perceptive. These habits, Coope showed, are evident throughout Chekhov's fiction and indeed constitute a distinct authorial imprint.

McLellan (1997) extends this to the wider tradition, regarding the observational skills required for medical diagnosis as closely related to the imaginative speculation required for storytelling, since each depends on the careful interpretive reading of human experience. McLellan divided the physician-writer tradition into three main phases: writers who eventually

left medicine for literature (Chekhov, Maugham); writers who never practised medicine but were nonetheless influenced by medical training (Keats); and writers who continued to practise medicine while writing literature (William Carlos Williams, Selzer). From the medical side, Hunter (1991) showed that the same narrative skills are required to construct the clinical case history as to organise literary practice. The double vision of the physician-writer is thus not a combination of two separate visions but a single, unified way of looking at the human condition.

2.3.2 The Arab Tradition: The Inheritance of the *Ḥakīm*

In the Arab literary tradition, the image of the physician-writer is connected to the older image of the polymathic clinician-scholar, the *ḥakīm* [Learned Physician], who had the power to influence the moral, philosophical, and social health of the community. The depth of this tradition in Arab intellectual history is registered in al-Khalili's (1946) *Mu'jam udabā' al-aṭibbā'* [Dictionary of physician-writers], a biographical compendium documenting the many figures who united medicine and letters across the Arab tradition. Al-Khalili captures the bond between the two vocations in a memorable image, likening the physician and the poet to two bees drawing nectar from a single blossom: the two use different vessels to store what they gather, yet draw from one reservoir of human wisdom, and each produces its own 'honey,' the refined distillation of scientific observation on the one hand and poetic insight on the other.

This tradition extends across the modern Arab world; one especially well-documented case is that of Egypt. A broad cultural feature published by Aḥmad (2023) highlights several prominent Egyptian physician-writers of the twentieth and twenty-first centuries: Ahmad Zaki Abu Shadi, the physician whose founding of the Apollo School of poetry reached a wide public

in Egypt; Yusuf Idris, the master of the modern Arabic short story; Mustafa Mahmoud, whose *al-Rūh wa-al-jasad* [The Soul and the Body] brought medical-philosophical reflection to a broad readership; Ahmad Khalid Tawfik, the tropical-medicine professor who introduced science fiction and horror to a vast youth audience in Egypt; and the psychiatrist Nawal El Saadawi, whose fiction and essays placed Arab women's medical experience on the international literary map. According to the feature, the dual role of these writers reflected a culturally accepted resolution of this duality: medicine cures the body, and literature cures the soul (Aḥmad, 2023).

In his pioneering work on the modern Arabic short story, Hafez (1993) indicated how authors such as Idris turned the literary text into a site of critical social diagnosis, connecting individual pathologies to structural injustice. In Idris's work, the physician's diagnosis is extended from the body to the body politic, so that the literary text as a whole functions as a diagnostic report on the condition of a wounded society. The Arab physician-writer, however, is not a spectator of the community he or she diagnoses but a part of it; the cultural schemas that organise the encoding of illness in this tradition - trial, endurance, dignity, and the divinely ordered course of life - are shared between writer and reader, not imposed upon a culturally foreign subject.

The phenomenon is not confined to Egypt, however: the present study's own corpus pairs the Iraqi al-Hili and the Sudanese Taj al-Sir with the Egyptian Elshazly. Comparative scholarship on Iraqi and Sudanese physician-writers is genuinely scarce, which is one reason the present study is needed. Egypt offers the most documented case, so the researcher used it to establish the tradition; but the corpus of the current study itself extends the inquiry to the Iraqi al-Hili and the Sudanese Taj al-Sir, and Chapter Five identifies the fuller study of these under-researched

traditions as a direction for future work. The shared cultural schemas identified by the researcher recur across all three nationalities, which shows that the tradition transcends national boundaries.

2.3.3 The European Tradition: Secular Empiricism and the Detached Gaze

The European tradition of the physician-writer has characteristically been situated within a different conceptual frame: one of post-Enlightenment secular empiricism, in which the physician's authority rests on scientific knowledge rather than religious or moral authority, and the diagnostician's gaze is more detached and more individualised. The classic posture of the European doctor-writers - Chekhov, Doyle, Bulgakov, Maugham, Sacks - is to observe the individual case carefully, accept its limitations unsentimentally, register its moral ambiguity, and decline to resolve moral or existential questions through religious or supernatural appeal (Coope, 1997). The European physician-writer tends to direct the diagnostic gaze toward the moral and existential dimensions of individual life, set against a cultural-conceptual background in which religious or metaphysical frames are absent or held at a critical distance. In the present study, this characterisation is treated not as an established fact but as a proposition to be examined systematically through comparison of the corpus; the analysis chapter demonstrate that the European tradition is itself internally divided in ways that comparative cognitive discourse analysis is well suited to uncover.

In all of these cases, however, in both the Arab and European traditions, the physician-writer occupies a position of narrative competence, as Charon (2006) explains. The precision derives from professional training and the unsentimental clarity from literary practice; the imaginative materials are supplied by their professional lives and the moral weight by their

literary ones. The present study examines how that integration is realised at the level of conceptual metaphor and cultural schema in selected works by three Arab and three European physician-writers. The following sections turn to the analytical tools used to investigate it, beginning with the foundations and commitments of the cognitive-linguistic approach.

2.4 Cognitive Linguistics: Foundations and Commitments

The analytical framework of the present study belongs to the cognitive-linguistics research programme, which originated in the late 1970s and early 1980s and has since become one of the principal approaches to the study of language. In order to situate the more specific frameworks of CMT and CL, it is necessary to sketch the cognitive-linguistics programme as a whole, its main tenets, its foundational texts, and its extensions into the study of literary discourse.

2.4.1 The Birth of Cognitive Linguistics: A Response to Generative Grammar

Cognitive linguistics emerged in the late 1970s and early 1980s as a response to the then-dominant generative approach of Noam Chomsky (Chomsky, 1957, 1965), led primarily by the work of George Lakoff, Ronald Langacker, Leonard Talmy, and Charles Fillmore. Generative grammar treated language as an autonomous mental system, modular, independent of other cognitive systems, and governed by formal rules, within which meaning was either bracketed entirely or treated as peripheral. Cognitive linguistics rejected this conception on several fundamental points: first, it is argued that linguistic structure reflects general cognitive abilities such as categorisation, framing, perception, attention, and memory (Lakoff, 1987; Langacker,

1987; Evans & Green, 2006); second, it is held that meaning is the primary object of linguistic study and that grammatical patterns are conventionalised expressions of patterns of conceptualisation; and third, it is maintained that grammatical structures are themselves meaningful, so that the distinction between grammar and lexicon is one of degree rather than of kind.

2.4.2 The Two Commitments of Cognitive Linguistics

Lakoff (1990) characterised cognitive linguistics in terms of two basic commitments. The Generalisation Commitment holds that linguistic theory, rather than imposing arbitrary divisions between grammar and the rest of language, between lexicon, semantics, and pragmatics, should seek generalisations that hold across all these domains. The Cognitive Commitment holds that linguistic theory must be consistent with what is known about the human mind and brain from psychology, neuroscience, anthropology, and the philosophy of mind. Together, these commitments generate the characteristic methodological orientation of cognitive linguistics: the view of language as continuous with general cognition (Evans & Green, 2006; Geeraerts & Cuyckens, 2007).

One of the core ideas to emerge from these commitments is the principle of embodiment. First fully formulated by Lakoff and Johnson (1980) and developed by Johnson (1987), the principle holds that cognition is rooted in bodily experience. Basic patterns in the human conceptual system arise from sensory perception, movement, posture, and affective interaction with the environment, and abstract notions such as time, causation, morality, emotion, and the self are typically understood through metaphorical mappings onto more concrete, embodied

source domains. This is of considerable importance for medical discourse: medicine is the discourse most directly concerned with the body, and the cognitive resources through which medical experience is conceptualised are therefore fundamentally embodied. At the same time, however, as the following discussion of CL will show, embodied experience is not the only basis for the conceptualisation of illness; culturally distinct elaborations are built upon that embodied foundation.

2.4.3 Cognitive Poetics

From the early 1990s onward, the resources of cognitive linguistics were applied to literary discourse in a subfield that came to be known as cognitive poetics, whose key works include those of Tsur (1992), Turner (1991, 1996), Stockwell (2002), and Gavins and Steen (2003). Cognitive poetics holds that literary language is not different in kind from ordinary language but is rather an intensified, strategically organised version of the same cognitive processes involved in ordinary sense-making. The cognitive operations that produce literary effects, imagery, emotional involvement, narrative immersion, and the perception of fictional worlds, can be analysed continuously with ordinary linguistic comprehension. Stockwell (2002) identified a range of cognitive-linguistic resources as significant for literary analysis: figure-and-ground organisation, mental-space construction, conceptual metaphor and metonymy, prototype effects, deictic projection, and text-world modelling.

Within cognitive poetics, the analysis of literary metaphor has proved especially productive. Following the pioneering work of Lakoff and Johnson (1980), scholars such as Lakoff and Turner (1989), Semino (2008), and Kövecses (2010) have shown that metaphors in

literary texts, like those in ordinary discourse, are systematic manifestations of conceptual mappings, and that the effect of a literary metaphor depends in large part on how its conceptual mapping resonates with patterns already active in the reader's conceptual system. For physician-writers, whose practice involves a systematic engagement with the body, suffering, and mortality, literary writing offers a means of negotiating the cognitive and emotional dimensions of medical experience that the strictly clinical register cannot accommodate.

2.5 Discourse Analysis and Its Cognitive Turn

Alongside cognitive linguistics, the second major resource on which the analytical framework of the present study draws is discourse analysis. The thesis examines extended literary texts rather than isolated linguistic items, and attends to the way patterns of meaning are constructed in literary discourse, language in use, situated in social, cultural, and historical context, patterns that extend beyond the individual sentence. This section introduces the field of discourse analysis, the cognitive turn through which it converged with cognitive linguistics, and the field of cognitive discourse analysis that emerged from that convergence.

2.5.1 Discourse Analysis: From Linguistic Form to Social Practice

Discourse analysis emerged as a field of linguistic study in the 1960s and 1970s, out of the conviction that the proper object of linguistic analysis is not the isolated sentence but language as used in extended communicative practice (Brown & Yule, 1983; Schiffrin, 1994). Two main traditions developed: conversation analysis (Sacks, Schegloff, and Jefferson), concerned with the micro-organisation of spoken interaction; and systemic-functional linguistics

(Halliday), concerned with the relationship between linguistic choices and the social and ideological positions of speakers and writers.

Critical Discourse Analysis (CDA) emerged from the combination of systemic-functional linguistics and critical social theory from the 1980s onward. As developed in the work of Fairclough (1992, 1995), Wodak (Wodak & Meyer, 2009), and van Dijk (1993, 2008), CDA regards discourse not as a mere reflection of social reality but as a force that shapes and reproduces structures of inequality, ideology, and power. In the analysis of medical discourse, CDA-influenced work building on Foucault (1973) has shown that medical language does not simply refer to a pre-existing body but actively constructs ways of perceiving the body and of understanding normality, pathology, and expertise. Although the present study does not adopt a critical stance, this insight provides important background for its cognitive-linguistic analysis of medical metaphor.

2.5.2 The Cognitive Turn in Discourse Analysis

A major development of recent decades has been the convergence of discourse analysis with cognitive linguistics, for which Tenbrink (2014, 2020) has coined the term cognitive discourse analysis. The development rests in part on the recognition that the structures and effects of discourse can be fully explained only by attending to the cognitive processes through which discourse is produced and understood. In producing discourse, speakers and writers draw on patterns of categorisation, framing, conceptual metaphor, and cultural schema that are appropriate objects of cognitive-linguistic analysis. The convergence of cognitive linguistics and

discourse analysis thus aims to produce a description of discourse that is sensitive both to the social context of language use and to the cognitive processes by which meaning is constructed.

According to Tenbrink (2014), Cognitive Discourse Analysis (CoDA) is the systematic study of how unconstrained natural discourse reveals mental representations and high-level cognitive processes, treating linguistic choices within an extended text as windows onto the underlying cognitive structures that organise the writer's conceptualisations. A cognate development, associated mainly with van Dijk (2008, 2014), is the socio-cognitive approach to discourse, which mediates between the macro-social structures examined in classic discourse analysis and the cognitive processes through which those structures are produced and reproduced. In van Dijk's formulation, discourse is the product of the cognitive processing of a language user who is at the same time a member of social and cultural groups; an analysis of discourse must therefore attend simultaneously to its cognitive, social, and cultural dimensions. This formulation is closely aligned with the CL framework adopted in the present study.

2.5.3 Cognitive Discourse Analysis of Literary Texts

The application of cognitive discourse analysis to literary texts, and specifically to literary medical narratives, is the analytical orientation of the present study. This orientation has three particular implications. *First*, it views the literary text as a discourse whose linguistic features reveal the cognitive structures through which the author conceptualises the experiences described. *Second*, it connects those cognitive structures not to the private mental world of the individual author but to the cognitively distributed resources available to the author in writing the text. *Third*, it situates the cognitive analysis within the social and historical environments in which medical knowledge and medical literary discourse are produced.

The comparison of the Arab and European physician-writers undertaken here proceeds as a comparative cognitive discourse analysis, that is, as an analysis at the level of cognitive structure, since it is cognitive structure that is suited to comparison. The study argues that the differences between Arab and European physician-writers lie not in the style or themes of their writing but in the way the same human experiences are cognitively encoded: in the conceptual metaphors and cultural schemas through which they are conceptualised. The cognitive discourse analytical framework brings these differences to light and renders them analytically manageable.

2.6 Conceptual Metaphor Theory and Types of Metaphor

The first of the two principal analytical frameworks adopted in the present study is CMT, developed initially by Lakoff and Johnson (1980) in *Metaphors We Live By* and elaborated through several decades of subsequent work. This section reviews the foundations of the theory, the three principal types of conceptual metaphor employed in the analysis, the systematic procedure by which metaphorically used language is identified, and the central application of the theory to medical discourse in the work of Sontag, Semino, and Flusberg and colleagues.

2.6.1 The Foundations of Conceptual Metaphor Theory

In the classical rhetorical tradition, metaphor was understood as a figure of speech, a non-literal ornament of expression in which one thing is described in terms of another. CMT marks a decisive break with this view. Lakoff and Johnson (1980) relocated metaphor from language to thought, defining its essence as “understanding and experiencing one kind of thing in terms of another” (p. 5). On their account, metaphor is not a figure of speech or a mere device of language

but a basic cognitive process by which abstract concepts are understood in terms of more concrete, embodied ones; the metaphors found in language are merely the surface manifestations of these deeper conceptual structures.

A conceptual metaphor is a systematic mapping between a source domain (typically physical or sensorimotor) and a target domain (typically abstract, complex, or emotionally charged). The mapping projects structure, inferences, and entailments from the source onto the target. Lakoff and Johnson (1980) offer the example TIME IS MONEY, in which the concrete domain of money is mapped onto the abstract domain of time, giving rise to expressions such as *save time*, *waste time*, and *invest time*. These are not isolated figures of speech but systematic expressions of the underlying conceptual mapping.

Lakoff (1993) further argued that metaphorical thinking is largely unconscious and forms the basis for reasoning about, evaluating, and acting in everyday situations. The metaphors we live by are not rhetorical devices we consciously deliberate over but aspects of the conceptual framework through which we comprehend and engage with the world. The significance of this claim for the study of medical discourse is considerable: central target concepts such as *illness*, *pain*, *recovery*, and *death* have no immediate sensory referent and must therefore be metaphorically structured. Medical metaphors are not detachable ornaments upon a metaphor-free medical message; they are the very means by which medical concepts are thought. The most influential systematic textbook treatment of CMT is that of Kövecses (2002, 2010), and Kövecses (2005) has argued for the need to take account of cultural variation in conceptual metaphor in a way directly relevant to the CL framework adopted here.

2.6.2 Types of Conceptual Metaphor

On the basis of cognitive function and the structural relation between source and target domains, Lakoff and Johnson (1980) distinguish three main types of conceptual metaphor.

2.6.2.1 Structural Metaphors

Structural metaphors are the most complex of the conceptual mappings: the internal organisation and entailments of one concept are systematically applied to structure the understanding of another (Lakoff & Johnson, 1980). The best-known example is ARGUMENT IS WAR, in which the vocabulary and logic of physical conflict - attack, defence, retreat, victory, surrender, position, and strategy - are used to structure the intellectual activity of dispute. The metaphor is not merely a way of talking about arguments but a way of conducting them. Among the structural metaphors most relevant to the present study is ILLNESS IS WAR, the framing whose dominance in modern biomedical discourse Sontag (1978) criticised. In this mapping, disease is an invading intruder, the body a battleground, treatment a battle, the doctor a commander, and the patient a combatant; the entailments are that illnesses must be conquered, pathogens eradicated, and resistance overcome. The metaphor shapes not only the way illness is discussed but also the way it is experienced, treated, and lived.

2.6.2.2 Ontological Metaphors

Ontological metaphors attribute the properties of a discrete entity or substance to abstract experiences such as emotions, states, processes, or events (Lakoff & Johnson, 1980). By treating the abstract as if it were a bounded object or substance, the mind is able to refer to it, quantify it,

categorise it, and reason about it. In medical discourse, ontological metaphors are pervasive: illness is rendered as a thing one has, contracts, or catches; pain as a substance that fills the body and may be intense or mild; and the body itself as a machine whose components may break down and require repair (HIS ANGER IS BOILING). A specialised subtype is the container metaphor, which construes the body and the emotions as containers, yielding expressions such as in pain, sinking into despair, coming out of a coma, and out of danger. The container schema is one of the most basic image-schematic structures of the embodied human cognitive system (Johnson, 1987).

2.6.2.3 Orientational Metaphors

Orientational metaphors do not present one concept in terms of another but rather organise whole systems of concepts through spatial orientation, grounded in the body's primary experience of gravity, posture, and physical movement (Lakoff & Johnson, 1980). The most common mappings draw on simple spatial axes such as UP-DOWN, IN-OUT, and FRONT-BACK and project them onto evaluative and experiential domains. The orientational metaphors most important for medical literary discourse are HEALTH IS UP / SICKNESS IS DOWN, LIFE IS UP / DEATH IS DOWN, and CONTROL IS UP / SUBJECTION TO CONTROL IS DOWN. These are grounded in the correlation of upright posture with health, consciousness, and strength, and of lying down, falling, or sinking with sickness, unconsciousness, dying, and powerlessness. They structure the everyday vocabulary of the clinical encounter: the patient goes down with an illness, the temperature rises or falls, the patient is on the mend or failing. Their metaphorical character usually goes unnoticed, and they must be identified systematically through the procedure described below.

2.6.3 The Identification of Metaphor: MIP and MIPVU

Early work in CMT did not explicitly address how metaphorically used language might be systematically identified in extended discourse. As CMT came to be applied to corpus-based discourse analysis, the need for a replicable and intersubjectively verifiable procedure became pressing. The Metaphor Identification Procedure (MIP), developed by the Pragglejaz Group (2007), provides such a procedure: it involves the sequential analysis of every lexical unit in a text to determine both its basic meaning (its most concrete, body-related, or historically prior meanings) and its contextual meaning. Where the two differ, and the contextual meaning can be understood by comparison with the basic meaning, the unit is marked as metaphorically used. MIPVU (Steen et al., 2010) is a later, refined version of MIP that adds explicit detection of direct metaphor (simile), implicit metaphor, and personification, and supplies detailed protocols for borderline cases. MIPVU is now the standard method in corpus-based cognitive-linguistic metaphor research. The present study uses MIP/MIPVU as its primary procedure for identifying metaphorically used language, rendering its analyses replicable and intersubjectively verifiable rather than impressionistic.

2.6.4 Conceptual Metaphor and Medical Discourse

The application of CMT to medical language begins, in effect, with Sontag (1978), though her work appeared two years before Lakoff and Johnson (1980) formalised the theory. In *Illness as Metaphor*, Sontag (1978) examined the metaphorical framing of tuberculosis and cancer in nineteenth- and twentieth-century discourse and showed how such framings not only shaped but often distorted the experience of patients. Her analysis led her to conclude that the

metaphorical structuring of illness is not a peripheral cultural matter but a central factor in how illness is experienced, communicated, and treated.

The most influential systematic application of CMT to medical discourse is that of Semino (2008) in *Metaphor in Discourse*. Semino found that, although the warfare schema identified by Sontag remains dominant in contemporary Western medical discourse, it is consistently challenged and renegotiated, especially by patients themselves, who draw on alternative source domains such as journey, music, growth, and dance, with profound implications for voice, agency, hope, and identity. These findings have been corroborated by controlled experimental studies (Flusberg, Matlock, & Thibodeau, 2018), which showed that different metaphorical framings of illness have measurable effects on treatment preferences, emotional responses, and willingness to engage in preventive behaviour. This evidence establishes that medical metaphors are not ornaments upon a metaphor-free clinical reality but cognitive templates with concrete effects. The present study extends this body of research in two ways: it broadens the inquiry to a cross-cultural perspective, and it examines literary rather than ordinary discourse.

2.7 Cultural Linguistics and the Comparative Dimension

The second of the two principal analytical frameworks adopted in the present study is CL, developed first by Gary B. Palmer (1996) and subsequently matured into a contemporary framework by Farzad Sharifian (2011, 2017). As the cultural counterpart of CMT, CL provides the basis for the systematic comparative dimension of the thesis.

2.7.1 The Foundations of Cultural Linguistics

The roots of CL lie in a merger of cognitive linguistics with the older traditions of American anthropological linguistics, the Boasian tradition, ethnosemantics, and the ethnography of speaking (Sharifian, 2016). In *Toward a Theory of Cultural Linguistics*, Palmer (1996, as cited in Sharifian, 2016) argued that the imagery and conceptual structures examined by cognitive linguists are profoundly shaped by culture, and that the study of language should not be divided between cognitive and cultural analysis but should unite the two. Palmer's synthesis was the first systematic statement of a research programme combining the cognitive with the cultural.

The framework was significantly enriched, codified, and brought to maturity in the early 2000s through the work of Farzad Sharifian, who expanded the vocabulary, the theoretical apparatus of cultural cognition, and the methodological tools that continue to characterise CL today. His most notable publications include *Cultural Conceptualisations and Language: Theoretical Framework and Applications* (2011) and *Cultural Linguistics: Cultural Conceptualizations and Language* (2017); the framework has been applied to World Englishes, intercultural communication, political and religious discourse, and, of particular relevance to the present study, the comparative analysis of literary works by authors from different cultural traditions.

2.7.2 Analytical Units in Cultural Linguistics

At the heart of CL lie a small number of carefully formulated theoretical constructs, all falling under the heading of *Cultural conceptualisations* and all rooted in the umbrella concept of cultural cognition (Sharifian, 2017). *Cultural cognition* is the overall cognition of a cultural

group, formed through the interactions of its members and distributed among them in a heterogeneous manner: only part of a culture's cognition is held by any one individual, while the whole is held by the group as an emergent system. *Cultural cognition* is fluid, continually negotiated across generations and between communities, and language provides the primary means of encoding and conveying it.

Cultural Linguistics (CL) distinguishes three main analytical units. The first is the *cultural schema*, a culturally constructed mental framework that is distributed and shared among the members of a cultural group and that organises their knowledge, expectations, and reasoning about culturally relevant domains. Schemas relevant to the present thesis include the Islamic notions of *amānah* أمانة [the body as sacred trust], *ibtīlā'* إبتلاء [illness as divine trial], *ṣabr* صبر [patient endurance], *taslīm* تسليم [submission to the divine will], and *ākhirā* الآخرة [the threshold of the next existence]. Each carries its own understanding of the nature of suffering, of responsibility, and of death, and each is shown in the analysis chapter to shape the metaphorical encoding of illness in the work of the Arab physician-writers.

The second analytical unit is the *cultural category*, the culturally specific way in which a community sorts and classifies the entities, events, and experiences of its world. Domains such as kinship relations, emotions, foods, colours, and illness states are organised in culturally specific ways, with boundaries and internal structures that differ across cultures.

The third unit is the *cultural metaphor*: a conceptual metaphor whose source domain, target domain, or mapping is drawn from a culturally specific system of thought, value, or belief. Whereas CMT holds that many metaphors rest on universal embodied experience, CL emphasises how the elaboration and selection of metaphors are strongly shaped by culture. The

Arabic triliteral root *R-H-M*, which links the meanings of womb (*raḥim*) رحم , mercy (*raḥmah*) رحمة , and the Compassionate (*al-Raḥmān*) الرحمن , is the key to the metaphor SUFFERING IS A GENERATIVE WOMB identified in the analysis chapter in the work of the Egyptian physician-writer Elshazly. That metaphor would either have no counterpart in a European physician-writer or exist only as a kind of linguistic transplant lacking its cultural depth.

2.7.3 Conceptual Metaphor Theory and Cultural Linguistics

Cultural Linguistics (CL) is best understood not as a rival to CMT but as its necessary cultural complement. CMT is largely cognitive in focus, concerned with the systematic conceptual mappings through which abstract experience is understood and emphasising the universal, embodied foundation of metaphor. CL builds upon and qualifies this account, showing that the selection, elaboration, and interpretation of conceptual structures are profoundly mediated by culture, an extension that Kövecses (2005), working within CMT, had himself recognised as necessary. The two frameworks are used in stages in analytical practice: CMT is applied first, to detect and classify the figurative mappings in a text at the linguistic and cognitive level; CL is then applied, to interpret the cultural meanings of those mappings and to situate them within the cultural cognition of the relevant community. This sequential complementarity, cognitive identification followed by cultural interpretation, combines the cognitive depth of CMT with the cultural breadth of CL, and constitutes the integrated theoretical framework of the present study.

2.8 The Comparative Cognitive Discourse Analytical Approach

Drawing together the threads of the preceding discussion, the approach adopted in the present study may be characterised in three respects. *First*, it is a cognitive approach: it treats language as continuous with general cognition, attends to the embodied and conceptual bases of linguistic meaning, and draws on the resources of the wider cognitive sciences where relevant. *Second*, it is a discourse-analytical approach: it treats extended literary texts as discourse, attends to the social, cultural, and historical contexts of their production and reception, and seeks to connect linguistic features to the larger discursive systems in which they arise. *Third*, it is a comparative approach: it juxtaposes the work of the Arab and European physician-writers, analyses both from a single overarching perspective, and identifies and interprets the systematic similarities and differences between them.

The analytical framework is constructed from the two major resources reviewed above. CMT, supported by the MIP/MIPVU procedure, provides the means of identifying the conceptual metaphors through which the physician-writers structure their understanding of illness, the body, and death. The analytical tool of CL, *cultural schema*, is then used to interpret the cultural significance of those metaphors. The two frameworks are applied in sequence, CMT first and CL second, in each analysed extract. The thesis argues that this approach offers a methodology for the comparative study of physician-writers not yet evident in the existing scholarship, combining analytical rigour, replicability, and cross-cultural sensitivity.

2.9 Previous Studies

This section summarises 14 previous studies that bear directly on the concerns of the present work. The studies are presented in chronological order, with the contribution of each noted alongside what remains to be done.

In a study produced in the United States, **Gogel and Terry (1987)**, in their article “Medicine as Interpretation: The Uses of Literary Metaphors and Methods,” *Journal of Medicine and Philosophy*, examined the use of literary metaphors in medicine, especially in the work of Oliver Sacks, arguing that his clinical narratives in *Awakenings* and *The Man Who Mistook His Wife for a Hat* restore the interpretive dimension of medicine that the biomedical model had neglected. Their study approaches this material from the philosophy of medicine rather than from a cognitive-linguistic perspective.

In the United Kingdom, **McLellan (1997)**, in “Literature and Medicine: Physician-Writers,” *The Lancet*, surveyed the history of the relationship between medicine and literary production and offered a typology of physician-writer careers. The essay is conceptually foundational but literary-historical in approach, anchored in an Anglo-American perspective, and does not employ cognitive-linguistic analysis.

In a study published in the United Kingdom, **Kottow and Kottow (2002)**, in their article “Literary Narrative in Medical Practice,” *Medical Humanities*, argued that literary narratives serve as testimonies of medical practice and that reading them helps cultivate the empathic capacities necessary for clinical work. Their study is theoretical and qualitative, Western in focus, and without comparative cross-cultural questions.

In the United States, **Sun (2012)**, in her doctoral dissertation *Physicians Writing on the Edge: Liminalities and Narratives*, analysed contemporary American physician-writers (Selzer, Klass, Coulehan, Verghese, and Campo) through the lens of anthropological liminality theory, arguing that physician-writing functions as a counter-narrative to the depersonalisation of biomedicine. Her approach is anthropological rather than cognitive-linguistic, and her corpus is exclusively Anglo-American.

Also in the United States, **Weems (2015)**, in her dissertation *The Poetics of Healing: Voicing Illness and Trauma in Literature, Narrative Medicine, and Reflective Writing* (University of Florida), organised her study around Charon's narrative features, devoting a chapter to each: temporality in John Bunyan, singularity in Tobias Smollett, causality and contingency in Jane Austen, and intersubjectivity in the post-war writings of W. H. R. Rivers and Robert Graves. Her approach is that of narrative medicine and literary criticism rather than cognitive-linguistic analysis.

In a chapter published in the United Kingdom, **Fisher (2017)**, in "Doctor-Writers: Anton Chekhov's Medical Stories," in Hilger's edited volume *New Directions in Literature and Medicine Studies*, offered one of the most sustained recent studies of Chekhov as a physician-writer, focusing specifically on *Ward No. 6*, the story analysed in Chapter Four. Fisher's analysis is descriptive and thematic, falling within literature-and-medicine studies rather than cognitive-linguistic analysis.

In Jordan, **Hamzeh (2021)**, in an MA thesis at Middle East University, compared two pandemic novels: Mary Shelley's *The Last Man* (1826) and Amir Taj al-Sir's *Ebola 76* (2012), the latter also analysed in Chapter Four. Adopting a descriptive-analytical and comparative-

literature approach, she examined the characters and themes of the two works through theories of meaning in life, arguing that both novelists dramatise the human search for significance under catastrophic conditions. Her analysis, however, operates at the level of theme and character rather than of conceptual metaphor and cultural schema. Notably, Hamzeh herself reports difficulty in locating analytical scholarship on the novel in either Arabic or English, and calls for further research on it.

In the United Kingdom, **Luckhurst (2021)** investigates Conan Doyle's brief attempt to establish himself as an eye specialist in London in 1891, shortly before he abandoned medicine for writing. Through literary-historical reconstruction, the study traces the medical topography in which he placed himself, between reformist Bloomsbury and fashionable Harley Street, and reads the ambivalences of that position in the stories collected in *Round the Red Lamp* (1894). The study addresses the same collection analysed here, but approaches it biographically rather than through the systematic analysis of its metaphors and cultural schemas.

In Iraq, **Abbas (2023)**, in her Arabic-language study “The Philosophical Vision in the Works of Dr. Raad Sadiq al-Hili,” *Lark Journal* (Wasit University), offered a literary-philosophical reading of two works by al-Hili, *Bil-Şudfa* (2017) and *Aesop: The Oppressed Philosopher* (2015). Its direct relevance lies in its treatment of the same physician-writer whose novel *Māriyā al-Yūnāniyya* is analysed in Chapter Four; the study, however, addresses different works and follows a literary-philosophical rather than a cognitive-linguistic approach.

Chapman (2023) examined Conan Doyle's contributions to the popular periodical *The Idler* in the early 1890s, when the professionalisation of medicine was widening the distance between doctors and the public. Through close reading of these rarely studied stories and their

illustrations, the study argues that Conan Doyle's work showed lay readers how to recognise genuine medical expertise rather than preserving that distance. It treats him as a physician-writer, but addresses periodical writing rather than the fiction analysed here, and proceeds by close reading rather than by the analysis of conceptual metaphor and cultural schemas.

In Algeria, **Gacemi (2024)**, in his Arabic-language study “Pandemic Narratives: Ameer Taj Al-Sir’s Novel *Ebola 76* as a Model,” *Mujallat Iḥālāt* (Algiers 2 University), undertook a literary-critical reading of the same novel analysed in Chapter Four. Drawing on the theories of Deleuze and Guattari, Butler, and Sontag, he describes the novel as “rhizomatic” and the virus as a “desiring machine” moving through bodies and regions. His reading is post-structuralist rather than cognitive-linguistic.

In Italy, **Palla, et al. (2024)**, in their scoping review “Narrative Medicine: Theory, Clinical Practice and Education,” *BMC Health Services Research*, identified 101 studies published between 2000 and 2023 and confirmed that the field is dominated by Anglo-American and Italian scholarship, and that comparative cross-cultural analysis of physician-writers’ literature remains rare.

In Egypt, **Al-Ṭūkhī (2025)**, in her Arabic-language study “The Rhetoric of the Novelistic Image in Ossama Elshazly’s *Awraq Sham ‘ūn al-Miṣrī*,” *Majallat Kulliyyat al-Ādāb, Jāmi‘at Būr Sa‘īd*, examined the rhetorical construction of the novelistic image in the very novel analysed in Chapter Four. Working within the frameworks of artistic and stylistic analysis, she took the image of *al-tīh* التيه (swagger) as the central axis of the novel and traced its effect on the depiction of novelistic space and the drawing of character. Her approach, however, is rhetorical and

stylistic rather than cognitive-linguistic, and she does not examine the conceptual metaphors or cultural schemas that underlie the novel's encoding of experience.

Also in Italy, **Natali (2025)**, in "The Doctor-Writer and the Boundaries of Literariness: The Case of Dannie Abse," *LEA – Lingue e Letterature d'Oriente e d'Occidente*, explored how the medical formation of Dannie Abse, the Welsh poet and physician, shaped his literary voice, treating his medical background as a secular, rational lens for interpreting human suffering. This is a single-author case study within the English-language tradition.

2.10 Research Gap

The studies reviewed above establish the physician-writer as a distinctive literary phenomenon and confirm the value of the narrative approach as a framework for studying it. They also reveal two longstanding limitations. First, the existing literature has been overwhelmingly Anglophone and Western in scope: of the studies reviewed here, the majority originate in *the United States*, *the United Kingdom*, and *Italy*, while comparative work on Arab physician-writers remains confined to a handful of studies from *Jordan*, *Iraq*, *Algeria*, and *Egypt*. The Arabic tradition of the physician-writer, historically deep and still active today, has thus received little attention in international comparative scholarship. Second, even within the Western context, the analytical frameworks employed have been those of literary criticism, narrative medicine, or anthropology, rather than cognitive linguistics. To the best of the researcher's knowledge, no systematic comparative analysis of physician-writers from different cultural traditions has yet been undertaken using the combined frameworks of CMT, CL, and the MIP/MIPVU procedure.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methodological foundations of the study. It explains the research design, justifies the selection of data, and describes the analytical procedures adopted for examining conceptual metaphor and cultural conceptualisation in the literary works of Arab and European physician-writers.

3.2 Nature of the Study

The present study is qualitative and comparative in nature, aiming to examine the cognitive and discursive representation of medical experience in the literary works of physician-writers from the Arab and European traditions. A qualitative approach is well suited to investigating meaning construction and metaphorical conceptualisation, allowing the culturally embedded discourse practices to be explored rigorously (Creswell, 2014). The comparative dimension highlights the similarities and differences between the Arab and European corpora while avoiding essentialist cultural assumptions, on the cognitive-linguistic premise that embodied experiences may be shared yet conceptualised in culturally mediated ways (Evans & Green, 2006; Sharifian, 2017).

3.3 Data Selection and Justification

The selected data consist of literary texts written by Arab and European physician-writers that deal explicitly with the experience of medicine, illness, and the human body. The selection is purposive rather than random, based on theoretical relevance and analytical suitability, in keeping with the qualitative research tradition and its principle that depth of analysis matters more than breadth (Creswell, 2014). The selection criteria were as follows: all authors had formal medical education and clinical experience; the selected texts contain sustained narrative depictions of illness, medical encounters, or professional reflection; and the authors belong to different cultural traditions, allowing systematic cross-cultural comparison.

On the Arab side, the data comprise selected literary works of the Iraqi paediatrician *Raad Sadiq al-Hili*, the Sudanese internal-medicine specialist *Ameer Taj al-Sir*, and the Egyptian orthopaedic surgeon *Ossama Abdul-Raouf Elshazly*. The European side is represented by the works of the Scottish ophthalmologist *Sir Arthur Conan Doyle*, the Russian general practitioner *Anton Chekhov*, and the British neurologist *Oliver Sacks*.

3.3.1 Biography of Raad Sadiq al-Hili

The biographical account given here draws on correspondence with the author, reproduced in Appendix (A), together with two published sources. Raad Sadiq al-Hili was born in Baghdad in 1952 and travelled abroad in his twenties to study medicine, settling in Greece, where he has lived and practised for much of his adult life. He earned his medical degree from the Faculty of Medicine at Aristotle University of Thessaloniki and completed his specialisation in paediatrics at the General Children's Hospital of Penteli in Athens. For over twenty years he

served as a physician in the Greek state's child- and maternal-care service, with medical responsibility for its adoption programme and for units caring for children with physical disabilities, psychological conditions, and autism, while maintaining his own private practice in Athens (R. S. al-Hili, personal communication, 18 July 2026). His long-standing service to public health in Greece was recognised by the award of honorary Greek citizenship (Al-Sharqiya, 2022, 18:38; Kh. al-Hili, 2018).

Al-Hili's literary trajectory is inseparable from his clinical formation and his long years abroad. His guiding conviction that medicine is not merely a profession but an art (Alsharqiya, 2022, 27:01) informs his narrative approach. His literary formation, by his own account, is markedly plural. Before his departure for Greece at the age of twenty, it was shaped by the Russian classics and by English literature, Charles Dickens above all; within the Arabic tradition, he cites Taha Hussein, al-Aqqad, Naguib Mahfouz, and Ghaib Tuma Farman, while crediting the writers of the *mahjar* - Iliya Abu Madi, Mikhail Naimy, and Gibran Khalil Gibran - with the deepest influence on his intellectual formation, alongside Jurji Zaydan in the historical-fictional mode. After settling in Greece, he found in the Greek language a structure strikingly close to Arabic, with its own classical, standard, and colloquial registers, and acknowledges the formative influence of Socrates, read in the original rather than in translation (R. S. al-Hili, personal communication, July 17 2026).

Reflecting on his intellectual affinities, al-Hili draws a considered comparison between Socratic humility, epitomised in the maxim "all I know is that I know nothing," and what he regards as the broader ethical vision of the Arab sage Ali ibn Abi Talib. He likewise foregrounds the figure of Aesop, the subject of one of his own books, whom he presents as an unjustly neglected sage of, in his view, Babylonian or Mesopotamian origin, and whose moral fables he

takes to have exerted a lasting humanising influence, a conviction distilled in his own motto, “you are a human being, you are all religions” (R. S. al-Hili, personal communication, July 17 2026).

His major works reflect this dual formation. *Bil-Şudfa: Tajārib Ṭabīb ‘Irāqī fī Qurā Ūrūbiyya* [By Coincidence: The Experiences of an Iraqi Physician in European Villages], a 397 page memoir of the year he spent as the sole physician in the remote Greek village of Gardiki, was published in Baghdad by Dar Suttur and honoured by the Iraqi Ministry of Culture (Kh. al-Hili, 2018). His three-decade research project on Aesop was published as *Aesop: The Oppressed Philosopher* (Jazzā’, 2023). His fiction includes *Māriyā al-Yūnāniyya* [Maria the Greek], the novel analysed in Chapter Four; *Irth al-Af‘ā* [The Serpent’s Legacy], which explores systemic corruption; and *Khalkhal al-‘ishq* [The Anklet of Love], which al-Hili describes as reimagining the historical memory of the Iraqi monarchy (Al-Sharqiya, 2022, 19:32).

3.3.2 Background of *Māriyā al-Yūnāniyya wa-‘ishquhā al-‘ajīb* (2021)

Published in 2021 by Dar Amal al-Jadida and Dar Manshurat Gilgamesh and running to 394 pages, *Māriyā al-Yūnāniyya wa-‘ishquhā al-‘ajīb* [Maria the Greek and Her Wondrous Love] is a cornerstone of al-Hili’s literary output and has yet to be translated. The novel connects the physician’s clinical testimony with the novelist’s ethical questioning. It portrays the life of Maria, a woman of rural poverty born in 1953 who marries into the wealthy Banos family and witnesses its fall from fortune, in a manner that opens up the theme of *wafā’* [faithfulness]. Al-Hili grounds his narrative in his own experience rather than in imagination alone, setting the story within a clinical and ethical frame as a testimony drawn from his medical service in rural

Greece. The novel is organised around four central moral themes: *wafā'*; *fasād* [corruption figured as a biological pathogen]; the somatisation of war; and *zawāl al-‘azm* [the precariousness of worldly power].

These themes are explored through the ‘double lens’ of al-Hili’s identity as a paediatric clinician and as an Iraqi living abroad. He metaphorically depicts Athens as a weary, ageing woman and war as a robber of human dignity, and he treats *wafā'* as the ‘first letter of the alphabet of ethics,’ an indivisible principle that endures even under the most adverse social and economic conditions.

3.3.3 Biography of Ameer Taj al-Sir

Ameer Taj al-Sir, born in the Sudanese village of Karmakol in 1960, is a physician of international literary stature who now practises internal medicine in Doha, Qatar. He began writing very early in life, composing poetry in colloquial Arabic while still at school and turning to classical Arabic in 1985. A graduate of the Faculty of Medicine at Tanta University in Egypt in 1984, he served for years in Sudan as a gynaecologist before moving to Qatar in 1993 and later specialising in internal medicine. He is a nephew, on his mother’s side, of the celebrated Sudanese novelist al-Tayyib Salih. His literary career, launched with *Karmakul* (1988), has produced over a dozen works, several translated into French, Italian, and English. He has received repeated recognition from the International Prize for Arabic Fiction: *The Grub Hunter* was shortlisted in 2011, while *366* and *The Resort of the Enchantresses* were longlisted in 2014 and 2017 respectively; *366* also received the 2015 Katara Prize for the Arabic Novel. Hamzeh (2021) describes him as a ‘giant among Arabic fiction writers’ whose characteristic mode is the fusion of tragedy with dark comedy.

In an interview, Taj al-Sir describes fiction as truer than history in understanding nations, since the novelist is indifferent to who won or lost a battle and attends instead to those who suffer: “who dies in this war? It is the ordinary person, who has no stake in it and gains nothing” (Al Jazeera, 2025, 5:02).

3.3.4 Background of *Ibōlā 76* (2012)

Taj al-Sir’s narrative style weaves tragedy with dark comedy, a technique best demonstrated in the novel’s climactic treatment of the Ebola outbreak. Published in 2012, *Ebola 76* [Ebola 76], a work of 142 pages, is a fictionalised account of the first outbreak of the Ebola virus in Enzara, southern Sudan. The story centres on Louis Nowa, a textile worker, and his wife Tina, a street water-seller, and moves through a wider cast that includes the Congolese blind guitarist Rwadi Montty, the sorcerer Jamadi Ahmed, and two physicians in minor roles (Taj al-Sir, 2012). The narrative traces an arc from communal response to its collapse: in the opening chapters the sick are carried through the streets by neighbours who do not yet know that they carry the contagion with them, and the dead are still mourned at their graves; as the epidemic advances, those forms give way, and the bodies - at times the dying with them - are consigned to a pit without washing or shrouding. A motif recurring throughout is *ṣaḥwat al-mawt* [the awakening of death], the brief lucidity that precedes dying, in which the dying disclose the secrets they had kept (pp. 69-70). The novel’s most radical innovation, however, is its anthropomorphic treatment of the pathogen: rather than a passive clinical phenomenon, the virus is brought to the fore as a central narrative protagonist, endowed with desire, intelligence, and an aesthetic sensibility. First published in Arabic by Dar al-Saqi, *Ebola 76* had by 2023 been

translated into at least nine languages, including English, French, Italian, Spanish, Persian, Chinese, and Turkish, making it the most widely translated of Taj al-Sir's novels (Youn7, 2023).

The distinctive contribution of *Ebola 76* to the physician-writer tradition is that it moves beyond the clinical eye that sees disease as an object to be diagnosed. The novel presents the virus as possessing a consciousness - it “chose,” “coloured,” and “laughed” (Taj al-Sir, 2012) and presents the outbreak not as a random accident but as something rooted in a social environment of poverty, cultural proximity, and communal responsibility. The virus acts purposefully in ways that conventional virological accounts do not describe; in this sense it becomes an active member of the shared social and cosmological reality of the community.

3.3.5 Biography of Ossama Abdul-Raouf Elshazly

Ossama Abdul-Raouf Elshazly (b. 1974) is an Egyptian orthopaedic surgeon, academic, and novelist. After completing a fellowship in fracture treatment in Germany in 2005, he earned his doctorate in orthopaedic surgery from Ain Shams University in 2007. He currently serves there as a professor of orthopaedic surgery and is regarded as a pioneer of foot-and-ankle surgery in Egypt and the wider Arab world. He has also served as Secretary-General of the Egyptian Medical Fellowship and as Director-General of the National Training Institute, has published eighteen international research papers, and authored a surgical textbook with a German publisher in 2011 (Aseer al-Kutub, n.d.).

Elshazly's interests extend beyond clinical medicine. Alongside his surgical career, he teaches the history of medicine at his home university and at the University of Barcelona (Aseer al-Kutub, n.d.). His novel, *Awraq Sham'un al-Miṣrī* [The Papers of Shamoun the Egyptian], a

substantial historical and dramatic work running to 634 pages, has proved sufficiently popular to reach a twelfth edition by 2021 (Elshazly, 2021) and has attracted sustained critical attention (Al-Ṭūkhī, 2025).

3.3.6 Background of *Awrāq Sham ‘ūn al-Miṣrī* (2021)

Elshazly’s most prominent novel, *Awrāq Sham ‘ūn al-Miṣrī* [The Papers of Shamoun the Egyptian], running to 634 pages, was published by Dar al-Riwaq and emerged as a significant literary phenomenon that has attracted sustained critical attention (Taḥer, 2021; Al-Ṭūkhī, 2025). It engages intricate philosophical questions through sacred geography and the recovered private papers of the Egyptian Jew Shamoun ibn Zakhary, who witnessed the great events of the Sin Wilderness [برية سين أو صحراء سيناء], and through the question of communal *tīh* التيه [swagger] in human history and in present-day Egyptian society (Taḥer, 2021).

While the novel has not yet appeared in a Western language, a Persian translation by Hamid Reza Mohajerani was published in Tehran by Amir Kabir Publishers in 2025 (Emad, 2025). Although it engages religious identity and historical memory within a specific cultural context, it nonetheless carries a universal resonance that its reception beyond Egypt has begun to confirm.

Three basic ‘formations’ underpin Elshazly’s role and outlook as a physician-writer and serve as the thematic backbone of the novel:

1. Clinical orientation: his expertise in orthopaedic surgery, concerned with structure and fracture, underlies his literary interest in cohesion and dissolution, bringing a diagnostic acuity to both the physical body and the ‘historical body’ of a community.

2. Historical identity: his profound interest in the Egyptian-Islamic past and in Qur'anic narrative serves as a lens for examining the impact of collective memory on contemporary identity. This interest predates the novel: his first book, *Rihla ilā Ya'jūj wa-Ma'jūj* [Journey to Gog and Magog], published in 2012, takes its subject from Qur'anic narrative (Taher, 2021).
3. Academic scholarship: as a clinician-scholar, he combines the rigour of empirical laboratory research with the depth of archival interpretation. Elshazly's work is ultimately a 'surgical testimony,' using the methods of a surgeon to analyse the structure of a community in a state of *tīh*; on this view, historical and communal breakdown is no longer merely a historical fact but a condition to be carefully studied, like a wound or a disease.

3.3.7 Biography of Sir Arthur Conan Doyle

Sir Arthur Conan Doyle (1859–1930) was a Scottish physician and author. He matriculated at the Edinburgh University Medical School in 1876 and was strongly influenced by his professor Dr Joseph Bell, whose diagnostic brilliance furnished the model of deductive reasoning later embodied in Sherlock Holmes (Britannica, 2026; Heller, 2026). Before qualifying as an MD in 1885, Doyle served as a ship's surgeon on a whaler bound for the Arctic and on another vessel sailing to West Africa (Britannica, 2026; Heller, 2026). His subsequent years in Southsea, Portsmouth, were personally difficult but professionally important, for it was there that he wrote *A Study in Scarlet* (Doyle Estate, 2026).

In 1890 he attended courses in ophthalmology in Vienna and Paris and opened an eye clinic in London (Ravin & Migdal, 1995). The failure of the clinic, together with a serious bout

of influenza, led him to take up writing full time (Sen & Honavar, 2021). He later served as a senior medical officer in the Boer War, for which he was knighted (Britannica, 2026). Following the death of his son during the First World War, Doyle devoted the latter part of his life to promoting spiritualism (Britannica, 2026).

3.3.8 Background of *Round the Red Lamp* (1894)

Round the Red Lamp: Being Facts and Fancies of Medical Life, published on 23 October 1894 by Methuen & Co. in London, is a collection of fifteen short stories, freely available as Project Gutenberg eBook 423. As Doyle explains in the postscript, the (red lamp) of the title was the traditional sign of the general practitioner in England; in his preface he states that the aim of the collection is to “paint the darker side, since it is that which is principally presented to the surgeon or physician,” medical fiction being the “alterative and tonic, bitter to the taste but bracing in the result.” The present study analyses two stories from the collection, ‘*The Curse of Eve*’ and ‘*A Straggler of ’15*,’ which together represent the two decisive thresholds of human life, birth and death, as rendered by a Victorian physician-writer.

3.3.8.1 Doyle’s ‘*The Curse of Eve*’

‘*The Curse of Eve*’ presents the perils of childbirth from the viewpoint of the anxious husband rather than that of the physician, conveying to the reader the emotional and moral burden of the clinical experience. Its title evokes a theological frame of reference ‘the curse’ that the narrative itself does not develop; the significance of this restraint becomes important in the comparative analysis in Chapter Four.

3.3.8.2 Doyle's '*A Straggler of '15*'

'*A Straggler of '15*' portrays the threshold of death. It follows Corporal Gregory Brewster, ninety years old, who in his final moments in a room in Woolwich returns entirely to the battlefield of his youth, cries out 'The Guards need powder!', and collapses into his chair as the sergeant recites the closing line: 'The Third Guards have a full muster now.' The 'full muster' of Doyle's regiment of the dead, completed by the arrival of its last surviving member, proves structurally similar to the Arabic schemas of *amānah* [the sacred trust returned to its Giver] and *ākhirah* الآخرة [the threshold crossed into the next existence]; yet Doyle's ground is regimental and chivalric rather than theological. One of the most striking analytical findings of the present study is precisely this convergence of structure upon opposing cultural grounds.

3.3.9 Biography of Anton Pavlovich Chekhov

Anton Pavlovich Chekhov (1860–1904) was a Russian physician and a celebrated figure in modern literature who profoundly influenced the modern short story and modern drama. Born in Taganrog into a financially unstable family, he supported himself and his relatives by writing satirical sketches for popular journals while studying medicine at Moscow University, from which he graduated in 1884 (May, 2023; Britannica, 2026).

Chekhov famously described medicine as his 'lawful wife' and literature as his 'mistress' (Coulehan, 2026). His clinical training gave him an objectivity that enabled him to depict the human condition and social decay with dispassionate precision; *Ward No. 6* reads as a 'clinical study' of the human condition (Britannica, 2026). He remained engaged in medical practice throughout his life, often treating peasants without charge, and undertook significant efforts at

social reform, including his census of prisoners on Sakhalin Island and his relief work during outbreaks of cholera (Coulehan, 2026; May, 2023). His legacy endures in a body of ‘slice-of-life’ narratives and modernist dramas attentive to the subtle textures of everyday life (Malcolm, 2004).

3.3.10 Background of *Ward No. 6* (1892)

Ward No. 6 (Russian: Палата № 6) was first published in November 1892 in *Russkaya Mysl*. The standard English translation, used throughout the present analysis, is that of Constance Garnett (Macmillan, 1921), widely available through Penguin Classics, the Modern Library, and Project Gutenberg eBook 57333. The reception of the novella has been marked by striking testimonies; a Soviet biographical chronicle compiled by Zverev (1990) records that Lenin, upon reading *Ward No.6* felt “positively scared and told his sister, Anna Ulyanova-Yelizarova, that he “had the feeling, too, that he was locked up in ‘Ward No.6’” (pp. 32-33).

The novella is set in a small provincial Russian town in which the hospital plays a central role, and it focuses on two characters: Dr Andrey Yefimitch Ragin, the senior and most philosophical of the hospital’s physicians, and Ivan Dmitritch Gromov, a patient confined to the ward with persecution mania. Their philosophical debate, Ragin’s Stoic detachment against Gromov’s insistence on engagement and resistance, culminates in a catastrophic reversal: Ragin is confined to the ward, beaten by the brutal porter, and dies. Where the Arab physician-writers draw on schemas of divine trial, the secular Russian physician, who pointedly eschews the religious frameworks that structure the Arab corpus, encodes a different set: ILLNESS IS MECHANICAL FAILURE rather than ILLNESS IS DIVINE TRIAL, and DEATH IS THE END rather than DEATH IS A THRESHOLD.

3.3.11 Biography of Oliver Wolf Sacks

Oliver Wolf Sacks (1933–2015) was a British neurologist and writer who transformed the relationship between clinical medicine and the humanities. Born in London into a family of physicians, he received his medical degree from Queen’s College, Oxford, and undertook his residency in the United States (Angyal & Adler, 2022; Britannica, 2026). His professional identity was shaped by his treatment of patients with encephalitis lethargica at Beth Abraham Hospital in New York, described in his book *Awakenings* (1973), in which he insisted on treating patients as individuals rather than as mere biological cases (Angyal & Adler, 2022; Sacks Foundation, n.d.). A professor at Columbia University and New York University, he devoted his final years, after a diagnosis of terminal cancer in 2015, to essays on gratitude and curiosity (Sacks Foundation, n.d.), leaving a substantial body of work in narrative medicine (Angyal & Adler, 2022).

3.3.12 Background of *The Man Who Mistook His Wife for a Hat* (1985)

Sacks’s *The Man Who Mistook His Wife for a Hat and Other Clinical Tales* was first published in 1985 by Summit Books in New York. It is divided into four sections: ‘Losses,’ which explores various forms of neurological deficit; ‘Excesses,’ which treats neurological excess rather than loss; ‘Transports,’ which concerns altered perceptual and imaginative states; and ‘The World of the Simple,’ which considers the inner lives of the cognitively simple. The book has been translated into dozens of languages and, to Sacks’s astonishment, became ‘an instant bestseller.’ It presents the clinical narrative of neurological deficit as a sophisticated literary form, in which such deficits appear not merely as failures but as challenges to the

continuity of personal identity (Sacks Foundation, n.d.; Britannica, 2026). Sacks has been called ‘the poet laureate of medicine’ by The New York Times.

Two extracts are drawn from this work for the present thesis. The first concerns the self unmoored in time, in the case of ‘*The Lost Mariner*,’ Jimmie G., trapped in 1945 by severe Korsakov’s syndrome; Extract Eleven records Sacks’s philosophical reflections on what remains of a person whose memory has been lost. The second concerns the self unmoored from the body, in the case of the self-described ‘*Disembodied Lady*,’ Christina, who has lost all proprioception through polyneuritis; Extract Twelve records both Sacks’s clinical account and Christina’s own description of what her condition feels like from within. Together, the two extracts embody Sacks’s most important contribution to writing about neurological loss: rendering it in a vocabulary at once clinically precise and existentially resonant, and restoring to the ‘suffering, afflicted, fighting human subject’ a centrality that distinguishes him from the other physician-writers in this corpus.

3.3.13 Translation of the Arabic Extracts

The Arabic extracts examined in this study are drawn from the original novels, and the linguistic analysis was carried out by the researcher on those Arabic originals. The identification of metaphorically used language through the MIP/MIPVU procedure, the mapping of conceptual metaphors, and the identification of the underlying cultural schemas were all conducted on the Arabic text. For the benefit of the non-Arabic-speaking reader, each extract is accompanied by an English translation prepared for this study by Asst. Prof. Dr. Muhannad Hadi Altalqani. A published English translation of *Ebola 76* also exists, but a dedicated scholarly translation was

commissioned here in order to preserve, as closely as possible, the lexical and metaphorical detail on which the linguistic analysis depends. These translations accompany the Arabic for reference only; they are not the basis of the analysis, which remains grounded throughout in the Arabic original.

Table 3.1

The Selected Data

Author	Nationality	Work	Genre	Date	No. of Excerpt
Raad al-Hili	Iraqi	<i>Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb</i>	Novel	2021	2
Ameer Taj al-Sir	Sudanese	<i>Ibōlā 76</i>	Novel	2012	2
Ossama Elshazly	Egyptian	<i>Awraq Sham 'ūn al-Miṣrī</i>	Novel	2021	2
Arthur C. Doyle	Scottish	<i>The Curse of Eve A Straggler of '15</i>	Collection of Short Stories	1894	2
Anton Chekhov	Russian	<i>Ward No. 6: Section III Section VII</i>	Novella	1892	2
Oliver Sacks	British	<i>the Lost Mariner the Disembodied Lady</i>	Clinical Tales	1985	2

3.4 The Selection of Literary Prose over Other Literary Genres

The choice of literary prose, encompassing the novel, the short story, and the literary clinical tale, is warranted, on both methodological and theoretical grounds, by the nature of this research, which investigates the cognitive representation and discursive construction of illness in physician-writers' literary works. Compared with poetry, drama, and other genres, narrative prose is best suited to this purpose because of its narrative depth, psychological complexity, and discursive richness, and because it readily accommodates the range of forms in which physician-writers have worked, from the full-length novel to the short story and the clinical tale.

In his essay *Why the Novel Matters*, Lawrence (1936/2007) argued that the novel is the form best suited to representing the human being in living wholeness, rather than addressing only isolated aspects as philosophy, science, and poetry do. Narrative prose embraces the fullness of lived human experience, treating right and wrong not as a code or law but as a felt sense, an instinct of the whole person. Although Lawrence writes of the novel, his argument extends more broadly, for it is the narrative representation of experience, not the length of the work that confers this distinctive cognitive power.

Vidmar (2013) restates this perspective, arguing that literary fiction is a sophisticated cognitive instrument, an extended thought experiment in which readers draw on tacit, unarticulated world knowledge and engage in counterfactual reasoning to test claims that bear upon that knowledge, so that fiction becomes a genuine source of knowledge. From a different but complementary perspective, Richardson and Steen (2002) situate imaginative narrative within the larger history of the human mind, describing it as a tool of adaptation and imaginative world-making that extends the range of human consciousness and links beliefs, feelings, and

desires within particular cultural contexts. Taken together, these accounts confirm that it is the broader mode of narrative prose, realised in the novel, the short story, and the literary clinical tale alike, rather than any single genre, that provides the depth and cognitive richness this study seeks.

3.5 Analytical Procedures

The analytical framework is organised as a logical, ordered sequence designed to preserve both theoretical integrity and methodological rigour. The selected literary works were first read closely, and passages engaging, whether overtly or subtly, with medical themes were identified, including the representation of sickness, the experience of the body, clinical encounters, and professional self-reflection. These passages constituted the baseline text for analysis, a process intended to encourage interpretive accountability and to reduce subjectivity (Pattison, 2000).

From this set, the linguistically salient expressions within the target passages were identified and recorded, with particular attention to word choice, figurative language, and narrative patterning in relation to the conceptual representation of illness, the body, and the physician–patient encounter. The meaning of each expression was determined within its context, in order to preserve contextual integrity (Semino, 2008). The next stage applied conceptual metaphor analysis as set out by Lakoff and Johnson (1980) and Kövecses (2010): individual linguistic metaphors were classified under their governing conceptual metaphors, and recurring metaphorical patterns were traced through each author’s corpus, allowing the identification of both universal and culturally elaborated embodied metaphors. A further stage drew on discourse

and narrative analysis to examine the discursive construction of professional authority, epistemic uncertainty, and ethical obligation (Hydén, 1997), together with narrative point of view and authorial voice. A final cross-cultural comparison then identify and interpret the recurrent and divergent conceptual patterns across the selected texts.

The combined use of CMT and CL is warranted by the distinct yet complementary functions each performs. CMT, as proposed by Lakoff and Johnson (1980) and developed by Kövecses (2010), operates at the level of the cognitive processes through which abstract experience is conceptualised. CL, as defined by Sharifian (2011), grounds those conceptualisations in culturally shared schemas, categories, and values. Together, the two frameworks offer both cognitive depth and cultural breadth, making them especially suited to the comparative aims of the present study.

3.6 The Model

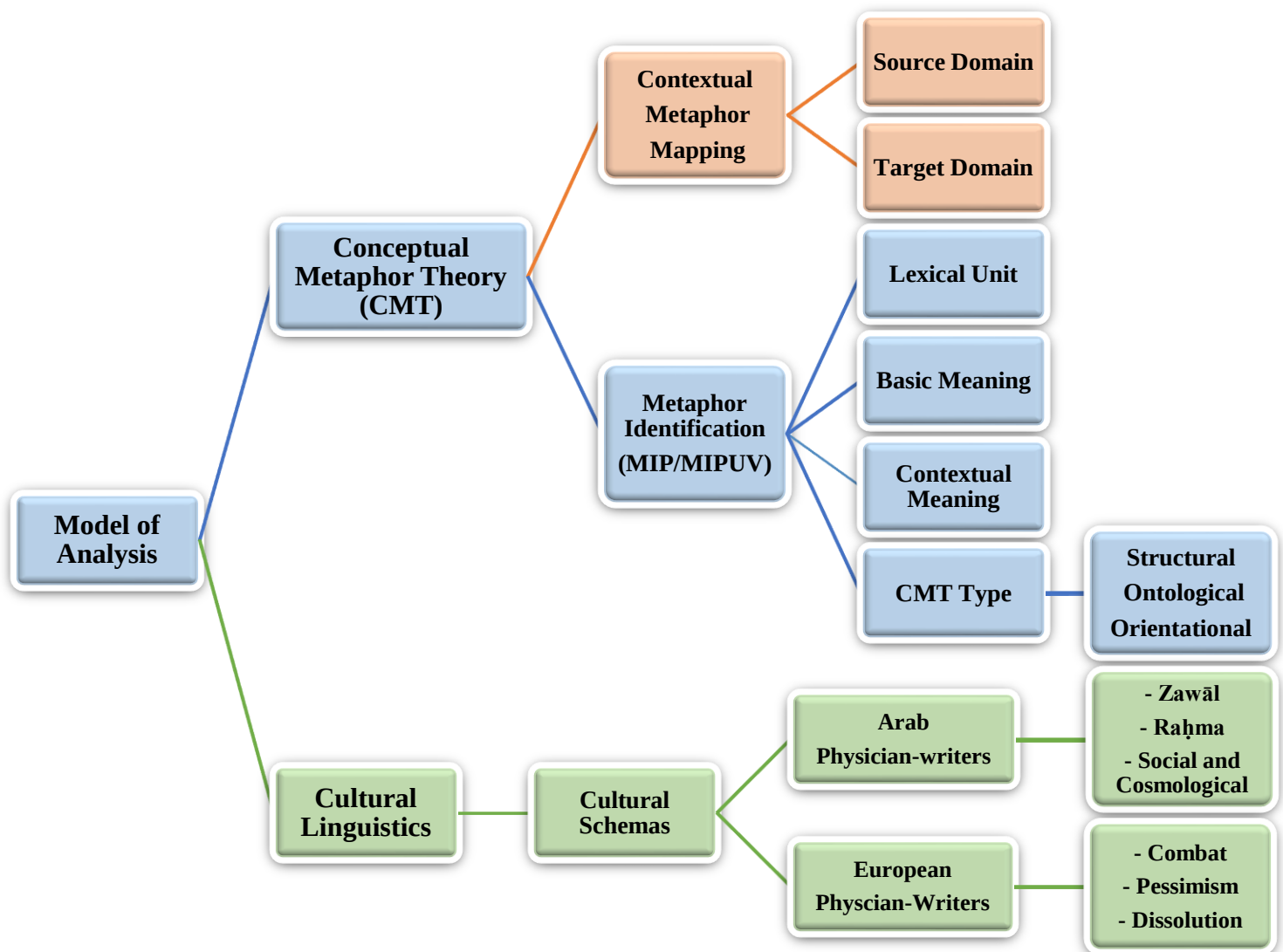
This section introduces the theoretical framework of the study and the models of analysis it employs. The first and principal model is CMT, developed by Lakoff and Johnson in *Metaphors We Live By* (1980) and *Philosophy in the Flesh* (1999). CMT supplies the analytical vocabulary for identifying metaphorical patterns and for understanding metaphor as a systematic cognitive mapping between a source and a target domain. The source domains examined in the present study, containment, machinery, journey, and war, are mapped onto the key target domains of illness, the body, medical practice, and the physician–patient relationship. The theory is further developed by Kövecses (2005), whose comparative studies reveal differences in the conceptual-metaphor systems of different languages and cultures. To operationalise the model at

the level of discourse, metaphorical expressions are identified following Cameron (2003) and Cameron and Maslen (2010), and borderline cases are resolved using the Metaphor Identification Procedure Vrije Universiteit (MIPVU) developed by Steen et al. (2010).

The second framework is CL (Sharifian, 2016), which investigates the cultural conceptualisations, including *cultural schemas*, *cultural categories*, and *cultural metaphors*, shared among the members of a speech community and shaping the interpretation and elaboration of metaphorical meaning. The present study focuses specifically on *cultural schemas*, as the unit most suited to revealing the culturally transmitted knowledge underlying the metaphors in the corpus. On this view, metaphor is understood not only as a cognitive event but also as a culturally specific phenomenon, a crucial consideration when comparing how medical experience is represented in the literatures of the Arab and European traditions. CMT and CL are applied in tandem: CMT first, to locate and classify the metaphorical mappings at the linguistic level; CL second, to interpret the cultural meaning of those mappings within the literary and cultural context in which they occur.

Figure 3.1

The Proposed Theoretical Framework of the Model of Analysis (Conceptual Metaphor Theory- Lakoff & Johnson, 1980; Kövecses, 2003; and Cultural Linguistics- Gary B. Palmer 1996 & Farzad Sharifian, 2011,2017)



CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter constitutes the analytical core of the present study. It applies the CMT of Lakoff and Johnson (1980) and the CL framework of Sharifian (2011) to twelve extracts from six physician-writers belonging to three cultural traditions: the Arabic tradition (*Raad Sadiq al-Hili*, Iraqi; *Ameer Taj al-Sir*, Sudanese; and *Ossama Abdul-Raouf Elshazly*, Egyptian), the European tradition (*Sir Arthur Conan Doyle*, Scottish; *Anton Chekhov*, Russian; and *Oliver Sacks*, British). Each extract is analysed through the three-stage procedure established in Chapter Three:

1. The identification of metaphorically used language through MIP/MIPVU;
2. The mapping of source onto target domains through ontological correspondences; and
3. The identification of the underlying cultural schemas.

The conceptual metaphors emerge from the first two stages, and the cultural schemas, understood within *Sharifian's* framework as a central type of cultural conceptualization, from the third.

4.2 Part One: The Arabic Physician-Writers

4.2.1 Analysis of al-Hili's Novel *Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb* [Maria the Greek and Her Wondrous Love]

4.2.1.1 Extract One: *Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb*

لم تكن تحتاج إلا الى عدة قروش لتكملة الأجرة. حاولت مع قاطع التذاكر.. حاولت أن تشد شهامته ومساعدته لهذا الرجل المعاق لكنه صرخ في وجهها بشكل مقزز قائلاً:
لو كنت افعل هذا مع كل معاق لما تبقى لي شيء من راتبي. ألا تنتظرين حولك كم صار عدد المعاقين ؟ هذه هي الحرب .. اين تعيشين يا سيدة؟! صُغقت ماريًا من هذا الرد. جفلت من قساوته. اربعتها حقيقته. (اين تعيشين يا سيدة!) كلمات قذفتها الى خط جبهة القتال بلحظة! فسكنت ولم تحاول معه مرة أخرى. حتى أنها فكرت أن ترسل بانوس وحده أولاً .. ولكن كيف؟! وقالت مع نفسها: ما اسخف الافكار عند الحاجة الملحة! رجعت الى مكان زوجها يائسة. جلست خلفه حتى لا يرى بؤسها. واخذت تراقب ما يجري حولها وتفكر بحل بسرعة ادركت أهوال الحرب ونتائجها المفزعة. الكثيرون اخذت منهم الحرب أعضاء من جسددهم والبعض حرمتهم النظر أو السمع والبعض سلبت منهم حتى كرامتهم فانتهوا عاجزين ولم يجدوا سبيل الى لقمة عيش لهم ولعوائلهم إلا بالاستجداء والتوسل المهين في كل مكان.
(ويحك أيها الانسان) قالت مع نفسها بغضب.. تكرر اخطائك حتى القاتلة منها .. لا تتعظ.. ولا تكون لك عبرة أية مصيبة ... ظلماً هو وصف الإنسان.. بالذكي، الحاذق العاقل، العبقري الفطن، المدرك .. هذه الالقب اطلقها الإنسان على نفسه غشاً وبهتاناً ... كما يطلق الملوك والزعماء الألقاب الرنانة على أنفسهم.. القائد المنفذ.. البطل!!!... بدت لعين ماريًا وكأن كل الناس قد هرمت وشابت رؤوسها .. حتى الشباب منهم، بدوا كهولاً من هول المصائب التي أنزلتها الحرب على رؤوسهم.. حتى أثينا الجميلة بدت هرمة متعبة وباتت مبانيها عتيقة على وشك السقوط على الارض. بقت ماريًا جالسة وقد لبستها الحيرة وثلت تفكيرها الورطة التي تمر بها في هذا البحر البشري الهائج بمشاكله ومصائبه. (الحلي، ٢٠٢١، ص. ٢٨٩)

She needed only a few pennies to make up the rest of the fare. She tried pleading with the ticket collector, appealing to his chivalry to help this disabled man, but he shouted in her face with repulsive disdain:

If I did this for every disabled person, I would have nothing left of my salary. Don't you look around you to see how many disabled people there are now? This is war. Where on earth do you live, lady?

Maria was stunned by this response. She recoiled from its cruelty. Its harsh reality terrified her. Where on earth do you live, lady? Words that cast her onto the frontlines of battle in a single instant. She fell silent and did not try to reason with him again. She even contemplated sending Panos ahead alone at first, but how? She thought to herself: How absurd ideas become in times of desperate need.

Despondent, she returned to where her husband sat. She seated herself behind him so he would not see her wretchedness. Monitoring what was happening around her, she

scrambled for a quick solution. She now grasped the horrors of war and its catastrophic aftermath. War had stolen limbs from many. It had deprived some of sight or hearing, and from others, it had stripped away even dignity. They ended up incapacitated, finding no way to secure a morsel of food for themselves and their families except through begging and humiliating supplication everywhere.

Woe to you, O Man! she said to herself in anger. You repeat your mistakes, even the fatal ones... You never learn, nor does any calamity serve as a lesson to you. It is a sheer injustice to describe man as intelligent, shrewd, rational, ingenious, clever, or perceptive. These are titles man has bestowed upon himself through deception and falsehood... just as kings and leaders bestow resounding titles upon themselves: The Savior Leader... The Hero...!!

To Maria's eyes, it seemed as though everyone had grown old and gray, even the young among them appeared elderly from the sheer weight of the calamities that war had rained upon their heads. Even beautiful Athens appeared decrepit and weary. Its ancient buildings seemed on the verge of collapsing to the ground. Maria remained seated, clothed in bewilderment, her capacity to think utterly paralyzed by the predicament she faced within this human sea, raging with its problems and misfortunes. (Translated by Altalqni)

4.2.1.2 Stage One: Metaphor Identification (MIP/MIPVU)

The MIP procedure (Pragglejaz Group, 2007) is applied to each significant lexical unit. Basic meanings are taken to be the most concrete, physically grounded, and historically earliest senses, while contextual meanings are determined from the passage as a whole. The MIPVU procedure (Steen et al., 2010) is applied to borderline cases.

Table 4.1

Metaphor Identification (MIP/MIPVU)

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
كلمات قذفتها إلى خط جبهة القتال بلحظة <i>kalimāt qadhafat-hā ilā khaṭṭ jabhat al-qitāl bi-</i>	<i>qadhaf</i> : to throw or hurl a physical object with force; <i>khaṭṭ jabhat al-</i>	The ticket-collector's cruel words propel Maria, in an instant, from the ordinary civilian reality of the bus	Structural: CRUEL WORDS ARE PROJECTILES THAT THROW

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
<i>lahẓa</i> [words that threw her to the front line of combat in an instant]	<i>qitāl</i> : the physical front line of military combat.	stop into the experiential reality of wartime combat: verbal cruelty as a projectile that transports its victim onto the battlefield.	ONE TO THE BATTLEFIELD
أخذت منهم الحرب أعضاء من جسد هم <i>akhadhat minhum al- ḥarb a 'dā' min jasadihim</i> [war took limbs from their bodies]	To take: an agent removing and carrying away something belonging to another; limbs: the physical members of the body.	War is encoded as a deliberate agent that physically removes body parts, the amputations of warfare rendered as active thefts committed by war against its victims.	Structural / Ontological: WAR IS A THIEF OF BODY PARTS
حرمتهم النظر أو السمع <i>ḥarramat-hum al-naẓar aw al-sam'</i> [deprived them of sight or hearing]	To deprive: to deny someone access to something they need or are entitled to; sight and hearing as biological faculties.	War as the agent that deliberately withholds the sensory faculties from those it has struck; blinding and deafening encoded as deliberate deprivation.	Ontological: WAR IS A DEPRIVING AGENT
سلبت منهم حتى كرامتهم <i>salabat minhum ḥattā karāmatahum</i> [robbed them even of their dignity]	<i>salb</i> : to rob, to strip a possession from someone by force; <i>karāma</i> [dignity] as a possession that can be stripped away.	War robbing people of their dignity - their social standing, self-respect, and capacity for self-provision - encoded as the most devastating theft, marked by <i>ḥattā</i> [even] as exceeding all previous robberies.	Structural: WAR ROBS DIGNITY AS IT ROBS BODY PARTS
كل الناس قد هرمت وشابت رؤوسها <i>kull al-nās qad harimat wa-shābat ru'ūsuhā</i> [all the people had aged and their heads had gone white]	Ageing and the whitening of the hair: the natural biological process of growing old, the white hair its visible marker.	War ageing the entire population prematurely, even the young appearing elderly under the weight of the disasters war has brought down; the society aged not by time but by accumulated devastation.	Structural: THE WAR- STRICKEN WORLD AGES PREMATURELY
أثينا الجميلة بدت هرمة متعبة <i>Athīnā al-jamīla badat harima mut'aba</i>	An elderly, exhausted person: physically aged,	The city of Athens personified as an aged, exhausted woman, once	Ontological / Structural: WAR- DEVASTATED

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
[beautiful Athens appeared old and exhausted]	depleted of energy, worn out by the accumulated effort of a long life.	beautiful and celebrated, now depleted by the weight of wartime devastation.	ATHENS IS AN AGED AND EXHAUSTED PERSON
مبانيها عتيقة على وشك السقوط <i>mabānīhā 'atīqa 'alā washk al-suqūṭ</i> [its buildings ancient, on the verge of falling to the ground]	Physical buildings structurally weakened to the point of imminent collapse under their own weight.	The buildings of Athens as the outward embodiment of the city's aged exhaustion, the built environment falling apart as the human environment has fallen apart; architectural decline as the physical inscription of social decay.	Structural: THE CITY'S BUILDINGS ARE AN AGED BODY ABOUT TO COLLAPSE
لبستها الحيرة <i>labisat-hā al-ḥayra</i> [she was draped in confusion]	To clothe someone: to put a garment on a person; here reversed, so that the garment wears the person.	Confusion encoded as an external force that envelops Maria as clothing envelops a body, not Maria feeling confused, but confusion putting itself upon her.	Ontological: CONFUSION IS A GARMENT THAT WEARS THE PERSON
شلت تفكيرها الورطة <i>shallat tafkīrahā al-warṭa</i> [the predicament paralysed her thinking]	<i>shallat</i> : to strike with paralysis, a medical term for the paralysis of a limb or faculty; the predicament as the active agent.	Maria's predicament encoded as a paralysing force acting on her cognitive faculty, her thinking paralysed as a limb is paralysed; the clinical vocabulary of paralysis applied to the mind.	Ontological: PREDICAMENT IS A PARALYSING FORCE
هذا البحر البشري الهائج بمشاكله ومصائبه <i>hādhā al-baḥr al-basharī al-hā'ij bi-mashākilihi wa-maṣā'ibihi</i> [this raging human sea of problems and catastrophes]	A sea in violent agitation: waves driven by storm winds, turbulent and overwhelming to those caught within it.	The mass of suffering humanity in wartime Athens - the dispossessed, the disabled, the bereaved - encoded as a raging sea that threatens to engulf those within it.	Structural / Ontological: THE CROWD OF SUFFERING HUMANITY IS A RAGING SEA

It is important to note that these war metaphors encode actual warfare - the civil war that devastated Athens - not illness. The ILLNESS IS WAR mapping that organises Western biomedical discourse is precisely what does not appear here: al-Hili reserves the language of combat for war itself, and encodes human suffering and loss not through the war model but through the schema of *zawāl* زوال [the passing of worldly power] and the moral order of *karāma* كرامة, *ibra* عبرة, and *wafā* وفاء. The presence of war as a subject is therefore not a counter-example to the study's central finding but a confirmation of it: even in a passage saturated with warfare, illness and suffering are not encoded as combat.

The ageing of Athens as an exhausted woman and the crumbling of her ancient buildings work together as a single image: the war-stricken city decaying in both its human and its material form, its architecture inscribing in stone the same exhaustion that has aged its people.

4.2.1.3 Stage Two: Source/Target Domain Mapping

The ten metaphorically used expressions in this passage cluster around four major conceptual metaphors, presented in the combined mapping table below. The most analytically original of these is CRUEL WORDS ARE PROJECTILES THAT THROW ONE TO THE BATTLEFIELD.

Table 4.2

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
CRUEL WORDS ARE PROJECTILES	A military projectile	The ticket-collector's	A projectile propelled with force toward a target → the words propelled toward Maria;

THAT THROW ONE TO THE BATTLEFIELD	hurled toward the front line	words and their effect on Maria	force enough to displace → the words moving her from civilian Athens to the front (<i>khaff jabhat al-qitāl</i>) خط جبهة القتال; displacement in an instant (<i>bi-laḥẓa</i>) بلحظة → the instantaneous transformation of humiliation into the experiential reality of war.
WAR IS A THIEF	Theft: the violent removal of possessions	War's removal of bodily and human resources	The thief who takes what belongs to another → war reaching into bodies and lives; taking limbs (<i>akhadhat a'ḍā'</i>) أخذت أعضاء → war amputating; depriving of sight and hearing (<i>ḥarramat al-naẓar aw al-sam'</i>) حرمت النظر أو السمع → war blinding and deafening; robbing dignity (<i>salb al-karāma</i>) سلب الكرامة, marked by <i>ḥattā</i> حتى → the most devastating theft, leaving the victims to beg.
THE WAR-STRICKEN WORLD AGES PREMATURELY	The biological process of ageing and decay	The people, the city, and the buildings of wartime Athens	Ageing, the natural decline of vitality → wartime suffering imposed prematurely; white hair (<i>shābat ru'ūsuhā</i>) شابت رؤوسهم → the young made old before their time; an exhausted elderly person → beautiful Athens aged beyond its time; a body weakened to collapse → the buildings on the verge of falling; architectural decline → the physical inscription of social decay.
MARIA'S MIND IS OVERWHELMED	Clothing, medical paralysis, and a raging sea	Maria's cognitive and emotional state	A garment that wears the person (<i>labisat-hā al-ḥayra</i>) لبستها الحيرة → confusion enveloping Maria rather than chosen by her; paralysis of a limb (<i>shallat</i>) شلت → her thinking immobilised, intact but unable to function; a storm-driven sea (<i>al-baḥr al-hā'ij</i>) البحر الهائج → the surrounding mass of suffering in which she sits, threatened with engulfment; the three together → her agency drowned and disabled.

The most original metaphor in the extract is the phrase *kalimāt qadhafat-hā ilā khaff jabhat al-qitāl* كلمات قذفتها إلى خط جبهة القتال [words that threw her to the front line of combat in an instant]. Its force lies in the absolute spatial and experiential displacement it encodes: Maria is not merely hurt by the ticket-collector's cruel words but physically relocated, moved from

civilian space to the military space of the front line. The metaphor implies a powerful social claim, that poverty in wartime is not like combat but is combat, fought on a different front. The choice of the verb *qadhf* [to hurl] conveys a violent, involuntary movement: Maria does not choose the front line; the words hurl her toward it. It is analytically significant, moreover, that the words effecting this displacement are not political or military but quietly social, “Where do you live, madam?” a question about domestic circumstance that becomes the most encompassing summary of wartime dislocation.

Equally important is the parallelism of the three categories of war’s theft: limbs, senses, and dignity. Al-Hili enumerates them in ascending order of gravity, using a distinct verb for each to mark a slightly different mode of appropriation: *akhadhat* [took], *ḥarramat* [deprived], and *salaba* [robbed]. The marker *ḥattā* [even] signals dignity as the most shocking loss of all: a person deprived of limbs or senses may still survive socially, but the person stripped of *karāma* sinks to the lowest social position, that of the begging supplicant. In al-Hili’s usage, *karāma* denotes social honour and worth, the very opposite of degrading supplication; as war reduces its victims to such supplication, it strips them of that honour.

The most politically and culturally charged metaphor of the extract is the personification of Athens as an old and tired woman: *Athīnā al-jamīla badat harima mut‘aba* أثينا الجميلة بدت هزيمة متعبة. Athens is the very symbol of classical civilisation, democracy, and philosophical achievement, the beautiful city of the Western tradition. By turning Athens into an aged, weary woman whose buildings are decaying, al-Hili renders the violence of war visible not only in human bodies but in the symbolic fabric of civilisation itself. The epithet *al-jamīla* [the beautiful] is invoked and then negated, beautiful, yet old and tired, so that the beauty intensifies the pathos of the ageing. This personification draws on the classical Arabic tradition of *rithā’ al-*

mudun رثاء المدن [the city-lament], in which a ruined city is mourned as one mourns a person; al-Hili transposes this elegiac schema, rooted in his Iraqi Arabic formation, onto the Greek capital.

The two cognitive metaphors *labīsat-hā al-ḥayra* لبستها الحيرة [she was draped in confusion] and *shallat tafkīrahā al-warṭa* شلت تفكيرها الورطة [the predicament paralysed her thinking] together encode the total cognitive immobilisation Maria suffers. The first inverts the normal ordering of person and emotion: ordinarily Maria would feel confusion, but here confusion wears her, as a garment is worn. This grammatical postposing expresses her complete helplessness and passivity. The second applies the clinical language of *shalal* [paralysis] to the effect of the predicament on her thinking, a clinical metaphor that reflects al-Hili's position as a physician-writer and his characteristic encoding of psychological and social states in medical terms. These states of confusion and paralysis are placed within a third image, that of the raging human sea [*al-baḥr al-basharī al-hā'ij* البحر البشري الهائج] in which Maria sits: her cognitive helplessness is not merely internal but is figured as a drowning within the surrounding mass of wartime suffering.

4.2.1.4 Stage Three: Cultural Schema Identification

The extract draws on a cluster of culturally transmitted schemas that give its metaphors their depth. It rests, first, on the schema of *karāma*, human dignity as the most sacred of possessions. The extract underscores the tragedy of war by noting that it 'robbed them even of their dignity' (*ḥattā*), marking dignity as the most shocking of war's thefts. Set against it is its absolute opposite, *al-istijdā' wa-al-tawassul al-muhīn* الإستجداء والتوسل المهين [humiliating begging and supplication]. For al-Hili, *karāma* denotes social honour and standing, the antithesis of

humiliation; to reduce a person to the lowest point of supplication is therefore to strip away that very honour.

The second schema, drawn from the Glorious Qur'an, is *'ibra*, the lesson that catastrophe ought to teach. It is activated directly in Maria's indictment of a human race that fails to learn from its own disasters.

The third schema is the city-lament, *rithā' al-mudun* رثاء المدن: *Athīnā al-jamīla badat harima mut'aba* أثينا الجميلة بدت هزيمة متعبة [beautiful Athens appeared old and exhausted], *mabānīhā al-'atīqa 'alā washk al-suqūṭ* مبانيها العتيقة على وشك السقوط [its ancient buildings on the verge of collapse]. The classical Arabic tradition mourns a city as it mourns a person, and al-Hili's Iraqi formation transposes this elegiac schema onto a Greek landscape.

The fourth schema is the *insān* الإنسان as self-deceiver: *zulman huwa waṣf al-insān bi-al-dhakī... al-'abqarī al-faṭīn* الظلم هو وصف الإنسان بالذكي.. العبقري، الفطن (it is an injustice to call the human being intelligent, brilliant, perceptive - these titles are a fraud). Maria's indictment of the self-flattering terms humanity applies to itself echoes the Qur'anic description of the human being as *'ajūl* عاجول [hasty], *ẓālim* ظالم [unjust], and *jahūl* جهول [ignorant] (Ali, 1934/2004, 33:72; 17:11).

Finally, the sea [*baḥr*] is activated as an overwhelming force that engulfs all people: *hādhā al-baḥr al-basharī al-hā'ij* هذا البحر البشري الهائج [this raging human sea], in which Maria is caught helpless. In classical Arabic, the stormy sea figures any force beyond individual control; here it represents the suffering of wartime society as a power that can neither be reasoned with nor escaped.

4.2.1.5 Extract Two: *Māriyā al-Yūnāniyya wa- 'ishquhā al- 'ajīb*

وقفت ماريًا بدعشتها تنتظر لحالها... شعرت وكأنها سقطت من السماء الى الارض بدون رحمة قررت مع نفسها أن لا ذنب لبانوس حتى تبكي الآن حالها وحال وطنها ... وقفت امامه وابتمت وقالت له:
ها نحن في بلدنا هل أنت سعيد بذلك؟
أجابها بالاجاب فحضنت راسه وقبلته وقالت له :
-لا اريدك أن تحزن .. كل شيء صار مدفوناً بالماضي إلا حبنا فلا تحزن على ثروتك الضائعة ولا على قصورك المسلوقة .. أنت لازلت الملك على مملكتي والأمير على روعي .. تذكر لا اريد أن أرى الحزن على وجهك.
وقفت ماريًا خارج المطار تنتظر سيارة أجرة ويدها تمسك بعربة زوجها .. بدون أن تشعر عملت بعكس ما اوصت به زوجها قبل قليل .. رجعت بفكرها الى الوراء.. كل مرة كانوا يرجعون من سفر تنتظرهم سيارات وخدم وتسارع الشرطة لحمايتهم .. هذا الرجل المشلول كان يملك الارض والسماء، بحركة من اصبعه كان يغير ما يريد.. وها هو الان لا يقوى على تحريك حتى اصبعه ولم تنفعه كل كنوزه لصد ما حدث بين ليلة وضحاها فقد ملك المال عرشه وكل ما يملك من مال وجاه وسلطة. كانت مبلغ سيارة الأجرة صاعقة نزلت على رأس ماريًا .. لم تتوقعه ولم تحسب حسابه.. استهلك اغلب مبلغها بسبب التضخم وحالة الحرب .. حتى أنها دخلت في مشادة كلامية من سائق السيارة ولكنها اذعنت لإصراره بدون رحمة على الدفع. كان قد حان وقت اكل بانوس وتناول ادويته. فجاءتها نكبة اخرى.. المبلغ كان ايضاً هائلاً لها رغم أن ما طلبته شيئاً بسيطاً جداً. فألغت وجبة أكلها وطلبت أكل زوجها فقط.
(الحلي، ٢٠٢١، ص. ٢٨٨)

Maria stood in astonishment, contemplating her plight. She felt as though she had been dropped from heaven to earth without mercy. She resolved within herself that Panos was blameless, so why should she weep now over her condition and that of her homeland? She stood before him, smiled, and said:

Here we are in our country. Are you happy about this?

He affirmed, so she embraced his head, kissed him, and said:

I do not want you to be sad... Everything has become buried in the past except our love. So do not grieve over your lost wealth, nor for your plundered palaces... You are still the king of my kingdom and the prince of my soul... Remember, I do not want to see sadness on your face.

Maria stood outside the airport waiting for a taxi, with her hand gripping her husband's wheelchair. Inadvertently, she acted in direct opposition to what she had just enjoined upon her husband. Her mind drifted backward. Every time they used to return from a journey, cars and servants would be waiting for them, and the police would hasten to protect them. This paralyzed man once owned the earth and the sky. With a mere flick of his finger, he could alter whatever he wished. Yet, he became unable to move so much as a finger. All his treasures had availed him nothing in warding off what had transpired overnight. Money stripped him of his throne and everything he possessed of wealth, prestige, and power.

The taxi fare was a thunderbolt that crashed upon Maria's head. It was entirely unexpected, something she had not accounted for; the bulk of her funds had been devoured by inflation and the wartime economy. She even entered into a verbal

altercation with the driver, but she ultimately capitulated to his merciless insistence on payment.

It was now time for Panos to eat and take his medication, which brought yet another disaster. The cost was also staggering to her, even though what she requested was exceedingly simple. Consequently, she canceled her own meal and ordered food for her husband alone. (Translated by Altalqni)

4.2.1.6 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.3

Metaphor Identification (MIP/MIPVU)

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
سقطت من السماء إلى الأرض بدون رحمة <i>saqaṭat min al-samā’ ilā al-arḍ bidūn raḥma</i> [she fell from the sky to the earth without mercy]	To fall from a height to the ground; sky and earth as the vertical extremes of high and low.	Maria’s abrupt reversal encoded as a vertical fall from the highest to the lowest point; <i>bidūn raḥma</i> [without mercy] activating the schema of divine mercy by its negation.	Oriental / Structural: A FALL FROM FORTUNE IS A FALL FROM SKY TO EARTH
كان يملك الأرض والسماء <i>kāna yamliku al-arḍ wa-al-samā’</i> [he owned the earth and the sky]	Physical ownership of earth and sky: literal possession of the full vertical axis of space.	The totality of Banos’s former power; earth and sky as a merism naming two extremes to include all between them.	Ontological / Structural: ABSOLUTE POWER IS POSSESSION OF EVERYTHING
بحركة من إصبعه كان يغير ما يريد <i>bi-ḥarakatin min iṣba’ihi kāna yughayyiru mā yurīd</i> [with a movement of his finger he would change what he wished]	The movement of a single finger, the smallest voluntary muscular gesture.	The effortless, minimal expression of absolute power: one tiny movement sufficed to change anything; the finger as the index of omnipotence.	Structural: ABSOLUTE POWER IS AN EFFORTLESS MINIMAL GESTURE
لا يقوى على تحريك حتى إصبعه <i>lā yaqwā ‘alā taḥrīk ḥattā iṣba’ihi</i> [unable	The inability to produce even the smallest voluntary movement in a	The total reversal of power: the man for whom a finger changed the world now cannot move it; the same	Structural: TOTAL POWERLESSNESS IS PHYSICAL

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
even to move his finger]	single digit.	body part encoding former power and present helplessness.	IMMOBILITY
ولم تنفعه كل كنوزه لصد ما حدث <i>wa-lam tanfa 'hu kull kunūzihi li-šadd mā ḥadath</i> [all his treasures were of no use to ward off what happened]	Treasures: stored wealth; to ward off: to block an incoming blow with a defensive barrier.	Banos's accumulated wealth powerless to prevent his loss; wealth as a fortification that proved wholly inadequate against fate.	Structural: WEALTH IS A DEFENSIVE FORTIFICATION
فَقَدَ مَلِكُ الْمَالِ عَرْشَهُ <i>faqada maliku al-māli 'arshahu</i> [the king of money lost his throne]	A throne: the seat of royal authority; a king losing his throne: being deposed from sovereign power.	The wealth that formerly held sovereign power over Banos's life has been dethroned; the governing principle of his former existence removed from its seat.	Structural: MONEY IS A KINGDOM
أَنْتِ لَا زِلْتَ الْمَلِكِ عَلَى مَمْلَكَتِي وَالْأَمِيرِ عَلَى رُوحِي <i>anta lā zilta al-malik 'alā mamlakatī wa-al- amīr 'alā rūḥī</i> [you are still the king over my kingdom and the prince over my soul]	A king who reigns over a kingdom; sovereign authority exercised over a realm.	Maria grants Banos a sovereignty of love in place of his lost material sovereignty; the throne of money falls, but the throne of love is conferred.	Structural: LOVE IS A KINGDOM
صَاعِقَةٌ نَزَلَتْ عَلَى رَأْسِ مَارِيَا <i>ṣā'iqā nazalat 'alā ra's Māriyā</i> [a thunderbolt fell on Maria's head]	A thunderbolt: a violent electrical discharge striking from the sky; to fall on the head: to arrive without warning from above.	The devastating economic shock of the taxi fare, arriving suddenly with overwhelming force from outside expectation; wartime inflation as a natural violence.	Structural / Orientational: ECONOMIC SHOCK IS A THUNDERBOLT
بَيْنَ لَيْلَةٍ وَضَحَاهَا <i>bayna layla wa- ḍuḥāhā</i> [overnight, from one day to the next]	The passage of a single night, the hours between darkness and the following dawn.	The sudden, total nature of the reversal: everything lost between one evening and the next morning; a classical idiom for instantaneous transformation.	Structural: CATASTROPHE IS A SINGLE NIGHT

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
رجعت بفكرها إلى الوراء <i>raja'at bi-fikrihā ilā al-warā'</i> [her thoughts returned to the past]	A person physically returning, travelling back to a place previously left.	Maria's involuntary mental movement backward in time; temporal movement encoded as spatial displacement, the past as a location behind the present.	Orientational: THINKING IS MOVEMENT IN TIME

4.2.1.7 Stage Two: Source/Target Domain Mappings

All ten metaphorically used expressions cluster around four main conceptual metaphors, presented together in the consolidated mapping table below. THE MIGHTY MAN IS A KING DETHRONED organises the entire moral argument of the extract.

Table 4.4

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
THE MIGHTY MAN IS A KING DETHRONED	Royal authority and dethronement	Banos's former power and its loss	The king whose word and gesture govern his realm → Banos at the height of power, a single finger-movement (<i>bi-ḥarakatin min iṣba'ihī</i>) <i>بحركة من إصبعه</i> changing anything; the royal treasury → <i>kull kunūzihi</i> <i>كل كنوزه</i> , powerless to ward off catastrophe; the throne, seat of authority → <i>al-'arsh</i> <i>العرش</i> , wealth occupying the king's position; the dethroned king → Banos unable to move even the finger that once commanded; the king of money lost his throne (<i>faqada maliku al-māli 'arshahu</i>) <i>فَقَدَ ملك المال عرشه</i> → sovereign wealth dethroned and powerless.
ECONOMIC SHOCK IS A THUNDERBOLT	A thunderbolt striking from the sky	The unexpected taxi fare as economic shock	The thunderbolt striking without warning from the sky → the taxi fare arriving from outside Maria's calculations; falling on the head (<i>'alā ra'sihā</i>) <i>على رأسها</i> → the blow personal and directly targeted; no defence against a thunderbolt → wartime inflation that cannot be anticipated or deflected; a single night (<i>bayna layla</i>)

			<i>wa-ḍuḥāhā</i>) بين ليلة وضحاها → the catastrophe complete between evening and dawn; the sky as source → the economic environment as a force beyond individual control.
SOCIAL DESCENT IS A FALL FROM SKY TO EARTH	A physical fall from a great height	Maria's social and economic descent	The sky, the highest point → former wealth and privilege, elevated above ordinary concern; the earth, the lowest → the present reality of poverty; the fall, sudden and involuntary → the descent from wealth to poverty; without mercy (<i>bilā raḥma</i>) بلا رحمة, neither slowing nor cushioning → wartime Athens offering no softening to those fallen from wealth; her thoughts returning backward (<i>ilā al-warā'</i>) إلى الوراء → the fall measured against the elevation that preceded it.
LOVE IS A KINGDOM	A kingdom over which one reigns as sovereign	Maria's love for Banos	The king who reigns over a realm → Banos still sovereign, but now over Maria's kingdom and soul (<i>al-malik 'alā mamlakatī</i>) الملك على مملكته; royal sovereignty → the constancy of Maria's devotion; the throne conferred rather than seized → a sovereignty granted by love in place of the material throne that has fallen; the counterpart to the dethroned king → as money's throne collapses, love's throne is raised in its place.

The most condensed and analytically rich formulation in the extract is *faqada maliku al-māli 'arshahu* فَقَدَ مَلِكُ الْمَالِ عَرْشَهُ [the tycoon lost his throne]. It performs a double metaphorical movement: first, it establishes money as a throned sovereign, wealth, like a king, sits upon a throne and exercises quasi-royal authority over the human being; second, it subverts that hierarchy through the act of dethronement. The throne is collapsing, and sovereignty over Banos's existence is wrested from the false king of money. This is a double fall, the subject's fall in material fortune, and the fall of fortune itself, its loss of status as a governing principle, and it compresses the central moral argument of the novel into four Arabic words.

The most significant formal feature of the extract is its juxtaposition of the same body part, the finger, at two points in time. At the height of his power: *bi-ḥarakatin min iṣba 'ihī kāna*

yughayyiru mā yurīd بحركة من إصبعه كان يغير ما يريد [with a movement of his finger he changed what he wished]. In his paralysis: *lā yaqwā ‘alā taḥrīk ḥattā iṣba ‘ihi* لا يقوى على تحريك حتى إصبعه [he cannot move even his finger]. The finger that was once the instrument of effortless omnipotence has become the emblem of total impotence. Being the smallest of the body's parts, it intensifies both the former power (a single finger sufficed) and the present helplessness (even a finger now lies beyond him). The same body part holds the apex and the nadir of human power in a single image.

The thunderbolt metaphor activates an orientational schema in which DOWN is associated with danger and destruction, an extension of the up-down value orientations described by Lakoff and Johnson (1980, pp. 14–21), in a culturally specific way. The Arabic-Islamic tradition invests the thunderbolt صاعقة (*ṣā‘iqā*) with particular theological significance: the Quran uses the word to denote the force that strikes the disbelieving or the unprepared (Ali, 1934/2004, 2:19; 41:13). In applying it to a taxi fare, al-Hili figures the economic shock as a thunderbolt falling on Maria's head, not merely a financial blow but a visitation of overwhelming force from beyond human control. Within this schema the war economy is as irresistible as a divine thunderbolt: it cannot be negotiated with, anticipated, or deflected.

The phrase *saqaṭat min al-samā’ ilā al-arḍ bidūn raḥma* سقطت من السماء إلى الأرض بدون رحمة [fell from the sky to the earth without mercy] is the most extensive spatial metaphor in the extract, gathering all the vertical social schemas into one image. The Islamic theological schema of *raḥma* رحمة [divine mercy] is activated precisely by its negation, in the words *bilā raḥma* بلا رحمة [without mercy]. *Raḥma* is the most fundamental of God's attributes in the Islamic view, the assurance that suffering has purpose, limit, and eventual consolation; a fall *bilā raḥma* therefore figures a theological rupture, a descent that seems to occur in the absence of divine

compassion. Yet the novel's ethical statement, enacted in Maria's *wafā*, suggests that this is the darkness before the light of love's own constancy.

4.2.1.8 Stage Three: Cultural Schema Identification

Beneath these metaphors lies a set of culturally transmitted schemas that animate the extract's imagery and on which it depends.

The foremost is *zawāl al-‘izz* زوال العز, the passing of might: the fall of the powerful as a moral and divine warning. The man who owned earth and sky can no longer move his finger; his treasures are powerless; money has lost its throne. In the classical Arabic and Islamic tradition, the fall of the mighty is not a mere historical fact but a sign *‘ibra* [‘ibra] of the transience of worldly power: “Do they not travel through the earth, and see what was the end of those before them?” (Ali, 1934/2004, 12:109).

A related schema is *qadar* [divine predetermination as the cause of the fall], *bayna layla wa-ḍuḥāhā* بين ليلة وضحاها [overnight], *lam tanfa‘hu kull kunūzihi* لم تنفعه كل كنوزه [all his treasures availed him nothing]. Banos's ruin was sudden, incalculable, and impossible to avert by wealth; the arrival of events that exceed human planning belongs to the *qadar* schema.

In the moment of greatest material loss, *wafā* وفاء [faithfulness], the first principle of al-Hili's ethical alphabet, is enacted by Maria, who urges her husband not to mourn, holds his wheelchair, and absorbs the shock of the taxi fare.

The passage is framed by *al-arḍ wa-al-samā* الأرض والسماء [earth and sky] as a merism of totality, the pairing of opposite poles to denote the whole: *kāna yamliku al-arḍ wa-al-samā* كان يملك الأرض والسماء [he owned earth and sky], the juxtaposition yielding absolute power. The

phrase carries a Qur'anic resonance, "To Allah belongeth all that is in the heavens and on earth" (Ali, 1934/2004, 2:284), so that Banos's claim to such ownership is implicitly a kind of usurpation, a world of his own making.

Also present is the *ṣā'iqā* صاعقة, the thunderbolt as the power of God: *mablagh sayyārat al-ujra ṣadma nazalat 'alā ra'sihā* [the taxi fare, a thunderbolt that fell on her head]. The Glorious Qur'an employs *ṣā'iqā* صاعقة for a warning that comes from God without warning and against which there is no defence. Its application to a taxi fare is at once bathetic and theologically charged; the gap between the sublime schema and the mundane occasion is the source of the passage's irony.

4.2.2 Analysis of Taj al-Sir's Novel *Ibōlā* 76

4.2.2.1 Extract Three: *Ibōlā* 76

تتبع إيبولا القاتل، لويس نوا ظهر ذلك اليوم الحار من شهر أغسطس عام ١٩٧٦ ، وهو يتحرق شوقاً ليسكن دمه. كان لويس من منطقة أنزارا الحدودية، في جنوب السودان، عامل نسيج بسيطاً في مصنع صغير ، لإنتاج الألبسة القطنية، يملكه ويديره محارب سابق في جيش المتمردين على سلطة الخرطوم المركزية، اسمه جيمس ريك، وقد جاء لويس إلى الكونغو في زيارة حزن مبالغته، حين علم مصادفة من أحد العائدين من كينشاسا، بموت امرأة دغدغت قلبه وشهوته في العاممين الأخيرين مستولية على كل ود كان يكنه لزوجته في السابق. لم يمكث في وسط العاصمة كينشاسا إلا بمقدار تلفته في حذر، وعبوره الطريق غير المرصوف بين موقف حافلة الركاب الصغيرة التي أقلته من أنزارا، وموقف حافلة أخرى، أراد استقلالها إلى مقبرة في الأطراف، حيث يرقد المئات من ضحايا إيبولا، حصدهم في انطلاقته الكبرى المحيرة تلك.

كان إيبولا حوله، وقريباً جداً منه، ويتحين الوقت المناسب لافتراسه. دخل المقبرة المسورة بالحجر الأبيض، والمحاطة بأشجار بعضها مورق وبعضها ذابل والفيروس موجود، تحمله عشرات الأجساد التي صادفها هناك، كان في دم المتسولة العجوز الغائرة الخدين، التي مدت له يدها في صمت، ومنحها نصف فرنك وهو يدخل، في دم حارس الأمن المتسلط الذي يقف عند البوابة، متكئاً على سلاحه القديم ونظراته تتحاور بين الداخلين والخارجين، في دماء الزوار العديدين الذين ألقى عليهم نظرة هائمة أو لم يلق، وحتى حين انحنى على قبر المرأة التي جاء من أجلها في تلك الرحلة الشاقة، وبكى بشدة، كان ينحني ويكي على قبر امرأة، كان الفيروس في جسدها الميت، وقضى عليها منذ يومين فقط. (تاج السر، ٢٠١٢، ص ص. ٩-١٠)

The deadly Ebola tracked Louis Noua that hot afternoon in August 1976, burning with a yearning to inhabit his blood.

Louis hailed from the border region of Anzara in South Sudan. He was a simple textile worker in a small factory producing cotton garments, owned and managed by a veteran of the rebel army against the central authority of Khartoum named James Riak. Louis had come to the Congo on a sudden visit of mourning when he learned by chance, from someone returning from Kinshasa, of the death of a woman who had tickled his heart and desire for the past two years, monopolizing all the affection he had previously held for his wife. He lingered in the center of the capital, Kinshasa, only long enough to look around warily and cross the unpaved road between the station of the minibus that brought him from Anzara and the station of another bus he intended to board to a cemetery on the outskirts, where hundreds of Ebola victims lay resting, harvested by the virus during that bewildered, monumental outbreak.

Ebola was all around him, exceedingly close, biding its time for the opportune moment to prey upon him. He entered the cemetery, which was enclosed by white stone and surrounded by trees, some are leafy, and others are withered. The virus was present, carried by dozens of bodies he encountered there. It was in the blood of the old, hollow-cheeked beggar woman who extended her hand to him in silence and to whom he gave half a franc as he entered. It was in the blood of the domineering security guard standing at the gate, leaning on his archaic weapon, his gaze hovering between those entering and leaving. It was in the blood of the numerous visitors upon whom he cast a wandering glance or none at all. Even when he bent over the grave of the woman for whom he had undertaken this arduous journey and wept bitterly, he was bending and weeping over the grave of a woman in whose dead body the virus resided, having destroyed her only two days prior. (Translated by Altalqni)

4.2.2.2 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.5

Metaphor Identification (MIP/MIPVU)

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
تَتَبَعَ إِيْبُولَا الْقَاتِلِ <i>tatabba' a ībūlā al-qātil</i> [Ebola the killer followed]	A person or animal physically tracking another, moving in their wake, pursuing them through space.	The virus pursuing Louis Noua as he moves, encoded as an agent aware of its target and intent on pursuit.	Structural / Ontological: (DISEASE IS A PATIENT PREDATOR): the virus as a pursuer with intentional direction toward a specific human target.

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
يتحرق شوقاً <i>yataḥarraqu shawqan</i> [burning with longing]	<i>yataḥarraqu shawqan</i> : to burn with passionate longing, the classical Arabic and Sufi expression for the consuming desire of the lover for the beloved.	The virus encoded as a lover burning with passionate desire, its drive to infect rendered through the idiom of romantic and mystical longing.	Structural / Ontological: (DISEASE IS A LONGING LOVER): <i>yataḥarraqu shawqan</i> is the classical formula for passionate longing; the virus desires its host as a lover desires the beloved.
ليسكن دمه <i>li-yaskuna damahu</i> [to dwell in his blood]	<i>yaskunu</i> : to dwell, to take up residence, to settle and live in a place; the root of <i>maskin</i> [dwelling] and <i>sakīna</i> [repose].	The virus seeking to settle in Louis's blood as in a home; infection encoded as domestic settlement, dwelling rather than violent invasion.	Structural / Container: (INFECTION IS DWELLING, NOT INVASION): blood as a dwelling the virus inhabits; <i>yaskunu</i> encodes infection as settlement, the direct counter to the war model.
يتحين الوقت المناسب لإفتراسه <i>yataḥayyanu al-waqt al-munāsib li-iftirāsihi</i> [watching for the right moment to prey upon him]	A predator watching patiently for the optimal moment to seize its prey; the calculation of a skilled hunter.	The virus waiting with apparent patience for the moment of maximum vulnerability; infection as deliberate predatory behaviour.	Structural: (DISEASE IS A PATIENT PREDATOR): <i>iftirās</i> , to prey upon as a predator seizes prey; the virus as a hunter with strategic patience, an alternative to the war model.
تحمله عشرات الأجساد <i>tahmiluhu 'asharāt al-ajsād</i> [carried by dozens of bodies]	A physical object carried and transported by bodies from one place to another.	The virus distributed through the cemetery, inhabiting dozens of bodies around Louis; the bodies as inadvertent vehicles.	Structural / Container: (THE LANDSCAPE OF POVERTY IS THE VIRUS'S HUNTING GROUND): the bodies as carriers distributing the virus through the social terrain.
في دم المتسولة العجوز <i>fī dam al-mutasawwila al-ajūz</i> [in the blood of the old beggar woman]	The physical blood inside the body of a specific person.	The virus inhabiting the blood of the marginalised and poor; the social identity of the host encoding the landscape of vulnerability.	Ontological / Structural: (THE LANDSCAPE OF POVERTY IS THE VIRUS'S HUNTING GROUND): the social identity of each blood-carrier maps the terrain the virus hunts.

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
الغائرة الخدين <i>al-ghā'irat al-khaddayn</i> [hollow-cheeked]	Sunken, hollow cheeks: the clinical sign of malnutrition, prolonged illness, or extreme age.	The visible marker of poverty and depletion in the beggar woman; the deprivation that makes her vulnerable to the virus.	Ontological: (THE LANDSCAPE OF POVERTY IS THE VIRUS'S HUNTING GROUND): the clinical sign of malnutrition as poverty made bodily visible; the virus inhabits the depleted by structure, not accident.
مدّت له يدها في صمت <i>maddat lahu yadahā fī ṣamt</i> [silently extended her hand to him]	A person extending arm and hand toward another; the gesture of begging for alms.	The beggar's silent gesture is at once a social act and, unknowingly, a moment of potential transmission; the hand of poverty crossing a social boundary.	Structural: (THE LANDSCAPE OF POVERTY IS THE VIRUS'S HUNTING GROUND): the hand extended in poverty as the visible point at which the virus crosses a social boundary.

4.2.2.3 Stage Two: Source/Target Domain Mapping

The eight metaphorically used expressions cluster around four major conceptual metaphors that together constitute the way the novel encodes disease. The most analytically original, DISEASE IS A LONGING LOVER, receives the fullest discussion, since it is unique both in the corpus and in the disease-metaphor literature.

Table 4.6

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
DISEASE IS A LONGING LOVER (central)	Passionate romantic / mystical	The Ebola virus's drive to infect	The lover consumed by desire for a specific beloved → the virus consumed by desire for Louis Noua's blood specifically; burning with longing

metaphor)	love; the burning lover		(<i>yataḥarraqu shawqan</i>) يتحرق شوقًا → the drive to infect as an intense, consuming desire, not a mere biological drive; longing (<i>shawq</i>) for an absent beloved → the virus's proximity to Louis without yet inhabiting him; the beloved as specific and irreplaceable → Louis's blood as the specific object — not any blood, but his.
INFECTION IS DWELLING, NOT INVASION	Taking up residence in a home	The virus establishing itself in the blood	To dwell, to settle in a home (<i>yaskunu, from the root of maskin and sakīna</i>) → the virus taking up residence in Louis's blood; the home as a place of repose → the blood as the dwelling the virus longs to inhabit; settling in rather than breaking in → infection as habitation, not the armed invasion of the war model; the dweller who belongs → the virus at home in the body, not an enemy besieging it. This is the direct counter to the ILLNESS IS WAR model: the virus does not storm the body but moves into it.
DISEASE IS A PATIENT PREDATOR	A skilled predator watching for its prey	The virus in the cemetery	The predator that knows its prey → the virus with apparent knowledge of Louis's movements (<i>tatabba'a</i>) تتبع; watching patiently (<i>yataḥayyanu</i>) يتحين → present but not yet transmitting; the right moment (<i>al-waqt al-munāsib</i>) الوقت المناسب → the moment of maximum vulnerability; the prey selected for access → Louis, by his grief-visit and proximity to the infected dead; the strike (<i>iftirās</i>) إفترس → the point of transmission. The predator, like the lover, is an alternative to the war model, not a form of it.
THE LANDSCAPE OF POVERTY IS THE VIRUS'S HUNTING GROUND	The hunter's territory and its pathways	The social world of Enzara as the virus's domain	The hunting ground the predator knows → Enzara's social landscape (cemetery, poverty, rituals of grief and begging); the terrain's pathways → the structures of poverty and obligation as the channels the virus travels; the prey across the terrain → beggar (<i>fī dam al-mutasawwila</i>) في دم المتسولة, guard, visitors, each of different position but sharing poverty's vulnerability; the hollow-cheeked marker (<i>al-ghā'irat al-khaddayn</i>) الغائرة الخدين → poverty made bodily visible; Louis chosen as carrier → selected to bear the virus home to his city and distribute it, the hunting ground extending along the social network.

Yataḥarraqu shawqan li-yaskuna damahu [يتحرق شوقاً ليسكن دمه] is one of the most analytically remarkable phrases in the whole corpus of twelve physician-writer texts. *Yataḥarraqu shawqan* يتحرق شوقاً [burning with longing] is among the most recognisable formulas of classical Arabic love poetry and of Sufi mystical verse, in which the soul burns with longing for God; it is the prototypical code for a love that is passionate and consuming. By placing it here, Taj al-Sir encodes the most feared pathogen of recent history through the most intimate of human feelings: the virus does not merely seek to infect, it desires to infect, longing for its object as a lover longs for the beloved.

The value of the metaphor is not only poetic but analytical. It captures a relation between virus and host that the ILLNESS IS WAR model cannot encode. A lover does not attack; a lover approaches, waits, longs, seeks entry. A lover is moved not by aggression but by desire, and by a desire for someone particular: not any blood, but Louis Noua's; not any body, this body. That specificity captures one of the novel's key epidemiological observations: that Ebola did not spread at random across Enzara but travelled along the particular channels of social life - the cemetery, the visit of grief, the hand extended in begging - that shaped the community's patterns of intimacy and contact.

The lover's desire is specified further in the verb that completes the phrase: he longs *li-yaskuna damahu*, to dwell in the blood. The verb *yaskunu* يسكن - the root of *maskin* مسكن [dwelling] and *sakīna* سكينة [repose] - encodes infection not as an incursion but as a settling into a home. This is the sharpest counter the extract offers to the ILLNESS IS WAR model: where war storms, besieges, and occupies, this virus simply moves in and dwells. The relation is not that of an enemy breaching a fortress but of a dweller taking up residence, INFECTION IS DWELLING, NOT INVASION.

Alongside the figures of the lover and the dweller, the extract activates a third, contrasting image. The virus *yataḥayyanu al-waḡta al-munāsiba li-iftirāsīhi* يتحين الوقت المناسب لإفتراسه [bides its time to prey upon him]. Where the lover approaches gently, the predator stalks and strikes; the virus is figured as both at once, and the tension between the tender and the violent is itself part of the novel's ironic vision. This predatory image draws on the ecology of the Sudanese bush - predator, prey, and the moment of the strike - and it encodes a natural, ecological relation rather than a political relation of military conflict. It is therefore not a variant of the ILLNESS IS WAR model but an alternative to it: like the figures of the lover and the dweller, it replaces the schema of armed combat between two symmetrical forces with a relation of a quite different kind. In place of the war model, then, the extract offers a cluster of culturally distinct metaphors - DISEASE IS A LONGING LOVER, INFECTION IS DWELLING, NOT INVASION, AND DISEASE IS A PATIENT PREDATOR - drawn from the idiom of Sufi love poetry and the natural world of the Sudanese bush.

A further point of analytical focus is the social specificity of the virus's distribution. The virus is not everywhere indiscriminately; Taj al-Sir enumerates its hosts: the hollow-cheeked old beggar woman who extends her hand in silence, the domineering security guard leaning on his old weapon at the gate, the many visitors, and finally the dead woman in the grave. The catalogue is a diagnostic map of a society: the blood of the poor (the beggar), the blood of petty authority (the guard), the blood of ordinary communal life (the visitors), and the blood of the already dead (the woman in the grave). The virus does not discriminate by class - it is in all their blood at once - but it travels along the particular channels of social contact that poverty and communal obligation lay down. Louis himself is chosen as its carrier: the one selected to bear the virus home to his own city and distribute it among its people, so that the hunting ground extends

outward along the social network, THE LANDSCAPE OF POVERTY IS THE VIRUS'S HUNTING GROUND.

4.2.2.4 Stage Three: Cultural Schema Identification

The conceptual metaphors of the passage rest on a small number of culturally specific schemas. These schemas are social and cosmological rather than religious: where Elshazly and al-Hili encode suffering through explicitly Islamic frameworks, Taj al-Sir's *Ebola* 76 locates disease within the bonds of community, the body's social formation, and the customs surrounding death.

The first is the schema of BLOOD AS SOCIAL BOND. The virus is located *fī dam al-mutasawwila* في دم المتسولة, *fī dam ḥāris al-amn* في دم حارس الأمن, *fī dimā' al-zuwwār* في دماء الزوار - in the blood of particular social persons. Across many Sudanese and wider African cultural traditions, blood carries a meaning beyond the biological: it stands for kinship, belonging, and shared identity. By lodging the virus in the blood of beggar, guard, and visitors alike, the passage encodes its movement through the most fundamental of social substances, so that infection follows the lines of social connection itself.

A second schema is that of DISPLACEMENT AS VULNERABILITY (*al-ghurba*) الغربة. Louis Noua, travelling from Enzara to Kinshasa and grieving in a city not his own, is pursued by the virus precisely in his isolation. In Arabic and African cultural cognition, the condition of being far from home and community is understood as the one most exposed to harm; the person cut off from the protection of kin is the person most easily reached. Louis, who can neither live nor mourn except outside his own community, becomes for that reason the virus's object.

A third schema is that of DEATH AS A COMMUNAL EVENT, bound up with the custom of visiting the grave (*ziyārat al-qubūr*) زيارة القبور. Louis comes to the cemetery precisely in order to mourn at the graveside, the very point of maximum exposure. The customs of visiting graves, sitting with the sick, and attending the dead create a distinctive form of physical closeness, and it is along exactly these channels of communal obligation that the virus travels. Here lies one of the sharpest ironies of Taj al-Sir's clinical vision: the sacred duty of mourning becomes, without anyone's knowledge, the occasion of biological hazard.

4.2.2.5 Extract Four: *Ibōlā* 76

الذين تحدثوا معه في المقبرة، أخبروه باقتناع تام عن الساحر الشرير الذي يوزع الموت في عدد من القرى والمدن، بلا أي هدف معروف وتفاعل معهم، ليس لأنه أراد أن يتفاعل، ولكن لأن نشأته وبيئته، ومستواه العقلي، كانت مهياة تماماً لمثل ذلك التفاعل، وبالرغم من أن السكان سمعوا عما يسمى الفيروس الغامض، وقرأ المتعلمون منهم نشرات وزارة الصحة المطبوعة بركاكة على ورق رخيص، واستمعوا إلى الراديو الذي اعتاد قطع أغنيات مجيدة وتراثية، وإذاعة أخبار القاتل الرهيب، كانت مسألة الساحر الشرير، هي الأقوى والأرفع شأنًا، ومن ثم جندت كثير من القبائل، سحرته المعتقد، زودتهم بخامات التعاويذ كلها، وأمرتهم بتعقب الشر في أي حجر من جوره، ومنازلته حتى نوا من بيئة مشابهة، نفس الدماغ المعد سلفاً لتقبل الأبسط، نفس تعرق اليدين بلا حر ولا رطوبة، نفس مستوى هرمونات الجسد وتأخر ظهور الشيب في الرأس، وأشياء أخرى، من صميم ويلات أفريقيا. لذلك، باستثناء حزنه على العشيق الضائعة، لم يضيف إلى قاموس مشاعره في تلك الظهيرة الحارة، سوى سخط مكتوم، على ساحر الشؤم الذي أمات حبيبته، وتركه ضائعاً. (تاج السر، ٢٠١٢، ص. ١٦)

Those who spoke with him at the cemetery informed him with absolute conviction about the evil sorcerer who was dispensing death across a number of villages and towns for no known purpose. He interacted with them, not because he consciously chose to, but because his upbringing, his environment, and his intellectual level were entirely predisposed to such interaction. Although the inhabitants had heard of what was termed the mysterious virus, and the literate among them had read the Ministry of Health bulletins poorly printed on cheap paper, and had listened to the radio, which habitually interrupted glorious and traditional songs to broadcast news of the terrible killer, the matter of the evil sorcerer remained the more powerful and authoritative explanation. Consequently, many tribes mobilized their veteran sorcerers, equipped them with all manner of raw materials for talismans, and commanded them to track the evil to any of its dens and combat it until it fell.

Noua belonged to a similar environment: the same brain pre-conditioned to accept the simplest explanations, the same clamminess of hands without heat or humidity, the same bodily hormone levels, the delayed appearance of gray hair, and other traits that belong to the very core of Africa's afflictions. Therefore, with the exception of his grief over his lost mistress, he added nothing to his vocabulary of emotions on that hot afternoon save for a muted indignation toward the sorcerer of ill omen who had caused the death of his beloved and left him utterly undone. (Translated by Altalqni)

4.2.2.6 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.7

Metaphor Identification (MIP/MIPVU)

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
الساحر الشرير الذي يوزع الموت <i>al-sāḥir al-shirrīr alladhī yuwazzi 'u al-mawt</i> [the wicked sorcerer who distributes death]	A sorcerer: a practitioner of magical arts; to distribute: to divide and deliver quantities of a commodity across recipients.	The virus encoded through the folk schema of a malevolent supernatural agent who parcels out death to specific communities with deliberate intention.	Structural / Ontological: (DISEASE IS A WICKED SORCERER): the virus personified as a supernatural agent with volition, the community's framework for epidemic mortality.
يوزع الموت في عدد من القرى والمدن <i>yuwazzi 'u al-mawt fī 'adad min al-qurā wa-al-mudun</i> [distributes death across villages and towns]	To distribute: to allocate portions of a divisible quantity to multiple recipients in multiple locations.	Epidemic mortality as the sorcerer's deliberate allocation of death, each village receiving its portion; random spread encoded as deliberate distribution.	Structural: (DEATH IS A DISTRIBUTED COMMODITY): mortality as a material quantity divided and delivered to specific recipients; targeting encoded as distribution.
بلا أي هدف معروف <i>bilā ayy hadaf ma 'rūf</i> [without any known objective]	An objective: a goal a rational agent pursues; known: accessible to those affected.	The inscrutability of the sorcerer's motive mirrors the unknowability of viral epidemiology in a community without biomedical knowledge.	Ontological: (DISEASE IS A WICKED SORCERER): the cognitive gap left by absent virology filled with inscrutable supernatural intention.

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
مهيأة تماماً لمثل ذلك التفاعل <i>muḥayya' tamāman li-mithl dhālik al-tafā'ul</i> [perfectly primed for such an interaction]	Primed: prepared in advance for a specific function (a primed pump; a primed charge).	The brain configured in advance by upbringing and environment to receive folk-cosmological rather than biomedical explanation.	Structural: (THE MIND IS A MECHANISM PRE-CONFIGURED BY ENVIRONMENT): the brain as a device whose receptiveness is set in advance by the conditions of its formation.
نفس الدماغ المعد سلفاً لتقبل الأبسط <i>nafs al-dimāgh al-mu'add salafan li-taqabbul al-absaṭ</i> [the same brain pre-conditioned to accept the simplest explanations]	Pre-conditioned: configured in advance; the brain as the organ of cognition; to accept: to receive without resistance.	A brain formed by upbringing and educational level to find folk schemas more accessible than biomedical frameworks.	Structural: (THE MIND IS A MECHANISM PRE-CONFIGURED BY ENVIRONMENT): the mind's openness to particular schemas as advance mechanical preparation.
نفس تعرق اليدين بلا حر ولا رطوبة <i>nafs ta'arruq al-yadayn bilā ḥarr wa-lā ruṭūba</i> [the same palms that sweated without heat or humidity]	Palms sweating: the physiological stress response of the eccrine glands; involuntary moisture as a response to psychological states.	The physiology of anxious fear as a diagnostic marker of a condition rooted not in climate but in the formation of a particular environment.	Ontological / Structural: (THE BODY IS A REGISTER OF SOCIAL FORMATION): physiological response as the somatic inscription of social conditioning.
وأشياء أخرى من صميم ويلات أفريقيا <i>wa-ashyā' ukhrā min ṣamīm waylāt Afrīqiyyā</i> [traits at the very heart of Africa's woes]	The heart: the central, most essential part of a thing; woes: acute suffering and misfortune.	The cluster of traits shared by Noua and his community, encoded as lying at the innermost centre of Africa's historical suffering.	Ontological / Orientational: (AFRICA'S WOES HAVE A HEART): collective suffering given an interior structure with a central core; centre = most essential.
قاموس مشاعره <i>qāmūs mashā' irihi</i> [his lexicon of]	A lexicon: a bounded, enumerable	Noua's emotional life as a bounded dictionary of available feelings;	Structural: (EMOTIONAL LIFE IS A LEXICON): the set of

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
emotions]	collection of words available to a language user.	his grief and resentment as the entries added on this afternoon.	available emotional responses as a bounded vocabulary; adding an emotion as adding a dictionary entry.
ساحر الشؤم الذي أَمَاتَ حَبِيبَتَهُ <i>sāḥir al-shu'm alladhī amāta ḥabībatahu</i> [the sorcerer of ill omen who had killed his beloved]	A sorcerer of ill omen: a supernatural agent whose domain is fated misfortune; to kill: to cause death.	The virus that killed his beloved recast, through grief and pre-conditioning, as a specific malevolent agent of ill omen, a sorcerer with a definite identity.	Ontological: (DISEASE IS A WICKED SORCERER): the virus given a specific supernatural identity, the bringer of fated misfortune through the folk taxonomy of malevolent agents.

4.2.2.7 Stage Two: Source/Target Domain Mapping

The nine metaphorically used expressions in this passage cluster around four major conceptual metaphors that together constitute the extract's governing cognitive argument. The most analytically significant is DISEASE IS A WICKED SORCERER.

Table 4.8

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
DISEASE IS A WICKED SORCERER	The wicked sorcerer and his distribution of death	The Ebola virus and its epidemic spread	The sorcerer, a supernatural agent with malevolent intention → the virus encoded as an agent with deliberateness and inscrutable malevolence; distribution of death (<i>yuwazzi 'u al-mawt</i>) الموت يوزع → the spread across villages, the epidemic encoded as deliberate allocation; without any known objective (<i>bilā ayy hadaf ma 'rūf</i>) بلا أي هدف معروف

			the unknowability of the virus's targeting for a community without virology; veteran sorcerers mobilised to confront the evil → the community deploying supernatural force in the absence of biomedical means; the sorcerer of bad omen (<i>sāḥir al-shu'm</i>) ساحر الشؤم → the virus given a specific supernatural identity.
DEATH IS A DISTRIBUTED COMMODITY	A divisible material commodity, parcelled and delivered	Epidemic mortality across the region	A commodity divided into portions → death parcelled out village by village; allocation to specific recipients → the apparent targeting of particular communities; delivery across locations (<i>fī 'adad min al-qurā wa-al-mudun</i>) في عدد من القرى والمدن → the geographical spread of the epidemic; the distributor's control over quantity and destination → the sorcerer deciding who receives death, random spread reconceived as deliberate supply.
THE MIND IS A MECHANISM PRE-CONFIGURED BY ENVIRONMENT	A mechanism primed / configured in advance	The human brain formed by social environment	A primed mechanism set to respond in a fixed way → the brain of Noua and his community, pre-conditioned to receive folk schemas over biomedical ones; pre-configuration by an external maker, not the device's choice → conditioning by social formation, which Noua does not choose; the mechanism accepts compatible inputs, fails to process others → the brain accepts the sorcerer schema, does not process the biomedical bulletins and radio; limits a function of design, not will → receptiveness not a failure of intelligence but of a social formation shaped by poverty and the absence of health provision.
THE SELF IS A BOUNDED REGISTER (body and emotion)	The body as diagnostic register; the lexicon as bounded vocabulary	The somatic and emotional inscription of social formation	The sweating palm, an anxiety response independent of climate → the palms that sweated without heat or humidity (<i>bilā ḥarr wa-lā ruṭūba</i>) بلا حر ولا رطوبة, the body registering a socially produced anxiety; the heart of a thing, its essential core → the heart of Africa's woes, the traits at the centre of a collective suffering caused by deprivation; a lexicon, a bounded vocabulary → Noua's lexicon of emotions, a bounded set of responses; a specific entry → the suppressed resentment سخط مكتوم [<i>sukḥṭ maktūm</i>] added, not rage or grief, but a contained, unexpressed resentment.

The passage must not be read as belittling an African people. Taj al-Sir, himself Sudanese, writes from within - with a bitter and pained irony directed not at his people but at the conditions that fail them: poverty, isolation, and the absence of public-health provision. His focus here, as throughout his work, is the ordinary person who bears the cost. What the extract diagnoses is not an African mind but a social predicament - *ṣamīm waylāt Afrīqiyyā* صميم ويلات أفريقية, the woes visited on Africa by deprivation, not by nature.

The metaphor DISEASE IS A WICKED SORCERER is the principal cognitive device through which the communities of Enzara and the neighbouring villages conceptualise the Ebola outbreak. What is analytically remarkable here is less the content of the metaphor, striking as it is, than its relation to the other disease metaphor of the novel. Where the earlier extract gave the virus's own perspective (the longing lover, the desiring agent), this extract gives the view from outside - from within the cognitive framework of the communities the virus is destroying. The two do not conflict; they are two complementary epistemological standpoints, both available to the reader at once. Taj al-Sir presents the virus simultaneously as a desiring agent (the virus's story) and as a malevolent sorcerer (the community's story), without privileging either as the truth.

Analytically, one of the most important phrases in the passage is *bilā ayy hadaf ma'rūf* بلا أي هدف معروف [without any known objective]. In biomedical terms the virus has no purpose at all: it is a non-living thing performing a mechanical process of replication. The folk sorcerer metaphor, by contrast, posits a purpose - one merely hidden from the community. The two frames thus meet at a single point: the aim of the outbreak is invisible to its victims. The sorcerer metaphor does not pretend that the virus is beyond comprehension; on the contrary, it strives to make it humanly intelligible by representing it as deliberate supernatural action. In Taj al-Sir's

vision this is not superstition pitted against science but an alternative, internally coherent way of rendering the unintelligible intelligible.

The most analytically important sentence in the extract is the one stating that Noua engaged with the sorcerer talk “not because he intended to, but because his upbringing, environment, and intellectual level were perfectly suited to such an interaction,” and its importance lies in what it refrains from saying. It does not call Noua stupid, superstitious, or credulous. It locates his receptiveness in cognitive structures shaped by particular social, environmental, and educational conditions - structures within which the sorcerer metaphor is the most satisfying available explanation of the epidemic. The metaphor THE MIND IS A MECHANISM PRE-CONFIGURED BY ENVIRONMENT is sociological-cognitive in character, advancing the argument that folk cosmological schemas are not irrationalities but the rational products of a specific social formation. The claim carries particular authority because its author is a physician-writer, able to hold both realities in view at once: the biomedical (the virus is not a sorcerer) and the social (in Noua’s cognitive world, the sorcerer is the most rational explanation available).

The image of the sweating palms - the same palms that sweated in the absence of heat or humidity - is the most intense exercise of the physician-writer’s clinical eye upon the social body. The qualifying phrase “without heat or humidity” performs a diagnostic function: if the sweat is not produced by heat or humidity, it must be produced by an internal state - that is, it is psychogenic. The physician who wrote this sentence is in effect performing a differential diagnosis of eccrine-gland activity: with climate excluded, the remaining cause is anxiety or fear. The social formation that breeds this anxious fearfulness is inscribed upon the body, in the

upbringing, the environment, the level of schooling. The characteristic gesture of the physician-writer here is the somatic recording of a social formation as read by a clinician.

The metaphor EMOTIONAL LIFE IS A LEXICON advances a subtle but important claim. A lexicon is not an infinite or random list but a finite, pre-existing set of available entries. As with the mind-as-mechanism metaphor, Taj al-Sir treats Noua's emotional responses as a dictionary supplied by his social and cultural formation: what he can feel is what his lexicon contains. This is not a deficiency of emotional capacity but the product of a particular formation - one that has furnished a vocabulary for being angry at the sorcerer of bad omen rather than at the incompetence of the public-health institutions, for resenting a supernatural agent rather than fearing a biological contagion.

4.2.2.8 Stage Three: Cultural Schema Identification.

The mappings above rest on a set of cultural schemas that the novel draws upon. These schemas are social and cosmological rather than religious - a point that distinguishes Taj al-Sir's *Ebola* 76 from the explicitly Islamic frameworks of Elshazly and al-Hili.

The extract turns on the *sāḥir* ساحر [sorcerer] as the agent of epidemic death: *al-sāḥir al-shirrīr alladhī yuwazziʿu al-mawt* الساحر الشرير الذي يوزع الموت [the wicked sorcerer who distributes death], with senior sorcerers recruited to hunt the evil in its thickets. This reflects a cosmological schema in which epidemic death is the work of a sorcerer: the novel draws on a register in which epidemic disease and sudden collective mortality are understood as the deliberate supernatural malevolence. Within the world of the novel this is presented as a coherent cognitive system - one

that explains otherwise inexplicable suffering and prescribes counter-measures consistent with its own logic, the community mobilising its own sorcerers against the malevolent one.

A second schema is COGNITIVE FORMATION IS SOCIAL DETERMINISM: *muḥayya' tamāman li-mithl dhālik al-tafā'ul* مهيأ تماماً لمثل ذلك التفاعل [perfectly primed for such an interaction], *naḥs al-dimāgh al-mu'add salāfan* نفس الدماغ المُعد سلفاً [the same brain pre-conditioned], *min ṣamīm waylāt Afrīqiyyā* من صميم ويلات أفريقيا [at the heart of Africa's woes]. The claim is at once a post-colonial critique and a recognition that the 'ql [mind] is shaped by its environment: cognitive pre-conditioning toward folk epistemology is presented not as a 'racial' trait but as a consequence of poverty, limited schooling, and the absence of health provision - themselves the effects of particular historical forces.

Bound up with this is a specific affective category. The phrase *sukḥt maktūm* سخط مكتوم names a particular feeling in the Arabic emotional vocabulary, distinct from *ghaḍab* غضب [rage], *ḥuzn* حزن [grief], and *khawf* خوف [fear]; the qualifier *maktūm* مكتوم [sealed] marks containment rather than expression. It captures the only response available to Noua before a threat that fuses a sorcerer who may not exist, a virus he cannot identify, and the work of grief.

A further schema is OFFICIAL KNOWLEDGE IS EPISTEMICALLY IMPOTENT: the health-ministry bulletins, poorly printed on cheap paper, interrupt the traditional songs on the radio to broadcast news of the killer. In a setting where knowledge travels orally, the material and aesthetic form of a claim - a cheaply printed bulletin set against a sorcerer schema transmitted for generations - is itself part of its credibility; the anxious institutional message is experienced as inadequate beside the cultural schema it seeks to displace.

Finally, the physician-writer stands as an EPISTEMOLOGICAL MEDIATOR: he does not disdain the sorcerer framework but reports it as “the most potent and the most authoritative.” The biomedical (a pathogen obeying epidemiological law) and the folk-cosmological (a sorcerer dispersing death) are surveyed together from Taj al-Sir’s single vantage point. He recognises that, for the communities of Enzara in 1976, the cosmological frame was more available, more credible, and more socially actionable than the biomedical one - not because they were incapable of the biomedical, but because their circumstances had furnished the one and withheld the other.

4.2.3 Analysis of Elshazly’s Novel *Awraq Sham ‘un al-Miṣrī*

4.2.3.1 Extract Five: *Awraq Sham ‘un al-Miṣrī*

- اذهب يا (شمعون) فلا ينبغي لك أن تطلع على ما هو آتٍ.
انصرفتُ من فوري، خاصة بعدما علّت صرخات (أروى) المتألّمة، خرجت من الفناء، فرأيت القابلة (ميمونة) تهزول خلف (هوى) تكاد تتعثّر في جلبابها، وهي تحمل في يدها سكيناً وقمطاً من القماش.. فارتجفت مما سيفعلنه بها ووقفت غير بعيد أستمع إلى صرخات (أروى) التي تمزقت معها أحشائي، تخيلت انفصال الجنين عن جسدها كثمرة تنشق إلى نصفين بسكين القابلة (ميمونة)، أي ألم هذا الذي تتحمله المرأة كي تهب الحياة إلى جنينها؟! وأي معاناة تلك التي تبدأ بها حياة الإنسان؟! ربما كانت مشاركة الألم بين الأم ووليدها هي السبب في ارتباط روحيهما بعد ذلك، فلا شيء يُقرب النفوس أكثر من مشاركة الألم. بعد لحظات كفت (أروى) عن الصراخ، وبدأت صرخات الطفل، كلاهما صراخ ولكن شتان بين صراخ (أروى) الذي يفطر القلب، وصراخ الطفل الذي يللم الروح، ويبهج النفس، ويقرع الأذن كنغمات (هوى) وصديقاتها. (الشاذلي، ٢٠٢١، ص. ٤٥٢)

Go, Shamoun. It is not fitting for you to look upon what is to come.

I departed immediately, particularly after the agonizing shrieks of Arwa grew louder. Leaving the courtyard, I saw the midwife, Maymuna, hurrying behind Hawa, nearly tripping over her gown, carrying a knife and a cloth swaddle in her hand. I trembled at what they would do to her. I stood not far off, listening to Arwa’s screams, which tore my very entrails apart. I imagined the separation of the fetus from her body like a fruit splitting into two halves under the knife of Maymuna the midwife. What manner of pain is this that a woman endures to grant life to her fetus? What suffering is that with which human life begins? Perhaps the shared pain between a mother and her newborn is the reason for the subsequent binding of their souls. Nothing brings souls closer than the sharing of pain. After a few moments, Arwa ceased screaming, and the cries of the child began. Both were cries, yet what a vast difference lays between Arwa’s heart-rending

scream and the child's cry, which gathers the soul, gladdens the spirit, and strikes the ear like the melodies of Hawa and her companions. (Translated by Altalqni)

4.2.3.2 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.9

Metaphor Identification (MIP/MIPVU)

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
تمزقت معها أحشائي <i>tamazzaqat ma'ahā ahshā'ī</i> [my entrails were torn together with her screams]	The physical tearing of the internal abdominal organs by a cutting force.	The involuntary physical empathy of the physician-narrator, his body responding to Arwa's screaming as though he himself were being torn apart.	Structural: (EMPATHIC PAIN IS A TEARING OF THE WITNESS'S OWN BODY): <i>ma'ahā</i> [together with her] marks the mirror quality, the witness's viscera torn at the same moment as the labouring woman's.
كثمرة تنشق إلى نصفين <i>ka-thamara tanshaqqu ilā niṣṣayn</i> [like a fruit splitting in two]	A piece of ripe fruit physically split into two halves by a knife.	The physician-narrator's imagined representation of birth: the foetus separating from the maternal body as a fruit is split by the midwife's knife.	Structural: (BIRTH IS THE SPLITTING OF A RIPE FRUIT): the ripe fruit split by a blade as the maternal body yielding the newborn through rupture.
تهب الحياة إلى جنينها <i>tahibu al-ḥayāh ilā janīnihā</i> [grants life to her foetus]	To donate or bestow a gift upon a recipient.	The act of giving birth, the mother's agony as the means through which life is bestowed upon the child.	Ontological: (MOTHERHOOD IS THE GIVING OF LIFE THROUGH PAIN): <i>ḥayāh</i> as a gift the mother bestows, the giving inseparable from the pain that accomplishes it.
مشاركة الألم... السبب في ارتباط روحيهما <i>mushāraḳat al-alam... al-sabab fī irtibāṭ rūḥayhimā</i> [shared pain... the	Physical proximity and fastening: two objects brought near and tied together.	The spiritual intimacy produced by shared suffering; the mother's and child's souls drawn together and bound through the	Structural: (MOTHERHOOD IS THE GIVING OF LIFE THROUGH PAIN): shared pain as the force drawing and fastening the two souls; the text itself

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
cause of the bonding of their two souls]		shared pain of birth.	makes the bond the fruit of the shared suffering.
لا شيء يقرب النفوس أكثر من مشاركة الألم <i>lā shay' a yuqarribu al-nufūs akthar min mushāarakat al-alam</i> [nothing draws souls closer than shared pain]	Physical proximity: two objects brought spatially near to each other.	The universal claim that shared suffering is the strongest of all forces of relational closeness, stronger than shared joy.	Structural: (MOTHERHOOD IS THE GIVING OF LIFE THROUGH PAIN): closeness of souls as spatial proximity produced by the force of shared pain; the theological ground of the mother-child bond.
يفطر القلب <i>yafturu al-qalb</i> [shatters the heart]	The physical fracturing or rupturing of a solid object by force.	Arwa's scream of labour producing an overwhelming emotional response in those who hear it; the heart broken open by pain.	Ontological: (THE MATERNAL SCREAM IS FRACTURE): <i>faṭara</i> , to break open (as in the breaking of the fast, or God's breaking open of creation); the maternal cry shatters the wholeness of all who hear it.
يلملم الروح <i>yulamlimu al-rūḥ</i> [gathers / reassembles the soul]	Collecting scattered fragments and bringing them together into a whole.	The infant's first cry restoring wholeness to souls shattered by witnessing the pain of labour; the soul re- collected.	Structural: (THE INFANT SCREAM IS RESTORATION): <i>lamlama</i> , to gather scattered things; the infant's cry reassembles what the maternal cry has broken, the opposed twin of <i>yafturu</i> .
يبهج النفس ويقرع الأذن كنغمات <i>yubhiju al-nafs wa- yaqra'u al-udhun ka- naghamāt</i> [gladdens the self and strikes the ear like melodies]	The physical striking of a surface to produce sound; melodic musical notes.	The infant's cry perceived not as noise but as music, a perceptual transformation produced by joy and relief.	Structural: (THE INFANT SCREAM IS RESTORATION): the cry re- heard as melody; the same restorative movement, the infant's scream gladdening rather than shattering.

4.2.3.3 Stage Two: Source/Target Domain Mapping

The eight metaphorically used expressions in this extract cluster around four major conceptual metaphors, set out in the consolidated mapping table below. Of particular analytical importance is the structural contrast between the two screams, a formal opposition between THE MATERNAL SCREAM IS FRACTURE and THE INFANT SCREAM IS RESTORATION, which constitutes the extract's central metaphorical architecture.

Table 4.10

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
EMPATHIC PAIN IS A TEARING OF THE WITNESS'S OWN BODY	The physical tearing of one's own internal organs	The physician-narrator's empathic response	The tearing of the abdominal organs (<i>aḥshā'ī</i>) أحشائي → the empathic distress of the narrator; the involuntary nature of tearing → the involuntary nature of empathy; the intensity of internal tearing → the overwhelming intensity of empathic pain, as though the narrator himself were labouring; the simultaneity with the screams (<i>ma'ahā</i>) معها → the mirror quality, his body responding at the very moment the patient's does; the location in the viscera → the depth of the response, visceral rather than surface, in keeping with <i>rahma</i> رحمة felt in the <i>aḥshā'</i> أحشاء.
BIRTH IS THE SPLITTING OF A RIPE FRUIT	The splitting of a ripe fruit by a blade	Birth; the separation of the foetus from the maternal body	A ripe fruit, whole, containing the seed → the pregnant body, whole, containing the foetus; the cutter's knife → the midwife's knife, the external instrument of separation; the splitting into two halves → birth, the physical separation of the foetus; the violence of the split, since a fruit cannot split gently → birth encoded as inherently violent; the ripe fruit (<i>thamara</i> ثمرة, not a seed) → a pregnancy brought to fullness and completion; the split fruit transformed, not destroyed → the maternal body fulfilled in its splitting, completion

			becoming commencement.
MOTHERHOOD IS THE GIVING OF LIFE THROUGH PAIN	Bestowing a gift; a force drawing and fastening objects	Motherhood as the giving of life and the bond it creates	A gift bestowed on a recipient → the mother granting life (<i>tahibu al-ḥayāh</i>) تهبُ الحياة to the child; the cost borne by the giver → the agony that is the very means of the giving, life given through pain; an attractive force drawing two objects together → shared pain drawing the two souls into closeness; the fastening of objects → the bond (<i>irtibāt</i>) أرتباط of the two souls; the universal claim “nothing draws souls closer” → shared pain as the strongest bond, the earthly expression of divine <i>rahma</i> رحمة born of the shared pain of birth.
THE MATERNAL SCREAM IS FRACTURE / THE INFANT SCREAM IS RESTORATION	Breaking a solid object versus gathering scattered fragments	The two screams: the mother’s cry of labour and the newborn’s first cry	Arwa’s scream (<i>yafturu al-qalb</i>) يفطرُ القلب → the fracturing of a hard object, the heart broken open; the child’s scream (<i>yulamimu al-rūḥ</i>) يلملمُ الروح → the gathering of scattered fragments into a reassembled whole; the child’s cry re-heard as melody (<i>ka-naghamāt</i>) كنغمات → the restorative movement completed, the scream gladdening rather than shattering; the structural contrast → breaking (<i>yaftara</i>) set against gathering (<i>lamlama</i>), the two screams forming a single opposed pair - birth as at once a breaking and a healing - which constitutes the extract’s central metaphorical architecture.

The phrase *tamazzaqat ma ‘ahā aḥshā’ī* تمزقت معها أحشائي [my entrails were torn, together with hers] is among the most analytically significant in the corpus. The verb *tamazzaqat* means to be torn apart, to be rent or ripped - of cloth, of flesh, or of the heart. The preposition *ma ‘ahā* [with her, together with her] is crucial: it is not merely that the screams rend the narrator’s viscera, but that they do so together with her, mirroring the rending of the labouring woman. The empathy is embodied to the highest degree: the physician’s body registers the event as the patient’s body does, at the same moment and in the same anatomical register. This is an embodied compassion fully in keeping with the Islamic moral paradigm of *rahma* [mercy,

compassion]: etymologically and theologically, that which is felt in the viscera - the womb - is *rahma*; compassion is visceral, not merely intellectual.

The image of the splitting fruit foregrounds the physicality and violence of birth: new life enters the world by way of splitting, tearing, and separating - a rupture rather than a gentle opening. The choice of *thamara* ثمرة [fruit] rather than, say, a seed is significant, for a fruit is a product that has reached ripeness, fullness, and completion; its splitting is the moment at which completion becomes commencement. Several entailments follow from the image of birth as a fruit cut by a knife: birth is a violent process, since the fruit cannot be brought forth without being split; it is externally effected, since it is the midwife's knife that splits the fruit; what is released is what the fruit was always meant to hold and yield, so that the mother's body-fruit is fulfilled in its splitting; and the split fruit is not destroyed but transformed, having accomplished its purpose.

Yet the same metaphor conceals as much as it reveals. By imagining birth as a fruit split open by the midwife's knife, it withholds the labouring woman's subjective interior - her fear, her will, her consciousness - projecting the event onto her body and making it something done to her rather than something she undergoes as a conscious agent. This is the physician's way of thinking rather than the patient's way of feeling, and the gap between the two is itself significant.

The most overtly theological statement in the extract is the reflection *lā shay' a yuqarribu al-nufūs akthar min mushāraḳa al-alam* لا شيء يقرب النفوس أكثر من مشاركة الألم [nothing draws souls closer than shared pain]. The word *rahma* رحمة, a fundamental attribute of God, traces etymologically to the *raḥim* رحم, the womb; the womb of divine mercy is the mercy of shared vulnerability. The physician-narrator's claim that shared pain is the strongest of all bonds

between souls is thus not only psychological but theological: the bond of mother and child is the earthly expression of divine *rahma*, born of the shared physical pain of birth.

The most formally elegant feature of the extract is the opposition between the two screams - the cry of labour and the first cry of the newborn - realised through two opposed metaphors that map the deepest conceptual structure of the passage. The formal contrast between *yafṭuru al-qalb* يَفْطُرُ الْقَلْبَ [shatters the heart] and *yulamlimu al-rūḥ* يُلْمَلِمُ الرُّوحَ [gathers the soul] is the extract's most original contribution to the corpus. The two verbs denote opposite modes of action: *faṭara* [to fracture or break open] as in *fiṭr al-ṣawm* فَطَرَ الصَّوْمَ [the breaking of the fast] or *faṭara* [the breaking open of creation], and *lamlama* [to gather scattered things, to collect fragments, to reassemble what has been dispersed]. Together they trace an entire existential movement: the labouring woman shatters the emotional wholeness of all who hear her cry, and the infant's cry mends what was broken. Birth is at once a breaking and a healing: the physician standing outside the room has his viscera torn and his heart broken, then his soul gathered again by the child's cry, made whole in this double movement.

4.2.3.4 Stage Three: Cultural Schema Identification

The extract assembles a set of culturally transmitted schemas that give its metaphors their depth. These schemas are grounded in the Islamic moral and theological tradition of which the writer is a part.

Foremost is the schema of BIRTH AS A VIOLENT THRESHOLD rather than a gentle passage: the fruit-splitting, the knife in the midwife's hand, the screams that rend the entrails. The event of birth ولادة (*wilāda*) is of paramount importance and bears a spiritual purpose amid

its suffering. Elshazly's schema is grounded both in the bodily reality of birth as a passage through rupture and in his clinical awareness, as a surgeon, that the body's transformation is always bound up with the cutting performed upon it.

A second schema is VISCERAL EMPATHY: *tamazzaqat ma 'ahā aḥshā'ī* تمزقت معها أحشائي [my entrails were torn, together with hers], the narrator's viscera torn with the labouring woman's screams, compassion seated in the viscera (*aḥshā'* / *raḥim*). The connection between compassion (*raḥma*) and the womb (*raḥim*) is theological as well as anatomical, and it is not the researcher's construction: it is drawn explicitly in the foundational texts of the tradition itself. As 'Abd al-Raḥmān ibn 'Awf reports, the Prophet transmitted a *ḥadīth qudsī* in which God declares:

Allah the Exalted has said: I am the Compassionate (al-Raḥmān), and this has been derived from mercy. I have derived its name from My name. If anyone joins it, I shall join him, and if anyone cuts it off, I shall cut him off. (Abū Dāwūd, n.d., no. 1694)

عَنْ عَبْدِ الرَّحْمَنِ بْنِ عَوْفٍ، قَالَ: سَمِعْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ يَقُولُ: "قَالَ اللَّهُ: أَنَا الرَّحْمَنُ وَهِيَ الرَّحْمُ شَقَقْتُ لَهَا اسْمًا مِنْ اسْمِي مَنْ وَصَلَهَا وَصَلْتُهُ وَمَنْ قَطَعَهَا بَنَيْتُهُ" (سنن أبي داود، رقم 1694).

The derivation could not be more explicit: the name of the *raḥim* [womb] is taken from the name of *al-Raḥmān* [the Compassionate], so that mercy is, at its root, that which is felt in the womb. Jāmi' al-Tirmidhī transmits the same derivation of the name (al-Tirmidhī, 2002, no. 1907), and a parallel tradition in Ṣaḥīḥ al-Bukhārī describes the womb as a *shijna* شجنة, a branch, of al-Raḥmān (al-Bukhārī, n.d., no. 5988). When, therefore, the narrator's *aḥshā'* are torn in compassion with the labouring woman, his body enacts precisely the *raḥma* that the tradition seats in the *raḥim*. Shamoun here is the husband, not the physician; yet it is through the

narrator's body that his medical formation resounds - the man who by convention may not enter the birth chamber becomes a biological mirror of its suffering.

A third schema is SHARED PAIN AS THE SUPREME SOUL-BOND: *lā shay'a yuqarribu al-nufūs akthar min mushāarakat al-alam* لا شيء يقرب النفوس أكثر من مشاركة الألم [nothing draws souls closer than shared pain]. Here the Islamic principle of mutual aid and the Sufi idea of intimacy through shared vulnerability meet; the physician present at the birth bears the pain of both mother and child.

A fourth is the schema of THE GIVING OF LIFE AS A DIVINE GIFT (*hiba*) هبة: *tahibu al-ḥayāh ilā janīnihā* تهب الحياة إلى جنينها [she grants life to her foetus]. Life is God's gift, bestowed through the mother; her labour is the cost of its giving to the new person. The verb *tahibu* تهب [she bestows as a gift] frames the mother not as the origin of life but as the one through whom a divine gift is conferred.

A fifth is the EXCLUSION OF MEN FROM THE SACRED THRESHOLD: *idhhab yā Sham'un fa-lā yanbaghī laka an taṭṭali 'a 'alā mā huwa āt* اذهب يا شمعون فلا ينبغي لك أن تطلع على ما هو آت [go, Shamoun, it is not for you to witness what is to come]. Childbirth is a feminine space, closed even to the husband; the narrator's rendering of the foetus parting like a splitting fruit shows his medical knowledge, yet in that moment the pain reaches him as existential anguish rather than clinical fact.

Finally, the infant's cry is figured through the schema of SOUND AS VITALITY: *yaqra'u al-udhun ka-naghamāt* يقرع الأذن كنغمات [it strikes the ear like melodies]. The cry is rendered not as a mere biological reflex but as a rhythmic striking (*yaqra'u*) of the air - the newborn's first act of presence in the world, its entry into the shared life of sound and meaning.

4.2.3.5 Extract Six: *Awraq Sham 'ūn al-Miṣrī*

الموت...
 كلمة قصيرة الحروف سهلة النطق، ولكنها قادرة على هز الوجدان، وقض المضاجع، تعجبت أننا لا نشعر به ولا نتذكره إلا إذا اختطف عزيزاً لدينا، أو قريباً كانت بيننا وبينه مشاهدات وحية.
 كانت الفجيعة عظيمة، بكى أبي وأمي على وفاة (سولاف) بكاءً صادقاً مرّاً، وشاركتها عمتي (باتشيفا) الحزن رغم ما كان بينها وبين (سولاف) من نكد ومشاحنات، وشعرتُ رغم صغري أن الأقدار قد تقسو أحياناً على بعض البشر، فتمنحهم السعادة في وعاء من الكدر، وذلك لعلم نجهله وحكمة لا نستقيها، وكانت (باتيا) الصغيرة هي تلك السعادة التي مُنحناها من رحم الألم، والمعزي الذي سبق إلينا بالعزاء قبل أن يبدأ الحداد. (الشاذلي، ٢٠٢١، ص. ٩٥)

Death...

A word that is short in letters and easy to pronounce, yet it is capable of shaking the conscience and disturbing one's rest. I marveled that we do not feel it or remember it unless it snatches away a beloved one, or a relative with whom we shared experiences and life.

The catastrophe was immense. My father and mother wept over the passing of Sulaf with a genuine, bitter weeping. My paternal aunt, Bathsheba, shared their grief despite the misery and altercations that had existed between her and Sulaf. I felt, despite my youth, that fate can sometimes be cruel to certain human beings, granting them happiness within a vessel of distress, for reasons unknown to us and a wisdom we cannot glean. Little Batya was that very happiness granted to us from the womb of pain, the comforter who preceded us with consolation before the mourning had even begun. (Translated by Altalqni)

4.2.3.6 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.11

Metaphor Identification (MIP/MIPVU)

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
هز الوجدان <i>hazz al-wijdān</i> [shaking the inner self]	The physical shaking of a solid object by force, causing it to tremble.	The profound emotional disturbance produced by death; the inner self (<i>wijdān</i>) shaken as a building is shaken by an earthquake.	Structural: (DEATH IS A VIOLENT FORCE THAT SEIZES AND DISTURBS): the fact of death as a physical force shaking the inner self.
قض المضاجع <i>qaḍḍ al-maḍāji</i>	Making a sleeping surface coarse or	The destruction of peaceful sleep; death	Structural: (DEATH IS A VIOLENT

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
[shattering one's rest]	painful by introducing sharp pebbles.	disturbing the rest of the bereaved, the normal rhythm of life disrupted.	FORCE THAT SEIZES AND DISTURBS): death roughening the resting place, destroying the peace of sleep.
أختطف عزيزًا <i>ikhtaṭafa 'azīzan</i> [snatches away a beloved one]	The physical act of snatching or abducting, seizing someone and carrying them off by force.	Death taking a beloved person - the suddenness, the violence, the absence of consent; the person taken by force, not lost gently.	Ontological: (DEATH IS A VIOLENT FORCE THAT SEIZES AND DISTURBS): <i>ikhtaṭafa</i> , to snatch or abduct; death as an abductor seizing the beloved without consent.
الأقدار قد تقسو أحيانًا على البشر <i>al-aqdār qad taqsū aḥyānan 'alā al-bashar</i> [fate can sometimes be harsh]	A person or agent becoming physically harsh, hard, or cruel toward another.	Divine fate (<i>qadar</i>) acting with apparent harshness toward certain human beings; fate personified as an agent capable of harshness.	Ontological: (FATE IS A HARSH AGENT): the personification of divine predetermination as an agent that can treat human beings harshly.
السعادة في وعاء من الكدر <i>al-sa'āda fī wi'ā' min al-kadar</i> [happiness in a vessel of sorrow]	A liquid or substance held within a physical container.	Happiness given not in pure form but enclosed within, surrounded by, and made of grief; joy as content inside a container of sorrow.	Ontological / Container: (HAPPINESS IS CONTENT INSIDE A VESSEL OF GRIEF): the vessel itself made of <i>kadar</i> (sorrow); happiness held within something inherently sorrowful, the extract's central metaphor.
من رحم الألم <i>min raḥim al-alam</i> [from the womb of pain]	The physical uterus, the anatomical organ of gestation and birth.	Suffering as the generative source from which consolation and new life emerge; pain as the womb that brings forth blessing.	Structural: (CONSOLATION IS BORN FROM THE WOMB OF PAIN): <i>raḥim</i> as the generative space; blessing born from suffering, echoing the birth extract's <i>raḥim</i> .
بكاء صادقًا مرًا <i>bukā'an ṣādiqan murrān</i> [a sincere and bitter weeping]	Physically bitter taste, the sensation of bitterness on the tongue and palate.	The emotional quality of grief that is deeply felt and genuinely painful; bitterness as the taste of authentic	Ontological: (HAPPINESS IS CONTENT INSIDE A VESSEL OF GRIEF): the bitter taste (<i>murr</i>) مر of the <i>kadar</i> كدر

Lexical Unit (Arabic / English)	Basic Meaning	Contextual Meaning	CMT Type
		sorrow.	that fills the vessel; sorrow given the sensory quality of bitterness.
المعزي الذي سبق إلينا بالعزاء <i>al-mu‘azzī alladhī sabaqa ilaynā bi- al-‘azā’</i> [the consoler who reached us before the mourning began]	A person who arrives before another person or event.	Batya the infant arrives as a consoler before Sulaf’s death has produced the need for consolation; the consolation precedes the grief.	Structural: (CONSOLATION IS BORN FROM THE WOMB OF PAIN): the consoler born of the same pain that occasions the grief; consolation emerging from the womb of loss, arriving before the mourning it answers.
لعلم نجهله وحكمة لا نستقيها <i>la-‘ilmun najhaluhu wa- ḥikmatun lā nastaqīhā</i> [a knowledge we do not know and a wisdom we cannot draw upon]	Physically drawing water from a well, extracting liquid from a deep source with a bucket.	Divine wisdom as a deep well from which human understanding cannot reach to draw; wisdom deep, inaccessible, requiring a vessel we do not possess.	Structural: (DIVINE WISDOM IS A DEEP WELL BEYOND HUMAN REACH): <i>istaqā</i> , to draw water; divine wisdom as water in a deep well the human cannot reach.

4.2.3.7 Stage Two: Source/Target Domain Mapping

The nine metaphorically used expressions in this extract cluster around five major conceptual metaphors, presented in the consolidated mapping table below. The most analytically original, HAPPINESS IS CONTENT INSIDE A VESSEL OF GRIEF, receives the fullest discussion, since it constitutes the extract’s central and most distinctive contribution to the corpus.

Table 4.12*Source–Target Domain Mappings of the Metaphorical Expressions*

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
HAPPINESS IS CONTENT INSIDE A VESSEL OF GRIEF (central metaphor)	A container / vessel with content	The relationship between joy and sorrow	A vessel made of a specific material → sorrow (<i>kadar</i>) كدر, the very substance of which the container is made; the content held inside → happiness (<i>sa'āda</i>) سعادة, enclosed within the sorrow that contains it; the content cannot exist without the container → happiness cannot exist independently of the sorrow that holds it, born from grief rather than opposed to it; the vessel gives the content its shape → sorrow gives its character to the happiness it holds; the vessel of bitter material → the <i>kadar</i> tasted as bitterness (<i>bukā' murr</i>) بكاء مر; the vessel precedes its content → grief precedes the joy it makes possible.
DEATH IS A VIOLENT FORCE THAT SEIZES AND DISTURBS	A violent force that shakes, roughens, and abducts	Death's effect on the living and its taking of the beloved	A force that shakes a solid structure → death shaking the inner self (<i>hazz al-wijdān</i>) هز الوجدان; the roughening of a resting place → death destroying the peace of sleep (<i>qaḍḍ al-maḍāji</i>) قض المضاجع; the abductor who seizes by force → death snatching the beloved without consent (<i>ikhtaṭafa 'azīzan</i>) أختطف عزيزاً; the suddenness of the seizure → death as forcible removal rather than gentle departure; the absence left behind → the void in the family where Sulaf was.
CONSOLATION IS BORN FROM THE WOMB OF PAIN	The womb (<i>raḥim</i>) as generative organ	Suffering as the source of consolation and new life	The womb containing and nourishing developing life → pain ألم (<i>alam</i>), the generative space from which consolation emerges; the birth from the womb → the emergence of consolation from grief; no birth without a womb → no consolation without suffering; the child born of the womb → Batya, the consoler, born of the very loss she consoles; the consoler arriving before the mourning (<i>sabaqa bi-al-'azā</i>) سبق بالعزاء → the consolation formed in the womb of pain before the grief it answers has fully begun.

DIVINE WISDOM IS A DEEP WELL BEYOND HUMAN REACH	Drawing water from a deep well	Accessing divine wisdom	A deep well whose water lies far below → divine wisdom (<i>ḥikma</i>) حكمة, whose source is deep and inaccessible; drawing water (<i>istaqā</i>) أَسْتَقَى, requiring rope and bucket → accessing wisdom, requiring instruments human beings do not possess; the water that cannot be drawn → the wisdom that cannot be grasped, human capacity falling short; the water real but unreachable → divine wisdom real and operative in the world, yet beyond the reach of human reason alone.
FATE IS A HARSH AGENT	A person acting with harshness and cruelty	Divine predetermination (<i>qadar</i>)	An agent capable of harsh treatment → fate (<i>al-aqdār</i>) الأقدار acting harshly toward certain human beings; the harshness directed at particular targets → the apparent cruelty of fate toward some and not others; the agent's hidden motive → the divine wisdom behind the harshness, unknown to those who suffer it (<i>la-ilmun najhaluhu</i>) لَعَلَّمْ نَجْهَلُهُ; harshness that nonetheless serves a purpose → the sorrow that becomes the vessel of a hidden happiness, fate's cruelty as the outward face of a wisdom beyond reach.

The metaphor HAPPINESS IS CONTENT INSIDE A VESSEL OF GRIEF is the most analytically original container metaphor in the whole corpus. The emotional framework of the Western tradition tends to set happiness and sorrow in opposition: one may follow or precede the other, but they cannot coexist, being mutually exclusive. Elshazly's container metaphor reverses this schema entirely: happiness is not the opposite of sorrow but its content. Sorrow is not replaced by joy; it is, rather, the vessel that holds joy and makes it possible.

The word *kadar* كَدْر [distress] is significant for its connotation of turbidity, the cloudiness of water. The vessel is made not of a solid, transparent material but of one that discolours and clouds its contents. These equal the metaphor a step further: happiness in a vessel of grief is

happiness that is tinged, coloured, and made complex by the sorrow that holds it. Batya the infant is not simply good news but good news steeped in the pain that produced it.

The crucial lexical unit is the verb *ikhtaṭafa* أختطف [to snatch, abduct, or carry off by force]. It encodes death as an abductor, ready to seize the loved one without warning, without permission, and without gradualness - a predatory acquisition rather than a natural passage. By choosing *ikhtaṭafa* over any neutral term for dying, Elshazly figures death as an abductor that snatches the beloved away, framing loss as a violent and unconsented seizure rather than a gentle release. Notably, it is death, not illness that is figured through this forcible image: THE ILLNESS IS WAR model that structures Western biomedical discourse is not invoked; the violence here belongs to the moment of loss, not to disease.

The metaphor *min raḥim al-alam* من رحم الألم [from the womb of pain] is the single most concentrated metaphor in Elshazly's two extracts. The word *raḥim* [womb] is among the most structurally significant in the Arabic language, functioning at once as a biological term, a theological category, and a metaphor for the generative capacity of suffering. The womb is the place of gestation and life, where new life is formed from the body's own resources and brought forth from what was not yet life. In this metaphor, pain is not the enemy of new life but its womb, from which consolation is born. In the story, the metaphor takes a literal turn as well: Batya is the issue of a real experience of grief, Sulaf's death and Batya's birth being bound together both temporally and existentially.

The theological dimension of this metaphor runs deep. The trilateral root *r-ḥ-m* is shared by *raḥim* [womb], *al-Raḥmān* [the Compassionate], and *raḥma* [mercy]. The formula *Bismillāh al-Raḥmān al-Raḥīm* بسم الله الرحمن الرحيم [In the name of God, the Compassionate, the Merciful]

opens the Glorious Qur'an and stands at the head of every sura but one (Ali, 1934/2004, 1:1), so that the vocabulary of mercy frames the text as a whole. A long tradition of Qur'anic exegesis has drawn on this etymological link to describe divine mercy in maternal terms, as that by which new life is produced, held, nurtured, and released. By saying that Batya was given *min raḥim al-alam* [from the womb of pain], Elshazly draws together the anatomical fact of birth, the metaphorical notion of suffering as the generative matrix of blessing, and the theological notion of suffering as the womb of God's *raḥma* in the world. As an orthopaedic surgeon, whose practice turns on the body's capacity to heal and remodel itself after fracture, Elshazly grounds the metaphor in a second, clinical register as well: he knows professionally that rupture and repair are phases of a single process, and that the body's most devastating breaks are also the occasions of its most consequential renewals. Three registers - clinical, metaphorical, and theological - meet in three words: *min raḥim al-alam*.

Finally, *lā nastaqīhā* لَا نَسْتَقِيهَا [we cannot draw upon it] derives from the verb *istaqā*, to draw water from a well or spring. It summons a classical Arabic image: the deep well of wisdom (*bi'r al-ḥikma*) بئر الحكمة, which yields only to those who possess the right vessel. The phrase *la-ʿilmun najhaluhu wa-ḥikmatun lā nastaqīhā* لَعَلَّمْ نَجْهَلُهُ وَحِكْمَةٌ لَا نَسْتَقِيهَا [for a knowledge we do not know and a wisdom we cannot draw upon] expresses a distinctively Islamic epistemological humility: divine knowledge and wisdom are present in the world in ways that exceed our knowing and our capacity to grasp. The harshness of fate, the family's grief, and the arrival of the consoling infant are all, in this view, part of a divine economy that the human being may experience but never fully comprehend.

4.2.3.8 Stage Three: Cultural Schema Identification

These metaphors are grounded in a set of culturally established schemas that the extract activates and on which its imagery relies. In keeping with Elshazly's religious formation, these schemas are drawn from the Islamic theological and literary tradition.

The governing schema is *qadar* قدر [divine predetermination] understood as an active agency: *al-aqdār taqsū ahyānan 'alā al-bashar* الأقدار تقسو أحياناً على البشر [fate sometimes deals harshly with people] personifies the predetermining power as *qadar* and ascribes to it specific decisions about specific individuals. Here *qadar* is not doctrine but a tangible reality felt in the narrator's grief - a harshness that is purposeful, part of God's order, yet beyond human understanding.

A second schema is *ḥikma* حكمة [divine wisdom] as an unreachable depth: *la-'ilmun najhaluhu wa-ḥikmatun lā nastaqīhā* لعلم نجهله وحكمة لا نستقيها [a knowledge we do not know, a wisdom we cannot draw upon]. The distinction between human knowledge *ilm* (علم) and divine wisdom (*ḥikma*) - the knowledge of why things happen, which is not open to reason but operates within events - is drawn repeatedly in the Glorious Qur'an.

A third schema is that of *'azā'* عزاء [consolation] drawn from the very substance of grief. Where the metaphor of the grief-vessel (analysed above) supplies the image, the underlying schema is a distinctively Islamic mode of mourning in which the community grieves and consoles at once rather than in sequence: joy is not the opposite of grief but is drawn from within it. The consolation is not external to the loss but is generated by it.

Closely related is the schema of suffering as generative, rooted in the semantics of the trilateral root *r-h-m*. Where the metaphor *min raḥim al-alam* من رحم الألم [from the womb of pain]

supplies the image, the schema beneath it gathers *raḥim* [womb], *raḥma* [mercy], and *al-Raḥmān* [the Compassionate] into a single semantic field. A long tradition of Qur'anic exegesis has read divine mercy in maternal terms - as the producing, holding, and releasing of life - so that the anatomical, the ethical, and the divine meet in one root. This is among the most theologically dense moments in the corpus.

The passage also draws on the schema of the classical Arabic elegy, رثاء *rithā*'. Where the metaphor of death as abduction أختطف عزيزاً (*ikhtaṭafa 'azīzan*) supplies the image, the schema behind it is the elegiac tradition in which death arrives suddenly and without permission, seizing the beloved rather than gently releasing them. Elshazly's *ikhtaṭafa* activates this inherited elegiac register, in which loss is figured as a sudden, unconsented taking.

Finally, the passage turns on the schema of divine providence that precedes the wound: المعزي الذي سبق إلينا بالعزاء *al-mu'azzī alladhī sabaqa ilaynā bi-al-'azā' qabla an yabda'a al-ḥidād* [the consoler who reached us before the mourning began]. In this schema, divine providence lays out the remedy before the wound is inflicted: Batya arrives before the mourning for Sulaf has begun, the consolation prepared in advance of the grief it answers.

4.3 Part Two: The European Physician-Writers

4.3.1 Analysis of Doyle's Collection of Short Stories *Round The Red Lamp*

4.3.1.1 Extract Seven: 'The Curse of Eve'

As the early morning drew in, Johnson, sick at heart and shivering in every limb, sat with his great coat huddled round him, staring at the grey ashes and waiting hopelessly for some relief. His face was white and clammy, and his nerves had been numbed into a half-conscious state by the long monotony of misery. But suddenly all his feelings leapt into

keen life again as he heard the bedroom door open and the doctor's steps upon the stair. Robert Johnson was precise and unemotional in everyday life, but he almost shrieked now as he rushed forward to know if it were over.

One glance at the stern, drawn face which met him showed that it was no pleasant news which had sent the doctor downstairs. His appearance had altered as much as Johnson's during the last few hours. His hair was on end, his face flushed, his forehead dotted with beads of perspiration. There was a peculiar fierceness in his eye, and about the lines of his mouth, a fighting look as befitted a man who for hours on end had been striving with the hungriest of foes for the most precious of prizes. But there was a sadness too, as though his grim opponent had been overmastering him. He sat down and leaned his head upon his hand like a man who is fagged out. (Doyle, 1894, paras. 42-43)

4.3.1.2 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.13

Metaphor Identification (MIP/MIPVU)

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
sick at heart	Sick: physically unwell, nauseated; the heart: the muscular organ in the chest.	Johnson's emotional anguish encoded as a physical sickness located in the heart; dread and grief experienced as a bodily illness of the affective organ.	Ontological: (EMOTIONAL SUFFERING IS PHYSICAL AFFLICTION OF THE BODY): fear and grief as a literal illness located in the heart.
his nerves had been numbed into a half conscious state	Numbed: deprived of physical sensation, as a limb is numbed by cold.	Prolonged emotional exhaustion encoded as a numbing of the nerves; sustained suffering deadening sensation as cold deadens a limb.	Structural: (EMOTIONAL SUFFERING IS PHYSICAL AFFLICTION OF THE BODY): emotional exhaustion as physical anaesthesia, the capacity to feel deadened by misery.
all his feelings leapt into keen life again	To leap into life: the sudden vital motion of a living creature; keen:	The numbed emotions reviving abruptly at the sound of the door; feelings as living creatures dormant and now	Ontological: (EMOTIONAL SUFFERING IS PHYSICAL AFFLICTION OF THE BODY): the emotions as

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
	sharp-edged, as a blade.	springing up, sharp and alive.	dormant living things that leap into life, the return of sensation as a waking.
he almost shrieked ... as he rushed forward	To shriek: the sharp involuntary cry of acute distress or terror.	Civilised restraint breaking under strain, the “precise and unemotional” man brought to the edge of an animal cry; the social surface stripped by primitive fear.	Structural: (EMOTIONAL SUFFERING IS PHYSICAL AFFLICTION OF THE BODY): the near-shriek as elemental terror breaking through the controlled commercial self.
the stern, drawn face	Drawn: pulled tight, contracted, as a cord or bow is drawn.	The doctor’s face contracted by exhaustion and grave knowledge; strain as a physical force that pulls and tightens the features, and the first sign Johnson reads.	Ontological: (THE BODY IS A TEXT TO BE READ): the drawn face as a legible sign, strain tightening the features into a message Johnson decodes.
no pleasant news which had sent the doctor downstairs	News: a piece of information; here an agent with power to “send” a person.	The grave condition upstairs encoded as an agent that “sends” the doctor down; the news read directly from his face before a word is spoken.	Ontological: (THE BODY IS A TEXT TO BE READ): the news legible in the physician’s appearance, communicated by the body before speech.
His hair was on end ... forehead dotted with beads of perspiration	Literal physical description of the doctor’s dishevelled, sweating appearance.	The physician’s body read as a record of the struggle just endured; the disordered hair and sweat as legible signs of prolonged exertion.	Ontological: (THE BODY IS A TEXT TO BE READ): the physician’s physical state as readable evidence of the combat, decoded as Johnson decodes it.
a peculiar fierceness in his eye	Fierceness: the savage, aggressive intensity of a wild animal or a combatant.	The doctor’s expression encoded through the ferocity of a fighting creature, the gentle GP transfigured by the struggle into something fierce and combative.	Ontological: (CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A COMBATANT): the clinician’s intensity as martial ferocity, medical effort as a fight that transfigures the fighter.
a fighting look as befitted a man	A fight: physical combat against an opponent;	The doctor’s sustained medical effort encoded explicitly as fighting and	Structural: (CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
who ... had been striving	striving: contending with great effort.	striving; the confinement as a combat waged for hours.	COMBATANT): the clinical struggle as literal fighting, the explicit anchor of the extract's governing metaphor.
the hungriest of foes	A foe: an enemy in combat; hungry: craving food, driven by appetite to consume.	Death, the mortal danger of the confinement, encoded as a ravenous enemy driven by appetite to consume its prey.	Ontological: (CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A COMBATANT): mortal danger personified as a ravenous combatant, the threat to mother and child as a foe driven to devour.
the most precious of prizes	A prize: an object of value won or contended for in a contest.	The life of the mother (and child) encoded as a prize, the object contended for in the combat; life as the trophy of a struggle.	Structural: (CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A COMBATANT): the survival of mother and child as the trophy contended for, the confinement a contest with life as the stake.
his grim opponent had been overmastering him	An opponent: one who contends in a fight; to overmaster: to defeat, to gain the upper hand by force.	Death encoded as the doctor's personal opponent in a physical contest, a grim adversary that has, for stretches of the night, been winning.	Structural: (CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A COMBATANT): the medical struggle as single combat, the doctor at moments overmastered, the outcome in doubt.
like a man who is fagged out	Fagged out: physically exhausted, worn down by hard labour.	The doctor's exhaustion at the end of the struggle, a simile encoding the aftermath of medical effort as the spent state of a man after hard combat.	Structural: (CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A COMBATANT): the physician's spent collapse into the chair as the toll of the fight, the body emptied by the contest.

4.3.1.3 Stage Two: Source/Target Domain Mapping

The thirteen metaphorically used expressions cluster around three major conceptual metaphors, set out in the consolidated mapping table below: the governing **CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A COMBATANT**, together with **THE BODY IS A TEXT TO BE READ** and **EMOTIONAL SUFFERING IS PHYSICAL AFFLICTION OF THE BODY**.

Table 4.14

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A COMBATANT (GOVERNING)	Single combat against a ravenous enemy	The dangerous confinement	The hungry foe driven to consume its prey → death, “the hungriest of foes,” craving to consume mother and child; the combatant who strives for hours → the doctor who “for hours on end had been striving,” standing between the foe and its prey; the grim opponent that overmasters the combatant → death gaining the upper hand, “his grim opponent had been overmastering him,” the outcome uncertain; the prize contended for → “the most precious of prizes,” the life of mother and child; the marks of exertion on the fighter’s body → the “fierceness in his eye,” the “fighting look”; the combatant fagged out after the fight → the doctor “like a man who is fagged out.”
THE BODY IS A TEXT TO BE READ	A text or record that is read and decoded	The physician’s face and body	The glance that takes in a written message at once → Johnson’s “one glance” at the doctor’s face, which “showed” the news before a word; the legible signs that carry the message → the “stern, drawn face,” “hair on end,” “beads of perspiration,” each a sign to be read; the news that “sends” the reader its content → the grave situation legible in the face before speech; the reader who decodes the record → Johnson,

			extracting from the physician's body the gravity upstairs; the message conveyed without speech → the news communicated entirely through appearance before dialogue begins.
EMOTIONAL SUFFERING IS PHYSICAL AFFLICTION OF THE BODY	Physical sickness, numbness, and dormancy of the body	Johnson's emotional and mental state	Physical sickness located in the heart → Johnson "sick at heart," dread and grief as a literal illness of the affective organ; the numbing of the nerves by cold → his "nerves ... numbed into a half conscious state," prolonged misery as anaesthesia of feeling; living creatures dormant then springing into motion → his "feelings leapt into keen life again," the numbed emotions as sleeping things reawakening; the involuntary cry at the limit of endurance → his near-shriek, the "precise and unemotional" surface broken through by elemental distress.

The story's title, '*The Curse of Eve*,' invokes the Biblical framing of Genesis 3:16, in which the pain of childbirth is figured as the curse inherited from Eve. Whatever Doyle's own stance toward that framing, the extract does not make it explicit, the passage renders the confinement through the language of combat: the doctor strives "for hours on end" with "the hungriest of foes" for "the most precious of prizes," his "grim opponent" at moments "overmastering him." The mapping is CHILDBIRTH IS COMBAT rather than ILLNESS IS WAR: the martial frame encloses the danger of the confinement and the figure of the labouring physician, not disease as such.

Doyle deploys this martial frame with a crucial and analytically significant displacement: it is not the labouring woman who is shown fighting. Her body - the actual site of the struggle - is wholly absent from the extract; she is upstairs, unseen, and the entire passage stays with the figure of the exhausted doctor. The combat is encoded not within the patient but between the physician and "the hungriest of foes," with the woman's life as the "prize" they contend for -

fought over, but not by her. The whole passage is one sustained reading of the doctor's body, an account of a battle inferred from its aftermath: Johnson reads the "fighting look," the "fierceness," the sweat and the disordered hair as one reads a soldier returning from the front.

The extract first registers Johnson's apprehension - the change from a precise, unemotional man to one on the brink of a shriek - and then turns to an act of interpretation: "One glance at the stern, drawn face ... showed that it was no pleasant news." What is seen becomes the story still to come, a catalogue of the doctor's body deciphered sign by sign. Here the physician-writer's characteristic schema is put to an uncharacteristic use. In the clinical gaze that turns the patient's body into the object of medical reading (Foucault, 1973), it is the patient who is observed; but Doyle reverses the vector, making the layman the observer and the doctor's body the thing observed. The physician goes up to read the labouring woman's body and comes down only to be read himself. The metaphor THE BODY IS A TEXT TO BE READ thus works in two directions at once: the physician, ordinarily the interpreter, becomes the interpreted, and the waiting husband becomes the reader - a precise articulation of Doyle's double identity as doctor and writer.

Doyle renders Johnson's inner journey in a consistently clinical, somatic vocabulary: he is "sick at heart," his "nerves" are "numbed," his feelings pass through "a half conscious state" and then "leap into keen life." Affective pangs are translated into a sequence of bodily and nervous states, the diagnostic gaze trained upon grief and dread. The contrast across the corpus is instructive: where Sacks renders neurological loss in the language of bereavement, Doyle does the reverse, rendering emotional suffering in the somatic vocabulary of the clinic. What matters most for the present study is that neither the labouring woman's body nor a patient's is fully present on the page, the waiting husband's is, and Doyle gives that suffering the texture of a

diagnosis. At the level of the larger story, this is the point at which Johnson completes his metamorphosis from a soulless creature of commerce into a man broken open by the mighty, primitive passions.

The contrast with the Arabic corpus is at its sharpest here, for the same clinical event - a birth = is encoded by Elshazly not as combat but as *rahma* [mercy], the compassion the tradition derives from the *rahim* [womb]. The same rupture that Doyle's physician meets as a foe to be fought, Elshazly's narrator receives as a ripe fruit splitting open and a consolation born *min rahim al-alam* [from the womb of pain]. Two physician-writers, confronting the identical event, reach for opposite domains - combat on the one hand, mercy and generation on the other. Doyle thus stands as the clearest instance in the study of a physician-writer who conceives clinical struggle in the language of war: the European pole against which the Arabic turn away from that model is most sharply visible.

4.3.1.4 Stage Three: Cultural Schema Identification

The conceptual metaphors of the passage rest in turn on a number of culturally specific schemas, which may be listed as follows.

The extract is set within the schema of *CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A COMBATANT*, in which the threat to life is an enemy and the clinical act a fight: the doctor has "a fighting look," "striving with the hungriest of foes for the most precious of prizes," his "grim opponent ... overmastering him," until he is at last "fagged out" (Doyle, 1894a, paras. 42–43). The same martial coding recurs elsewhere in *Round the Red Lamp*: as surgery is coded in 'His First Operation' and the dying soldier in 'A Straggler of '15,' so the

physician is figured as a combatant and the danger to life as an enemy. This schema does not organise the encoding of suffering in the Arabic extracts, where it is systematically replaced: by *hiba* [the gift of life] and *ibtilā'* [divine trial] in Elshazly and al-Hili, and by social and cosmological schemas in Taj al-Sir.

A second schema is that of the curse of Eve, in which the title itself frames confinement as an inherited suffering. It rests on the verse from the King James Bible (1769/2017): “in sorrow thou shalt bring forth children” (Genesis 3:16). Yet the theology is summoned only in the title; in the narration there is not a single theological term, only the language of combat and exhaustion. The analytically important fact is precisely this withholding: the theological frame is named in the title and then withheld from the telling, the reader is left to supply the curse the narration never speaks.

Closely related is the schema of the body as a text and the clinical gaze reversed: “one glance at the stern, drawn face ... showed” the news, the physician’s body read sign by sign by the waiting layman. The trained reading of a body for signs - the clinical gaze described by Foucault (1963/1973) - is here turned back upon the physician himself, an elaboration that the physician-writer is uniquely placed to make.

The schema of the physician as heroic professional is present as well: the doctor “striving ... for hours on end,” transfigured into a figure of “fierceness,” spends himself in the cause of saving life. This late-Victorian model of the doctor as heroic public servant is the inverse of Chekhov’s schema of the professional as a butcher: where Chekhov collapses the clinician into the slaughterer, Doyle elevates him into the heroic combatant. The two European writers thus

stand on opposite sides of the same martial vocabulary - one exalting the medical fighter, the other exposing him - while the Arabic writers step outside that vocabulary altogether.

A final schema is the late-Victorian realist conviction that crisis reveals the “primitive passions” concealed beneath modern commercial routine. The passage carries Johnson to the very edge of a shriek and then down to the reading of a face for news he cannot bring himself to ask after directly: the precise and unemotional man is “sick at heart,” his nerves “numbed ... by the long monotony of misery.” He begins as a soulless creature of commerce and becomes the pivot of the story’s transformation.

4.3.1.5 Extract Eight: ‘*A Straggler of ’15*’

They had left him for an instant and were sitting in the front room, where Norah was preparing tea, when of a sudden they heard a shout that rang through the house. Loud and clear and swelling, it pealed in their ears—a voice full of strength and energy and fiery passion. ‘The Guards need powder!’ it cried; and yet again, ‘The Guards need powder!’ The sergeant sprang from his chair and rushed in, followed by the trembling Norah. There was the old man standing up, his blue eyes sparkling, his white hair bristling, his whole figure towering and expanding, with eagle head and glance of fire. ‘The Guards need powder!’ he thundered once again, ‘and, by God, they shall have it!’ He threw up his long arms, and sank back with a groan into his chair. The sergeant stooped over him, and his face darkened.

‘Oh, Archie, Archie,’ sobbed the frightened girl, ‘what do you think of him?’

The sergeant turned away. ‘I think,’ said he, ‘that the Third Guards have a full muster now.’ (Doyle, 1894, paras. 138-141)

4.3.1.6 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.15

Metaphor Identification (MIP/MIPVU)

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
a shout ... Loud and clear and swelling, it pealed in their ears	To peal: the loud, resonant ringing of a bell.	The old man's dying shout encoded through the sound of a great bell, the voice ringing with the resonance and reach of a peal, filling the house.	Structural: (DEATH IS ANSWERING THE LAST MUSTER): the final shout as a bell's peal, both a summons to the roll and the tolling that marks a death.
The Guards need powder!	Powder: gunpowder, the munitions needed to keep firearms in action in battle.	Brewster's dying cry returns him to Hougoumont, 1815, where the Guards ran short of powder; in the narrative frame, the dying man's reabsorption into the battle of his youth.	Structural: (DEATH IS ANSWERING THE LAST MUSTER): the threshold of death as the soldier's re-entry into the defining engagement, dying is returning to the decisive battle, the path by which he reports for the roll.
his whole figure towering and expanding	Towering: rising to a great height; expanding: growing larger in physical extent.	The shrunken, "worn out" old body encoded, in the instant of death, as growing tall and large, momentarily restored to the magnitude of his soldier's prime.	Orientational / Structural: (THE DYING SOLDIER IS TRANSFIGURED INTO AN EMBLEM OF MARTIAL POWER): the upward and outward growth encoding a restoration of stature; death's approach encoded as enlargement rather than diminution.
with eagle head and glance of fire	Eagle: the bird of prey, emblem of martial power and keen sight; fire: the element of heat and light, here in the eyes.	The old man's head and gaze encoded through the eagle (martial nobility, predatory keenness) and through fire (fierce vital energy), the dying veteran transfigured into an emblem of warlike power.	Ontological: (THE DYING SOLDIER IS TRANSFIGURED INTO AN EMBLEM OF MARTIAL POWER): the veteran transfigured into emblems of martial nobility and fierce energy at the instant of death.
he thundered once again	To thunder: to produce the loud, deep	Brewster's dying command encoded as thunder, the voice given the volume and	Structural: (THE DYING SOLDIER IS TRANSFIGURED INTO AN

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
	sound of thunder, a force of nature.	elemental power of a storm, the last words carrying the force of nature itself.	EMBLEM OF MARTIAL POWER): the dying soldier's last cry as an elemental force, his command carrying the power of a natural phenomenon.
sank back with a groan into his chair	To sink: to descend, to subside downward under one's own weight.	The old man's collapse at the moment of death, the downward motion encoding the extinction of the strength that had a moment before made him "tower."	Orientational: (THE DYING SOLDIER IS TRANSFIGURED INTO AN EMBLEM OF MARTIAL POWER): the sinking as the reverse face of the towering, the emblem raised for an instant, then let fall; transfiguration and collapse the two motions of the one dying moment.
his face darkened	To darken: to become dark; the withdrawal of light from a surface.	The sergeant's expression as he reads the signs of death, the face encoded as a surface from which light withdraws; grief and grave knowledge as a darkening.	Structural: (DEATH IS ANSWERING THE LAST MUSTER): the sergeant's comprehension as light leaving his face, the reading of the completed roll, the recognition that the muster is now full.
the Third Guards have a full muster now	Muster: the formal assembly of a military unit for the calling of the roll, at which every soldier is accounted present.	Brewster's death encoded as the moment that completes the regiment's roll, the last living veteran of the Third Guards of 1815 now joining his comrades, so that the regiment is at last entire.	Structural: (DEATH IS ANSWERING THE LAST MUSTER): the central metaphor of the extract, dying as the soldier's final reporting for the roll-call; the regiment of the dead made complete by the last man's arrival.

4.3.1.7 Stage Two: Source/Target Domain Mapping

The eight metaphorically used expressions cluster around two major conceptual metaphors, presented in the consolidated mapping table below. The governing schema is DEATH IS ANSWERING THE LAST MUSTER, dying as the completion of military service with which the transfiguration of the dying soldier is intimately bound.

Table 4.16*Source–Target Domain Mappings of the Metaphorical Expressions*

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
DEATH IS ANSWERING THE LAST MUSTER (governing; incorporating DYING IS RETURNING TO THE DECISIVE BATTLE)	Military service, battle, and the muster roll	Ageing, dying, and death	The decisive battle of the soldier's career - Hougoumont, 1815, where "the Guards need powder" → the moment of dying, encoded as Brewster's re-entry into the defining engagement of his life; the soldier's shouted command in the heat of action → Brewster's dying cry, "and, by God, they shall have it!"; the straggler, separated from his unit and not yet returned ("here am I a straggler ... I'm here when I ought to be there") → the last living veteran who has outlived his regiment and waits to rejoin it; the peal of the bell and the darkening face that reads the signs → the summons to the roll and its recognition by the witness; the muster, at which the roll is called and every soldier accounted present → death, the moment Brewster reports for the roll; the full muster, the complete regiment with none missing → the regiment of the dead made entire, "the Third Guards have a full muster now," because the last straggler has come in.
THE DYING SOLDIER IS TRANSFIGURED INTO AN EMBLEM OF MARTIAL POWER	Emblems of martial power and elemental force	The body and voice of the dying veteran	The eagle, emblem of martial nobility and keen sight → Brewster's "eagle head," his bearing transfigured into the regimental emblem; fire, the element of fierce heat and vital energy → his "glance of fire" and "fiery passion," the dying eyes burning with martial energy; thunder, the vast commanding sound of the storm → his voice that "thundered" and "pealed," the dying command given the force of a natural phenomenon; the towering, expanding figure of great stature → the "worn out" body "towering and expanding," the shrunken veteran momentarily restored to a soldier's magnitude; the raised emblem let fall → the figure that "sank back" into the chair, the transfiguration and the collapse the two motions of the single dying instant.

The organising metaphor of the extract, and indeed of the whole story, is DEATH IS ANSWERING THE LAST MUSTER. It is built up across the story and fulfilled in its final words. Earlier, Brewster tells the sergeant that he is a straggler - "I'm here when I ought to be there. But it ain't my fault neither, for I'm ready to fall in when the word comes" (Doyle, 1894b, para. 81) - and later insists to the colonel that he is no civilian but a guardsman, asking for "a flag and a firing party" (Doyle, 1894b, para. 134). The sergeant's closing words, "the Third Guards have a full muster now" (Doyle, 1894b, para. 141), complete the pattern: Brewster's death is not an ending but an arrival - the straggler falling in at last, the regiment's roll made whole.

This is structurally parallel to the encoding of death in Elshazly and al-Hili, where dying discharges an *amāna* [a sacred trust] and opens the crossing into *al-ākhirā* [the hereafter]. Both Doyle and these two writers decline to see death as a merely biological end; both locate it within a system of binding commitment in which death is the moment a responsibility is discharged or a destination reached. The difference lies in the ground of the commitment: for Doyle it is the chivalric-military tradition, the regiment and its commanders; for Elshazly and al-Hili it is God and the covenant. The structure is the same while the cultural content differs.

At the moment of his death the old man is transfigured. Earlier in the story, the doctor had described his body in clinical terms - arteries that are "pipes of lime" and a heart "shrunk and flabby" (Doyle, 1894b, para. 68). In the extract, that body is transformed: his "whole figure towering and expanding, with eagle head and glance of fire" (Doyle, 1894b, para. 139). His voice, which "pealed in their ears" (Doyle, 1894b, para. 138), thunders out the command of Hougoumont one last time. The martial-emblematic encoding does not simply cancel the physiological reality established earlier; it is laid over it, and the deliberate distance between the two - the worn-out body and the towering emblem - is the extract's analytical point.

This is the double vision characteristic of the physician-writer, and in Doyle it takes the form of fusion: he is at once the doctor who diagnoses the failing heart and the writer struck by the transfigured form of the old warrior become the emblem of his regiment. The two encodings are held together rather than set irreconcilably against each other; they are the two faces of Doyle's integrative vision, in which clinical fact and chivalric meaning belong to a single scene. The clinical truth is not denied but transcended - the same integrative movement, structurally, that unites surgeon and theologian in Elshazly, though here the writerly vision is chivalric rather than religious.

4.3.1.8 Stage Three: Cultural Schemas Identification

The mappings above are underpinned by a set of cultural schemas transmitted within the tradition to which the writer belongs.

Foremost is the schema of DEATH AS THE COMPLETION OF THE REGIMENTAL ROLL, death received as a battlefield command: "the Third Guards have a full muster now" (Doyle, 1894b, para. 141). This Christian-chivalric model of the 'good death,' with roots in the medieval *ars moriendi* and in British regimental culture, views death as the moral culmination of a life rather than its disruption - structurally akin to the encoding of death in Elshazly and al-Hili as the discharge of *amāna* and the crossing into *al-ākhira*.

Nearly as significant is REGIMENTAL IDENTITY AS PERSONAL ESSENCE: Brewster is woven wholly into the fabric of his regiment rather than into a private biography: "I'm not a civilian; I'm a guardsman" (Doyle, 1894b, para. 134). He belongs to the late-Victorian British schema that locates the essential self in the regiment, beyond the bounds of individual life-story,

structurally like *al-umma* [the nation] schema drawn on by the Arabic extracts; both traditions decline a purely individualist self and lodge it in a collective body.

Here too the STRAGGLER AWAITING REINCORPORATION waits: “here am I a straggler ... ready to fall in when the word comes” (Doyle, 1894b, para. 81), that is, the final ‘full muster.’ In the last moments before his unit re-forms, the veteran who has outlived all his comrades is a straggler in time, and death the longed-for command to ‘fall in’: a particular elaboration of LIFE IS A TERM OF SERVICE.

The passage also frames THE PHYSICIAN AS WITNESS TO THE GOOD DEATH: though absent from the final scene, the doctor’s verdict - “Ninety years ails him ... [t]he man is worn out” (Doyle, 1894b, para. 68) - sets its terms, while the sergeant performs the witnessing, reading the signs and pronouncing over the body. Doyle distributes the European role of authoritative death-witness across two figures, clinical certification by the physician earlier, moral-ceremonial witness by the old soldier at the end, making both the province of the physician-writer’s vision.

Equally visible is THE DEATHBED AS THRESHOLD OF TRANSFIGURATION: the shrunken body briefly expanded at the moment of death, “with eagle head and glance of fire” (Doyle, 1894b, para. 139). Although the Christian deathbed-vision schema is here secularised - the transfiguration is martial rather than beatific, the eagle and the fire standing in for the light of grace - the deathbed remains, in Doyle, a threshold of heightened, revelatory intensity.

4.3.2 Analysis of Chekhov's Novella *Ward No. 6*

4.3.2.1 Extract Nine: 'Section III'

People who have an official, professional relation to other men's sufferings—for instance, judges, police officers, doctors—in course of time, through habit, grow so callous that they cannot, even if they wish it, take any but a formal attitude to their clients; in this respect they are not different from the peasant who slaughters sheep and calves in the back-yard, and does not notice the blood. With this formal, soulless attitude to human personality the judge needs but one thing—time—in order to deprive an innocent man of all rights of property, and to condemn him to penal servitude. Only the time spent on performing certain formalities for which the judge is paid his salary, and then—it is all over. Then you may look in vain for justice and protection in this dirty, wretched little town a hundred and fifty miles from a railway station! And, indeed, is it not absurd even to think of justice when every kind of violence is accepted by society as a rational and consistent necessity, and every act of mercy—for instance, a verdict of acquittal—calls forth a perfect outburst of dissatisfied and revengeful feeling? (Chekhov, 1892/1921, Section III, para. 1)

4.3.2.2 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.17

Metaphor Identification (MIP/MIPVU)

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
professional relation to other men's sufferings	A relation: a formal connection between persons or institutions; professional: relating to one's paid occupation.	The institutional encounter with human suffering encoded as a "relation" rather than as a personal or moral encounter - the formal, habituated stance of the professional toward those he processes.	Structural: (THE PROFESSIONAL IS A BUTCHER): the professional's formal relation to suffering as the butcher's habituated relation to the livestock he kills.
grow so callous	A callus: a thickened,	The moral hardening of the professional through	Structural: (THE MORAL SENSE IS

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
	hardened patch of skin formed by repeated friction.	repeated exposure to suffering, encoded through the dermatological metaphor of callus formation.	LIVING TISSUE THAT CALLUSES): the moral capacity as a sensitive tissue made hard and insensitive through repeated friction.
cannot, even if they wish it, take any but a formal attitude	A formal attitude: a stance of procedural correctness rather than personal engagement; the involuntary loss of the capacity to take a different attitude.	The professional's loss of moral choice: he cannot escape the formal attitude even if he wishes to; the moral degradation is constitutive, not merely habitual.	Structural: (THE MORAL SENSE IS LIVING TISSUE THAT CALLUSES): the hardened tissue as irreversible - "they cannot, even if they wish it, take any but a formal attitude" - the callus constitutive rather than optional.
the peasant who slaughters sheep and calves ... and does not notice the blood	The peasant butcher's daily routine; the visual habituation produced by repeated exposure to slaughter.	The professional in his soulless attitude encoded as the peasant butcher - the judge, doctor, or police officer reduced to a butcher of human lives.	Structural: (THE PROFESSIONAL IS A BUTCHER): the most analytically devastating single expression, the equivalence of routine professional violence and routine livestock slaughter.
deprive an innocent man of all rights of property	To deprive: to take away by force or authority.	The judicial process encoded through the vocabulary of theft - the institutional taking as a moral robbery, the first stage of the procedural destruction.	Structural: (HUMAN CATASTROPHE IS A BUREAUCRATIC TRANSACTION): the taking of property as one procedural step in the transaction that destroys the innocent man.
condemn him to penal servitude	To condemn: to pass a sentence of punishment; penal servitude: forced labour as criminal punishment.	The judicial action encoded with the moral and theological force of condemnation; penal servitude as the secular equivalent of damnation, the second stage of the destruction.	Structural: (HUMAN CATASTROPHE IS A BUREAUCRATIC TRANSACTION): the sentence of servitude as a further procedural step, a secular process carrying the weight of damnation.
Only the time spent on	Time spent; formalities; salary;	The catastrophic destruction of a human life	Structural: (HUMAN CATASTROPHE IS

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
performing certain formalities ... and then—it is all over	it is all over.	reduced to a sequence of temporal procedural acts compensated by salary; the bureaucratic banality of institutional violence.	A BUREAUCRATIC TRANSACTION): the destruction of a life as a procedural sequence with duration and financial compensation, the anchor of the metaphor.
every act of mercy ... calls forth a perfect outburst of dissatisfied and revengeful feeling	An act of mercy: a deliberate withholding of justified punishment; outburst: an explosion of emotion.	A society so habituated to violence that acts of mercy provoke outrage rather than gratitude; mercy recast as an incitement that detonates communal resentment.	Structural: (MERCY IS A PROVOCATION OF COMMUNAL RAGE): mercy encoded as a provocation and the community's response as an explosion ("outburst"), the whole moral order inverted around the normalisation of violence.

4.3.2.3 Stage Two: Source/Target Domain Mapping

The eight metaphorically used expressions cluster around four major conceptual metaphors, presented in the consolidated mapping table below. The most analytically devastating is THE PROFESSIONAL IS A BUTCHER.

Table 4.18

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
THE PROFESSIONAL IS A BUTCHER (doctor, judge,	The peasant butcher	Doctors, judges, police officers	The peasant whose daily labour is the killing of livestock → the professional whose daily labour is dealing with human suffering, judgement, and harm; slaughtering sheep and calves → the daily

police officer)			routine of clinical examination, judicial sentencing, police arrest; not noticing the blood, the perceptual and moral habituation of repeated exposure → not noticing the suffering, the habituation that produces a “formal, soulless attitude to human personality”; the back-yard, the private space where slaughter occurs out of view → the hospital, courtroom, and police station, where suffering is processed out of public moral oversight; the peasant who is not malicious but merely habituated → the professional who is not malicious but merely habituated, the moral failure structural and produced by professional formation itself.
THE MORAL SENSE IS LIVING TISSUE THAT CALLUSES	Skin tissue and callus formation	The moral sense	Living skin, sensitive tissue that responds to touch and pain → the moral sense, the capacity to register the suffering of others; repeated friction, the stimulus that produces a callus → repeated professional exposure to suffering, the sustained moral friction of clinical, judicial, and police work; callus formation, the hardening that protects against damage but ends sensitivity → moral hardening, the loss of moral sensitivity that protects the professional but ends moral perception; the callus as an irreversible adaptation → the professional callus as irreversible, “they cannot, even if they wish it, take any but a formal attitude,” the hardening constitutive rather than optional.
HUMAN CATASTROPHE IS A BUREAUCRATIC TRANSACTION	A bureaucratic transaction	The destruction of a human life by judicial process	Time spent, the duration of bureaucratic procedure → the time required to process the formalities of judicial condemnation; formalities, the actions required by institutional rules → the legal procedures that culminate in the loss of property and the sentence of penal servitude; salary, the compensation for institutional service → the judge’s payment for the time spent, the moral catastrophe converted into a transactional service; “it is all over,” the transaction concluded → the innocent man’s life destroyed, the process complete from the bureaucratic point of view.

MERCY IS A PROVOCATION OF COMMUNAL RAGE	A provocation that detonates an explosion	An act of mercy and the community's moral response	A provocation or incitement → an act of mercy (“a verdict of acquittal”), recast not as a good but as an offense; the explosion triggered by the provocation → the “perfect outburst of dissatisfied and revengeful feeling”; the normal expectation that mercy is met with gratitude → its inversion, mercy met with rage; the volatile crowd primed to detonate → the community bound by a collective resentment that treats violence as “a rational and consistent necessity” and mercy as intolerable; the offense that demands retaliation → the revengeful feeling the acquittal provokes, the moral order inverted so that cruelty is normal and mercy transgressive.
--	---	---	--

The butcher figure is the most savage and self-implicating of the extract's metaphors. Chekhov names doctors alongside judges and police officers as professionals whose relation to suffering is official (Chekhov, 1892/1921, Section III), and in doing so implicates his own profession. The comparison is exact: the peasant butcher kills not out of malice but out of habituation, the dulling that comes of repeated exposure. The passage extends the same logic to medical formation - a prolonged encounter with suffering, injury, and death - which produces a parallel habituation. The diagnosis is structural rather than moral: not that some practitioners are bad, but that professional callousness is produced by the conditions of the work and is suffered even by the well-intentioned. The metaphor excuses no one, the physician-writer's own profession included.

The callus figure is a physician's metaphor in the strict sense. Repeated friction thickens the skin, and the thickened tissue transmits sensation less finely than the skin it replaced. Transferred to the moral sense, the metaphor implies that moral perception is as adaptable as physical tissue, and that the very exposure which ought to sharpen it - the repetition of suffering -

produces the opposite effect through the body's own adaptive mechanism. Moral callousness is thus not a decision the professional makes but an adaptation to a friction he could not avoid.

The most disquieting of the extract's metaphors is HUMAN CATASTROPHE IS A BUREAUCRATIC TRANSACTION, which names the character of institutional violence: its banality rather than its malice. The judge bears the innocent man no ill will; he performs the duty for which he is paid, "and then—it is all over" (Chekhov, 1892/1921, Section III). For the institutional actor, the destruction of a human being is contained within an ordinary working procedure. The two figures - the professional as butcher and catastrophe as transaction - together compose a single analysis: institutional conditions dull the moral sense of professionals, and professional routine reshapes moral disaster into mundane transaction.

4.3.2.4 Stage Three: Cultural Schema Identification.

Underlying these metaphors is a set of culturally transmitted schemas activated in the extract and serving as the basis for its imagery. These schemas belong to the Russian critical-realist tradition - the nineteenth-century intelligentsia's diagnosis of the institutions of the state - within which Chekhov, as both physician and writer, situates his critique.

The extract rests on a STRUCTURAL CRITIQUE OF PROFESSIONAL POWER: "judges, police officers, doctors ... in course of time, through habit, grow so callous" (Chekhov, 1892/1921, Section III). Callousness is presented as a structural effect of professional formation rather than as individual moral failing; cognitive habits are shaped by training, and human subjects are processed within them.

The passage also conveys THE BANALITY OF INSTITUTIONAL VIOLENCE: “Only the time spent on performing certain formalities for which the judge is paid his salary, and then—it is all over” (Section III). Institutional violence is most insidious, on this account, when carried out by routine professionals who do their work for wages rather than from malice - a recognisably Russian-realist insight into the machinery of the state.

Equally present is THE INVERSION OF MERCY AND CRUELTY: “every act of mercy - for instance, a verdict of acquittal - calls forth a perfect outburst of dissatisfied and revengeful feeling” (Section III). The community is imagined as bound by a collective resentment that mercy offends, and Chekhov treats this clinically rather than theologically.

There is, too, a PROVINCIAL TOPOGRAPHY OF INJUSTICE: “this dirty, wretched little town a hundred and fifty miles from a railway station” (Section III). Distance from the railway marks the town’s remoteness from institutional oversight, so that geography itself becomes a condition of unaccountability - the provincial setting a recurrent site of the Russian realist critique.

Finally, the extract draws on CALLUS AND HABITUATION AS CLINICAL VOCABULARY: the dermatological figure is applied to the moral sense, and set beside the peasant “who slaughters sheep and calves in the back-yard, and does not notice the blood” (Section III). Chekhov’s ‘callous’ rather than, say, ‘deadened’ names an adaptive tissue response: the physiological schema through which the physician-writer delivers his moral critique.

4.3.2.5 Extract Ten: ‘Section VII’

"Oh, why is not man immortal? he thought. What is the good of the brain centres and convolutions, what is the good of sight, speech, self-consciousness, genius, if it is all destined to depart into the soil, and in the end to grow cold together with the earth's crust, and then for millions of years to fly with the earth round the sun with no meaning and no object? To do that there was no need at all to draw man with his lofty, almost godlike intellect out of non-existence, and then, as though in mockery, to turn him into clay. The transmutation of substances! But what cowardice to comfort oneself with that cheap substitute for immortality! The unconscious processes that take place in nature are lower even than the stupidity of man, since in stupidity there is, anyway, consciousness and will, while in those processes there is absolutely nothing. Only the coward who has more fear of death than dignity can comfort himself with the fact that his body will in time live again in the grass, in the stones, in the toad. To find one's immortality in the transmutation of substances is as strange as to prophesy a brilliant future for the case after a precious violin has been broken and become useless. (Chekhov, 1892/1921, Section VII, para. 1)

4.3.2.6 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.19

Metaphor Identification (MIP/MIPVU)

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
depart into the soil	To depart: to leave a place; the soil: the physical earth in which dead bodies are buried.	Death encoded through biological decomposition, the body returning to the soil as its destination; a downward terminal motion into meaningless matter.	Orientational: (POSTHUMOUS EXISTENCE IS MEANINGLESS COSMIC MATTER): the body's final direction encoded as descent into the earth, the first stage of its reduction to mere matter.
grow cold together with the	To grow cold: the	The body's loss of warmth extended through	Structural: (POSTHUMOUS EXISTENCE IS

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
earth's crust	physiological loss of bodily temperature after death.	cosmological time, joined with the cooling of the earth's crust; individual mortality embedded in a cosmic scale.	MEANINGLESS COSMIC MATTER): the body's thermal death linked to the planet's thermal future, the corpse absorbed into indifferent cosmic process.
to fly with the earth round the sun with no meaning and no object	To fly: rapid physical motion through space; the earth's orbital motion round the sun.	The cold dead body continuing as physical matter to fly through space long after consciousness has ceased; physical persistence as meaningless cosmic motion.	Structural: (POSTHUMOUS EXISTENCE IS MEANINGLESS COSMIC MATTER): matter without consciousness as motion without purpose, the dead body persisting only as insensible cosmic material.
to draw man with his lofty, almost godlike intellect out of non-existence	To draw out: to pull from a container; non-existence: the state of not being.	The creation of human consciousness encoded as drawing something out of non-existence, birth as a spatial extraction performed by an unnamed agent.	Structural / Ontological: (HUMANITY IS RAISED FROM AND RETURNED TO CLAY): the emergence of consciousness as a deliberate raising of what was non-existent, the upward half of the Genesis arc.
as though in mockery, to turn him into clay	Clay: the physical material of earth used in pottery and construction.	The reduction of the human being to corpse and decomposed matter encoded as transformation into clay; the Genesis schema invoked and ironized.	Structural: (HUMANITY IS RAISED FROM AND RETURNED TO CLAY): the Genesis arc activated and inverted - the elevation from clay only temporary, the return "as though in mockery," the downward half of the arc.
cheap substitute for immortality	A cheap substitute: an inferior replacement offered as if equivalent.	The materialist consolation that one's body lives on as molecules in grass and stones encoded as a cowardly evasion; biochemical recycling as a fraudulent substitute for the immortality of consciousness.	Structural: (MATERIALIST CONSOLATION IS COWARDLY EVASION): scientific recycling encoded not as truth but as a cheap, comforting fraud offered in place of genuine immortality.
his body will in time live again in the grass, in	To live again: literally impossible	The materialist account of biological recycling rendered in ironic	Structural: (MATERIALIST CONSOLATION IS COWARDLY EVASION): "live

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
the stones, in the toad	biological resumption; the grass, stones, toad: natural objects.	resurrection vocabulary; the cycle of matter as a parodic substitute for religious resurrection.	again” in the grass and toad as a parodic, secular substitute for resurrection, the absurd specificity exposing the evasion.
as strange as to prophesy a brilliant future for the case after a precious violin has been broken	A violin case: the wooden box housing a violin; a precious violin: the active musical instrument.	The body as the violin’s container; consciousness as the violin itself; death as the destruction of the violin; materialist consolation as the absurd prophecy of a brilliant future for the empty case.	Structural: (THE BODY IS A VIOLIN CASE, CONSCIOUSNESS IS THE VIOLIN): the most analytically original metaphor of the extract - the body as mere container for the genuinely valuable thing, the consciousness it houses.

4.3.2.7 Stage Two: Source/Target Domain Mapping

The eight metaphorically used expressions cluster around three major conceptual metaphors, set out in the consolidated mapping table below. The most distinctive of these is THE BODY IS A VIOLIN CASE / CONSCIOUSNESS IS THE VIOLIN.

Table 4.20

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
THE BODY IS A VIOLIN CASE, CONSCIOUSNESS IS THE VIOLIN	The violin and its case	Body and consciousness	The violin, the active instrument and source of music, the irreplaceable object whose loss is irreparable → consciousness, intellect, the human self, the active source of meaning and “music” in the world; the violin case, the protective container valuable only for what it houses → the human body, the container of consciousness, biologically continuing after consciousness has ended yet meaningless without it; the breaking of the violin,

			the end of music → death, the destruction of consciousness, for which no materialist consolation can compensate; prophesying a brilliant future for the case, absurd since the case has no value apart from the violin → the materialist consolation that the body's molecules persist, absurd since the body has no value apart from the consciousness that inhabited it.
HUMANITY IS RAISED FROM AND RETURNED TO CLAY	The Genesis creation arc	Birth, life, and death	Drawn out from non-existence, an extraction from below to above → birth and the emergence of consciousness, a movement from the void to the elevated state of conscious being; lofty, almost godlike intellect, the elevated position attained → the height of human consciousness, the godlike capacity for self-awareness and reason; turned into clay, the downward transformation back to base matter → death and decomposition, the return to the inert material from which the elevation began; as though in mockery, the unnamed agent's cruelty in the return → the cosmic mockery encoded as the absence of the divine purpose the Genesis schema originally implied.
MATERIALIST CONSOLATION IS COWARDLY EVASION	Cowardice and cheap substitution	The materialist account of posthumous persistence	Cowardice, the failure to face what should be faced → the acceptance of the materialist account as a substitute for genuine immortality, a moral and intellectual failure; a cheap substitute offered in place of the genuine article → the consolation that one's body continues as molecules, inadequate because what is preserved is not what is valued; the coward who fears death more than he values dignity → the materialist who accepts biochemical recycling rather than facing the dignity of consciousness's genuine loss; living again "in the grass, in the stones, in the toad," the absurd specificity → the materialist account pressed to its absurdity - not merely "matter persists" but "your body lives again in the toad."
POSTHUMOUS EXISTENCE IS MEANINGLESS COSMIC	Insensible matter subject to physical	The dead body after consciousness has ceased	The descent of matter into the ground → the body's "depart[ure] into the soil," its reduction to buried material; the cooling of a physical mass → the body that will "grow cold together with the

MATTER	process		earth's crust," the corpse absorbed into planetary process; matter carried in purposeless motion → the body flying "with the earth round the sun with no meaning and no object," cosmic motion without aim; the indifference of physical law to consciousness → the dead body's persistence as mere matter, the very meaninglessness against which the dignity of consciousness is asserted.
--------	---------	--	--

The violin metaphor turns upside down the relation between body and consciousness assumed by both materialist and religious frameworks. In Chekhov's image, body and consciousness are alike physical and real - the body the case, consciousness the violin it houses, the violin the genuinely valuable thing. The case may be destroyed while the violin endures; yet the survival of the case is worthless without the violin. This is a third position, neither religious dualism nor reductive materialism: it affirms the irreducibility of consciousness against the materialist, but without asserting any religious alternative.

The clay metaphor invokes the Genesis creation narrative without ever naming it: "And the LORD God formed man of the dust of the ground" (King James Bible, 1769/2017, Genesis 2:7) and "for dust thou art, and unto dust shalt thou return" (Genesis 3:19). Chekhov's phrase "as though in mockery" recalls both moments but introduces a tone absent from Genesis. The journey from clay to consciousness and back to clay is, in his rendering, not a divine plan but a cosmic jest.

Elshazly and al-Hili, by contrast, render the body's return to dust through the schema of *innā li-llāhi wa-innā ilayhi rājiʿūn* [to God we belong, and to Him we return] (Ali, 1934/2004, 2:156), a return invested with theological meaning. Chekhov traces the same physical passage but reverses its significance.

The most direct moral statement in the extract is its rejection of the ‘cheap substitute’ for immortality. The speaker not only opposes materialist consolation but defines its embrace as a moral weakness - ‘cowardice’ - and as a kind of fraud. This dignity-of-consciousness argument is the precise structural opposite of the *karāma* argument in al-Hili: where al-Hili asserts the dignity of the person against war’s theft of it - a positive ethical claim grounded in theology - Chekhov asserts the dignity of consciousness against materialist consolation for death, a negative ethical claim grounded in the refusal of theological comfort.

4.3.2.8 Stage Three: Cultural Schema Identification.

The extract draws on a set of culturally shared schemas that give its metaphors their depth, belonging to the intellectual world of Russian critical realism and the philosophical pessimism of the late nineteenth century.

The framing conceptualisation, established in the earlier part of the extended passage (Section VI), is LIFE IS A TRAP AND THE INTELLECTUAL IS IMPRISONED. Chekhov (1892/1921) has Andrey Yefimitch declare that life is ‘a vexatious trap’ from which the thinking man, once he attains full consciousness, finds “no escape,” and then extends the figure to confinement itself: “just as in prison men held together by common misfortune” find ease in one another’s company, so the company of other minds masks the trap (Section VI). The doctor’s complaint is at once existential and professional - he adds that his father’s wish made him a physician, and that otherwise he might have stood “in the very centre of the intellectual movement” (Section VI) - so that the trap is both the human condition and the vocation that closed the life of the mind to him. The passage frames consciousness not as a gift but as a confinement, in keeping with the philosophical pessimism of the period.

An IRONISED CREATION ARC is also at work. Chekhov (1892/1921) does not quote scripture; he rehearses the creation account and turns it against itself, drawing man “with his lofty, almost godlike intellect out of non-existence, and then, as though in mockery, to turn him into clay” (Section VII). Here religious language is not rejected but redirected towards an ironic opposite - the vocabulary of creation summoned to mark the absence of religious meaning.

The passage activates the schema of THE TRANSMUTATION OF SUBSTANCES: “the transmutation of substances! But what cowardice to comfort oneself with that cheap substitute for immortality” (Chekhov, 1892/1921, Section VII). The formal scientific idiom - the idiom of Chekhov’s own medical formation - is set out precisely so that it may be refused.

Also present is THE DIGNITY OF CONSCIOUSNESS: “only the coward who has more fear of death than dignity” consoles himself that his body will live again “in the grass, in the stones, in the toad” (Chekhov, 1892/1921, Section VII). This secular dignity - the dignity of the conscious subject - is the European counterpart of the *karāma* schema in al-Hili, placing dignity at the moral centre but resting it on a different ground: the rational subject rather than the divine endowment of the human being.

Finally, Chekhov (1892/1921) makes consoling the dying with the recycling of matter seem as strange as prizing “the case after a precious violin has been broken” (Section VII). He voices the irreducibility of consciousness in an aesthetic register, writing the self as a work of art whose value cannot survive in its container. This aesthetic grounding of the self does not organise the Arabic extracts, where the ground of human worth is relational and theological rather than artistic.

4.3.3 Analysis of Sack's Clinical Tales *The Man Who Mistook His Wife for a Hat*

4.3.3.1 Extract Eleven: '*The Lost Mariner*'

And I myself was wrung with emotion — it was heartbreaking, it was absurd, it was deeply perplexing, to think of his life lost in limbo, dissolving.

'He is, as it were,' I wrote in my notes, 'isolated in a single moment of being, with a moat or lacuna of forgetting all round him ... He is man without a past (or future), stuck in a constantly changing, meaningless moment.' And then, more prosaically, 'The remainder of the neurological examination is entirely normal. Impression: probably Korsakov's syndrome, due to alcoholic degeneration of the mammillary bodies.' My note was a strange mixture of facts and observations, carefully noted and itemized, with irrepressible meditations on what such problems might 'mean', in regard to who and what and where this poor man was — whether, indeed, one could speak of an 'existence', given so absolute a privation of memory or continuity.

I kept wondering, in this and later notes — unscientifically — about 'a lost soul', and how one might establish some continuity, some roots, for he was a man without roots, or rooted only in the remote past.

'Only connect' — but how could he connect, and how could we help him to connect? What was life without connection? 'I may venture to affirm,' Hume wrote, 'that we are nothing but a bundle or collection of different sensations, which succeed each other with an inconceivable rapidity, and are in a perpetual flux and movement.' In some sense, he had been reduced to a 'Humean' being — I could not help thinking how fascinated Hume would have been at seeing in Jimmie his own philosophical 'chimaera' incarnate, a gruesome reduction of a man to mere disconnected, incoherent flux and change. (Sacks, 1985/1990, "The Lost Mariner," paras. 64-67)

4.3.3.2 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.21

Metaphor Identification (MIP/MIPVU)

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
wrung with emotion	To wring: to twist wet cloth with force so as to squeeze the liquid out of it.	Sacks's emotional state, deeply distressed, his feelings wrung out of him by what he has witnessed, as a cloth is wrung of its content.	Ontological: (EMOTION IS A LIQUID WRUNG FROM A CONTAINER), the affective frame of the passage: the narrator's own response, standing outside the four metaphors of Jimmie's self.
his life lost in limbo, dissolving	Limbo: in Catholic theology, a border place for souls neither condemned nor admitted; to dissolve: a solid breaking down in liquid.	Jimmie's life in an indeterminate state between living and dying; his selfhood gradually losing its form and coherence within the enclosure of his forgetting.	Ontological / Orientational: (AMNESIA IS A MOAT / THE SELF IS A TEMPORALLY ISOLATED CASTLE): limbo as the border-place of the enclosed self; dissolving as the loss of form within the moat.
isolated in a single moment of being	A person physically confined within a bounded space; a single indivisible point in measurable time.	Jimmie's entire conscious existence permanently confined within one frozen temporal moment - 1945 - from which he cannot move forward into the present.	Structural / Container: (AMNESIA IS A MOAT / THE SELF IS A TEMPORALLY ISOLATED CASTLE): the frozen moment of being as the enclosed castle at the centre of the moat.
a moat or lacuna of forgetting all round him	A moat: a water-filled defensive ditch encircling a fortress; a lacuna: a gap or missing portion in a written text.	The total amnesia encircling Jimmie's frozen conscious moment on all sides, preventing connection with the present and cutting him off from the flow of living time.	Structural / Container: (AMNESIA IS A MOAT / THE SELF IS A TEMPORALLY ISOLATED CASTLE): the defining expression, the frozen self as a castle behind a moat; the life as a manuscript with a lacuna.
man without a past (or future)	A person physically lacking a possession they would normally hold.	A person whose condition has permanently destroyed the temporal continuity - backward and forward - that normally constitutes	Ontological: (AMNESIA IS A MOAT / THE SELF IS A TEMPORALLY ISOLATED CASTLE): the past and future as possessions the moat has severed, the self

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
		a biographical self with a history and a direction.	stripped of the temporal holdings that constitute it.
stuck in a constantly changing, meaningless moment	An object adhered by a sticky substance to a surface, unable to move away from the point of adhesion.	Jimmie's consciousness permanently fixed at the same point in time, unable to move forward through the normal temporal flow of biographical experience.	Structural: (AMNESIA IS A MOAT / THE SELF IS A TEMPORALLY ISOLATED CASTLE): the inability to cross the moat outward encoded as being stuck, fixed within the enclosed moment.
a man without roots, or rooted only in the remote past	A plant whose root system anchors it in the earth; rootlessness as a plant severed from the soil.	A person without the psychological, relational, and temporal connections to the present that anchor a self in a living world of ongoing experience and relationship.	Structural: (THE SELF IS A PLANT): roots as connections to the living present; rootlessness as disconnection from the source of ongoing identity.
a lost soul	In theological tradition, a soul separated from God, without spiritual moorings; in common usage, a person without direction or belonging.	A person whose continuous self, narrative identity, and living presence have been so thoroughly destroyed by disease as to constitute an ontological loss analogous to spiritual loss.	Ontological: (THE SELF IS A SOUL): the soul as the animating principle of personhood; disease as the agent that causes the soul to be lost.
reduced to a Humean being	To reduce: to break down a complex substance to a simpler form; Humean: Hume's claim that the self is nothing but a bundle of successive impressions.	Jimmie reduced, by the destruction of his memory, to exactly the condition Hume described theoretically, a mere succession of disconnected impressions with no continuous identity.	Structural: (DISEASE ENACTS PHILOSOPHY): what Hume argued as a theoretical chimaera, Jimmie has become as clinical reality - philosophical reduction as ontological fact.
a gruesome reduction of a man to mere disconnected, incoherent flux and	Gruesome: horrifyingly repellent; reduction: simplification to basic elements; flux: matter in constant	The destruction of everything in Jimmie's personhood that transcends mere sensation, reducing a full human self to a Humean	Structural / Evaluative: (DISEASE ENACTS PHILOSOPHY): disease as the agent of the reduction; the evaluative "gruesome" marking the physician-writer's moral

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
change	motion without fixed form.	bundle, experienced by Sacks as an aesthetic-moral horror.	judgement upon it.

4.3.3.3 Stage Two: Source/Target Domain Mapping

Of the ten metaphorically used expressions in this passage, nine cluster around four major conceptual metaphors that build systematically upon one another (set out in the consolidated mapping table below), framed by an opening affective figure (Sacks himself “wrung with emotion”). The most fully developed of these is AMNESIA IS A MOAT / THE SELF IS A TEMPORALLY ISOLATED CASTLE.

Table 4.22

Source–Target Domain Mappings of the Metaphorical Expressions

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
AMNESIA IS A MOAT / THE SELF IS A TEMPORALLY ISOLATED CASTLE	A castle surrounded by a moat / a text with a lacuna	Jimmie’s frozen self surrounded by amnesia	The castle, a self-contained fortress at the centre of the moat → Jimmie’s frozen moment of 1945, his conscious world enclosed at the centre of his forgetting; the moat encircling the castle, barring passage either way → the total amnesia: no new experience crosses inward, and he cannot cross outward into the present; the moat as both defensive and imprisoning → the amnesia as protective (he is not distressed by what he cannot remember) yet imprisoning (he cannot leave his frozen moment); “limbo,” the border-place, and “dissolving,” the loss of form → the indeterminate state of the enclosed self and its gradual loss of coherence; the lacuna, a gap where text is missing → the amnesia as a hole in the manuscript of his

			life, thirty-nine years simply absent; the physician's position outside the moat → Sacks able to observe the frozen self from without but unable to enter or share its temporal world.
THE SELF IS A PLANT	A plant with a root system	The self anchored in time and community	Roots that anchor the plant and draw sustenance from living soil → memory, temporal continuity, and relational bonds, the anchors connecting the self to the living present; a plant with healthy roots → a person with intact memory, sustained by ongoing experience and capable of growth; a rootless plant, severed from the earth → Jimmie, severed from the living present, unable to draw sustenance from new experience or to grow; rooted only in old, dried earth → Jimmie rooted only in 1945, the remote past his sole source of identity; "Only connect" → Jimmie's condition as the failure of the fundamental human need for connection to others, to ongoing time, and to the present community.
THE SELF IS A SOUL	The soul as the animating spiritual principle	The neurological destruction of personal identity	The soul, the animating principle that makes a person a continuous subject with identity and moral presence → the temporal continuity and narrative identity that make Jimmie a person rather than merely a biological organism; "a lost soul," displaced from its moorings → Jimmie, severed from temporal continuity, from community, from the thread of his own life; wondering whether someone has a soul → Sacks's explicit question, "whether, indeed, one could speak of an 'existence'"; the soul as invisible to instruments → the temporal self not visible in the examination, "the remainder of the neurological examination is entirely normal," the clinical gaze unable to see what has been lost.
DISEASE ENACTS PHILOSOPHY	Hume's philosophical bundle theory	Jimmie's neurological condition	Hume's claim that the self is nothing but a bundle of perceptions in perpetual flux → Jimmie's clinical reality, a succession of disconnected moments with no memory-thread linking them; the philosophical chimaera that should not exist in the world → Jimmie, the chimaera incarnate, the thought-experiment instantiated in flesh by disease; Hume's fascination with his own argument →

			Sacks's imagined fascination, "how fascinated Hume would have been at seeing in Jimmie his own philosophical chimaera incarnate"; the philosophical reduction to the bare bundle → the neurological reduction by Korsakov's syndrome to the bare succession of present moments, now biological rather than merely logical; the word "gruesome" → the physician-writer's moral judgement that the Humean bundle is gruesome when instantiated in a living person, not merely paradoxical when proposed in argument.
--	--	--	--

The pairing of moat and lacuna in a single phrase is among the most productive gestures in the extract. The first encodes isolation through a spatial-defensive image, defining the self as enclosed and cut off behind a moat; the second encodes loss through a textual image, the life-narrative marked by a structural gap. Sacks fuses two source domains in one phrase - two complementary, not synonymous, domains. The moat tells us that we cannot reach Jimmie; the lacuna tells us that he is incomplete, that decades are missing from his life-narrative. These are two kinds of loss, spatial and textual, and Sacks juxtaposes them without reducing either to the other.

The spatial metaphors draw out both dimensions. The moat figures the complete isolation of Jimmie's "frozen" moment (Sacks, 1985/1990, para. 65), which nothing in the present can touch and from which he cannot move out; the lacuna figures his incomplete biographical self, a narrative void that can never be filled. Yet through these same metaphors we glimpse the phenomenological richness of Jimmie's actual life - his buoyancy, his quick intelligence, his delight in baseball. He is within the moat but not troubled by it; it troubles only those who view it from outside. The figure carries clear entailments: the physician stands outside the moat, able to observe but not to enter; no clinical intervention can be made across it, for it is a permanent

structure; and any crossing, if possible at all, must be made by other means - art, music, the sacred - the means Sacks finds later in the chapter, in the scene in the chapel.

“A man without roots, or rooted only in the remote past” (Sacks, 1985/1990, para. 66) activates a sense of belonging that the extract develops through its opposite. The rootless person - the exile, the wanderer, the one without belonging - is set against Forster’s epigraph “Only connect,” which Sacks invokes (Sacks, 1985/1990, para. 67): the desire to connect person to person, inner life to outer world, past to present. Jimmie’s condition is the negation of that ideal: he cannot connect with others, since he forgets them; nor with the present, which the moat of forgetting encloses; nor with his own past, which the lacuna has removed. His rootlessness, and Sacks’s effort to read it as a claim upon our shared humanity, expose the destruction of one of the most basic of human needs.

Sacks then makes a metalinguistic gesture, reaching for the language of the soul - “a lost soul” - while marking the move as “unscientific” (Sacks, 1985/1990, para. 66). Soul-language is not the working idiom of his clinical training; he reaches for it precisely because that idiom fails him here. The clinical note describes with perfect clarity what has happened to Jimmie - Korsakov’s syndrome, the mammillary bodies - yet cannot say what it means for the person who has undergone it. The vocabulary of the soul names the dimension the clinical note cannot reach: irreplaceable loss, ontological rather than merely functional damage. On the reading offered here, Sacks calls his soul-reflections “unscientific” not as a disavowal but as a statement of method: there are losses in the patient that exceed the clinical vocabulary, and the physician who refuses to go beyond it fails to describe them.

The phrase that comes closest to defining Sacks's standing as a physician-writer is "a gruesome reduction of a man to mere disconnected, incoherent flux and change" (Sacks, 1985/1990, para. 67). The word "gruesome" carries an aesthetic-moral evaluation rather than a clinical or philosophical one. Sacks is not merely observing that Jimmie has become a Humean bundle; he is judging that reduction to be horrifying, a violation of what a human self should be. At precisely this point the clinical observation becomes the utterance of the physician-writer: the evaluative word is at once the clinician's record of the reduction and the writer's verdict upon it. The conjunction of "gruesome" and "chimaera" - a mythological creature made of incompatible parts - completes the figure: Jimmie is a philosophical monster realised in the flesh, a creature that should exist only in theory yet can be brought into being by disease.

4.3.3.4 Stage Three: Cultural Schema Identification

The passage draws on a range of culturally specific schemas that underlie the conceptual metaphors discussed above.

Foremost is THE SELF AS A TEMPORALLY CONSTITUTED NARRATIVE: a man in limbo, without past or future, cut off, isolated within a 'moat' of forgetting (Sacks, 1985/1990, para. 65). On this view the self is not something given once but something sustained over time, requiring a narrative of past, present, and future. Sacks's account offers clinical evidence of what follows when that continuity fails, and suggests that a self without temporal unity is not merely a philosophical thought-experiment but a neurological possibility.

A second schema is THE PATIENT AS CASE, EXPOSED BY IRONIC JUXTAPOSITION: the clinical note is quoted verbatim and left without comment, set beside the report that "the

remainder of the neurological examination is entirely normal,” the whole forming what Sacks calls “a strange mixture” (Sacks, 1985/1990, para. 65). He does not reject the biomedical account but sets it within a phenomenological reflection that exposes its inadequacy: Korsakov’s syndrome tells us how the failure occurs, not what it means for the person undergoing it.

A third schema is ROOTEDNESS AND BELONGING: Jimmie is “a man without roots, or rooted only in the remote past,” and Sacks sets against this Forster’s injunction “Only connect” (Sacks, 1985/1990, para. 67). Rootedness and connection figure, in Jimmie’s case, a fundamental human need that illness has severed.

A fourth schema is THE INCARNATE CHIMAERA: Jimmie is “reduced to a ‘Humean’ being,” “the philosophical chimaera incarnate” (Sacks, 1985/1990, para. 67). Where the metaphor DISEASE ENACTS PHILOSOPHY (analysed above) supplies the mapping, the schema beneath it is the cultural figure of the monster made real - Sacks reverses the direction of the idea, giving the philosophical claim of the self as a bundle of fleeting perceptions a clinical body: Jimmie is not merely like a Humean bundle but, clinically, is one.

Finally, the extract follows ILLNESS AS ONTOLOGICAL DISSOLUTION, a counter-schema to ILLNESS IS WAR. Where the war model organises so much medical writing, it is here displaced entirely: “life lost in limbo, dissolving,” “a lost soul” (Sacks, 1985/1990, para. 66), the chimaera of disconnected flux. Illness is figured instead as the gradual disintegration of the structures that constitute the self, memory, temporality, and narrative identity. There is no antagonist, no battle, no enemy, and no defeat: in place of the war model stands only the moat of forgetting and the Humean flux.

4.3.3.5 Extract Twelve: ‘*The Disembodied Lady*’

The answer is—not in the least. She continues to feel, with the continuing loss of proprioception, that her body is dead, not-real, not-hers—she cannot appropriate it to herself. She can find no words for this state, and can only use analogies derived from other senses: ‘I feel my body is blind and deaf to itself ... it has no sense of itself—these are her own words. She has no words, no direct words, to describe this bereftness, this sensory darkness (or silence) akin to blindness or deafness. She has no words, and we lack words too. And society lacks words, and sympathy, for such states. The blind, at least, are treated with solicitude—we can imagine their state, and we treat them accordingly. But when Christina, painfully, clumsily, mounts a bus, she receives nothing but uncomprehending and angry snarls: ‘What’s wrong with you, lady? Are you blind—or blind-drunk?’ What can she answer—‘I have no proprioception’? The lack of social support and sympathy is an additional trial: disabled, but with the nature of her disability not clear—she is not, after all, manifestly blind or paralyzed, manifestly anything—she tends to be treated as a phony or a fool. This is what happens to those with disorders of the hidden senses (it happens also to patients who have vestibular impairment, or who have been labyrinthectomised). (Sacks, 1985/1990, ‘The Disembodied Lady,’ para. 50)

4.3.3.6 Stage One: Metaphor Identification (MIP/MIPVU)

Table 4.23

Metaphor Identification (MIP/MIPVU)

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
my body is blind and deaf to itself	Blind: the inability to perceive light through the eyes; deaf: the inability to perceive sound through the ears, the absence of a specific sensory faculty.	The body’s complete loss of proprioceptive self-awareness encoded through the most socially recognised sensory deprivations; the body cannot perceive its own position, movement, or orientation - it is blind and	Structural: (THE BODY WITHOUT PROPRIOCEPTION IS BLIND AND DEAF TO ITSELF): mapping two socially legible sensory losses onto the illegible loss of proprioception - the central strategy of the passage, making the invisible visible through

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
		deaf to its own existence.	analogy with the recognised.
it has no sense of itself	Sense: a specific sensory faculty (sight, hearing, touch, taste, smell) by which the body perceives the world.	Proprioception - the body's sense of itself - absent; the body cannot sense its own position or the relation of its parts; the sense of self as a physical perceptual faculty, not merely a psychological category.	Ontological: (THE BODY WITHOUT PROPRIOCEPTION IS BLIND AND DEAF TO ITSELF): the self encoded as something requiring active bodily sensing; to lose proprioception is to lose the sense of the self as a physical reality - the body unable to perceive itself.
this bereftness	Bereft: deprived of a loved person through death or departure, the acute grief of losing someone irreplaceable and beloved.	Christina's proprioceptive loss encoded as bereavement, the body's loss of its own self-perception rendered through the grief vocabulary of losing a beloved person; the absent proprioception mourned as a lost beloved.	Ontological: (NEUROLOGICAL LOSS IS BEREAVEMENT): the deficit as the grief of losing something irreplaceable; "bereftness" encoding not merely absence but its emotional register, the signature Sacks reversal.
this sensory darkness (or silence)	Darkness: the absence of light; silence: the absence of sound, both the complete absence of sensory input in the environment.	The experiential quality of proprioceptive absence encoded as a darkness (visual register) and a silence (auditory register) felt within the body itself rather than in the external environment; the inward sensory void.	Structural: (THE BODY WITHOUT PROPRIOCEPTION IS BLIND AND DEAF TO ITSELF): the invisible internal absence given the experiential quality of the most familiar and extreme sensory deprivations - the inner darkness and silence of the self blind and deaf to itself.
she tends to be treated as a phony or a fool	A phony: one who deliberately deceives others about their condition; a fool: a person of limited intelligence or judgement.	Christina's social reception: because her disability is unrecognisable and unnameable, it is read as deliberate deception (phony) or cognitive inadequacy (fool), the social punishment of the unrecognised deficit.	Ontological: (INVISIBLE DISABILITY IS SOCIAL FRAUD): the unrecognised deficit encoded as deception; the attribution of moral and cognitive failure to those whose suffering cannot be seen.
disorders of the hidden	Hidden: physically concealed from	Proprioception and the vestibular sense encoded	Structural: (INVISIBLE DISABILITY IS

Lexical Unit	Basic Meaning	Contextual Meaning	CMT Type
senses	view; senses: the perceptual faculties of the body.	as hidden, not merely unrecognised but invisible in principle; the invisibility is structural, since these senses have no organ, no visible impairment, and no social vocabulary.	SOCIAL FRAUD): the invisibility of the non-canonical senses as concealment; what is hidden cannot be shown, and what cannot be shown cannot command social sympathy, the ground of the fraud misreading.
painfully, clumsily, mounts a bus	To mount: to climb onto or into a vehicle, a physical action requiring coordinated muscular and spatial effort.	Christina's proprioceptively impaired boarding of the bus, each adverb encoding a dimension of the deficit: pain is the effort of acting without proprioceptive guidance; clumsiness is the visible external sign of the invisible internal absence.	Structural: (INVISIBLE DISABILITY IS SOCIAL FRAUD): the invisible absence made externally visible as clumsiness - the social surface of an invisible depth, misread by observers as drunkenness or fraud.
society lacks words, and sympathy, for such states	To lack: to be without something needed; words as the resources to name and describe; sympathy as the capacity to understand and respond to suffering.	The social-linguistic failure to provide either vocabulary (words) or emotional response (sympathy) for the hidden senses; the double deprivation of the invisible disability, the neurological and the social-linguistic that follows from it.	Structural: (INVISIBLE DISABILITY IS SOCIAL FRAUD): social recognition requires language, without words there is no sympathy; the absence of vocabulary for an experience is also the absence of social response to it, language the precondition of compassion.

4.3.3.7 Stage Two: Source/Target Domain Mapping

The eight metaphorically used expressions cluster around three major conceptual metaphors, presented in the consolidated mapping table below. The governing schema is THE BODY IS BLIND AND DEAF TO ITSELF, the foundation of Sacks's argument about the social invisibility of hidden neurological deficits.

Table 4.24*Source–Target Domain Mappings of the Metaphorical Expressions*

Conceptual Metaphor	Source Domain	Target Domain	Principal Correspondences (Mappings)
THE BODY WITHOUT PROPRIOCEPTION IS BLIND AND DEAF TO ITSELF	Canonical sensory deprivation (blindness / deafness)	Proprioceptive loss	Blindness, the absence of visual perception, socially recognised and accommodated → proprioceptive loss, the absence of the body's self-perception, socially unrecognised and unaccommodated; deafness, the absence of auditory perception, named and accommodated → the absence of the sense of bodily position and movement, equally total and disabling but invisible and without a vocabulary; the blind person who cannot see the external world → the impaired person whose body cannot see itself, the internal world as dark as the blind person's external one; social solicitude for the blind, whose state can be imagined → no solicitude for Christina, whose state cannot be imagined because blindness to the self has no analogue in common experience; the darkness and silence of sensory deprivation → the inner darkness and silence of proprioceptive absence, the body unable to sense its own existence.
NEUROLOGICAL LOSS IS BEREAVEMENT / THE ABSENT SENSE IS A LOST BELOVED	Bereavement, loss of a beloved person	Christina's proprioceptive loss	Bereftness, the acute state of having lost someone irreplaceable → Christina's bereftness, the state of having lost her proprioceptive sense, the word encoding the emotional quality of that absence; the beloved whose presence constituted part of one's sense of self → proprioception, whose presence constituted Christina's sense of her own body, its loss a loss of self-presence; the grief of bereavement, persistent and unassuageable → the grief of proprioceptive loss, persistent (the sense does not return), unassuageable (no treatment restores it), and privately experienced; the bereaved who has no adequate words for the loss → Christina, who has "no direct words" for her bereftness, the linguistic inadequacy of grief and of

			neurological loss encoding the same reality.
INVISIBLE DISABILITY IS SOCIAL FRAUD / LANGUAGE IS THE PRECONDITION OF SYMPATHY	Social fraud and cognitive inadequacy	Christina's social reception	The phony who deliberately deceives → Christina, whose clumsy movement is read by uncomprehending observers as deliberate performance; the fool of limited intelligence → Christina, whose clumsiness is attributed to stupidity or drunkenness rather than impairment; the social punishment of the fraudulent - contempt, anger, exclusion → the snarls and incomprehension she meets on the bus, the punishment of the unrecognised disability; the absence of social vocabulary for a condition equalling the absence of sympathy → "society lacks words, and sympathy," the linguistic and emotional deprivations causally linked: without words, no sympathy; without sympathy, only contempt.

The governing metaphorical plan of the extract, and of the whole case study, is the mapping of the unfamiliar onto the familiar by structural analogy. Proprioception, in Sacks's phrase "the hidden sense" (Sacks, 1985/1990, para. 50) is a disability without an organ: unrepresented, unsocialised, unimagined. By drawing on blindness and deafness, the most widely elaborated forms of sensory deprivation, Sacks makes the condition readable to readers who have no first-hand experience of it but can imagine being blind or deaf. The metaphor is thus more than a literary device; it is an epistemological instrument, joining what happens in Christina's body to what happens in the reader's mind.

The force of the particular phrasing, "my body is blind and deaf to itself" (Sacks, 1985/1990, para. 50), lies in its reflexivity. "Blindness" names the loss of sight and "deafness" the loss of hearing; ordinarily both refer to the body's inability to perceive what lies outside it. The phrase "to itself" redirects these schemas inward: the body cannot perceive itself. This

reflexive inwardness is the distinctive move of the metaphor, for it invokes not one of the senses that look outward at the world but the sense that looks inward at the self - the sense that the body is a body, that it occupies space, that its parts are connected in a specific and continually changing configuration.

The word “bereft” belongs to a semantic domain quite distinct from that of medical language: the domain of grief and bereavement. Through it, Sacks lodges the loss of a neurological function within one of the most humanly resonant of emotional schemas, the grief for a beloved. This encoding carries several implications. First, it casts Christina as a mourner rather than a patient with a neurological deficit. Second, it implies that the fitting response to her is not only clinical treatment but the sympathy owed to the bereaved. Third, it links the loss of proprioception to the book’s overarching theme of self-loss: the loss of proprioception is the loss of a form of self-presence, and self-loss, in Sacks’s wider framework, is itself a bereavement.

The passage draws a tight connection between language and social compassion: “she has no words ... and we lack words too. And society lacks words, and sympathy, for such states” (Sacks, 1985/1990, para. 50). Compressed into a single formulation is an epistemological claim: social sympathy is not merely an emotional reaction but a linguistic one. We can feel sympathy for the blind because they, and we, possess a word, “blindness”, that allows the condition to be thought and imagined. We cannot readily feel sympathy for the proprioceptively impaired, because we know their condition by no name except the clinical one, which Sacks deploys with deliberate irony in asking what Christina can answer, “I have no proprioception”? The clinical label is available but socially unproductive: it names the condition without making it imaginable. The metaphor of blindness does what the clinical term cannot, it makes an unseen condition imaginable by mapping it onto a more familiar experiential schema. The physician-writer’s

twofold contribution is exactly here: the clinical term, which diagnoses, and the metaphor, which translates.

4.3.3.8 Stage Three: Cultural Schema Identification

The mappings above reflect a set of cultural schemas transmitted within the tradition to which the writer belongs.

The governing schema is THE BODY AS THE GROUND OF SELFHOOD: the body, deprived of proprioception, “has no sense of itself” (Sacks, 1985/1990, para. 50). What is at stake for Christina is the felt sense of being embodied, and Sacks presents her loss as a loss of the embodied self.

A second schema is SOCIAL RECOGNITION AS LINGUISTICALLY MEDIATED: “she has no words, and we lack words too, and society lacks words, and sympathy, for such states” (Sacks, 1985/1990, para. 50). There is no social recognition without a name, and no sympathy without recognition. Sacks's attention to the limits of language differs in emphasis from the Arabic extracts, where the sufferer's standing rests on collective obligation, moral and religious in al-Hili (*karāma*) and Elshazly (*rahma*), social and communal in Taj al-Sir, rather than on the linguistic legibility on which Sacks dwells.

There is also THE HIERARCHY OF RECOGNISED DISABILITIES: the blind “are treated with solicitude,” while Christina meets only “angry, uncomprehending” responses (Sacks, 1985/1990, para. 50). The social schema of disability becomes the object of Sacks's clinical

observation and social criticism: visible, nameable conditions are accommodated, while invisible and unfamiliar ones are dismissed with disapproval.

Because “the lack of social support and sympathy is an additional trial” (Sacks, 1985/1990, para. 50), the passage moves the narrator out of the medical space, and his voice becomes that of the social critic, the physician-writer attentive to the social dimensions of illness rather than to its mechanisms alone. It is here that Sacks meets Chekhov: in advocating for Christina, he moves from clinical description to ethical judgement.

Finally, THE HIDDEN SENSE AS EPISTEMOLOGICAL CHALLENGE operates here: proprioception and the vestibular sense are hidden in principle - their hiddenness structural, since there is no visible organ, no visible impairment, and no established cultural representation. This is Sacks’s own domain, the “hidden sense”, a region of experience to which, on his account, Western culture has yet to assign a settled language.

4.4 Findings

The three-stage procedure was applied equally to the twelve extracts in Arabic and English, across three centuries and three literary forms (the novel, the short-story collection, and the clinical-essay collection). In each instance it produced the same three-stage output: a MIP/MIPVU lexical-unit table (Stage One); source–target domain mappings (Stage Two); and culturally specific schemas with their attributed cultural origins (Stage Three). The output of each extract is consequently directly comparable with that of every other.

The analysis yields no simple Arab/European binary. It generates a more complex pattern: on one side, an Arabic corpus whose three writers draw on markedly different schemas - religious in two of them, social and ironic in the third - yet agree in declining the war model; on the other, an internally divided European corpus within which one writer, Doyle, proves closer in several respects to the Arabic pattern than to his European counterparts. The findings are summarised under four headings: the pattern of convergence and divergence, the conceptual metaphors and cultural schemas, the central argument, and the physician-writer's double vision.

4.4.1 The Pattern of Convergence and Divergence

The convergences and divergences are most evident in the writers' conceptions of death. In all six Arabic extracts, death and loss are invested with meaning: Elshazly's womb of pain, the communal framing of death in the extracts analysed from Taj al-Sir's *Ebola* 76, and al-Hili's *zawāl*, the passing of worldly power, each frames loss within a wider order. The European corpus, by contrast, is divided. Where Chekhov encodes a mere terminus (the broken violin) and Sacks a temporal or embodied dissolution, Doyle encodes a consummative death (a full muster), structurally the same movement as the Arabic threshold.

The same pattern recurs in the relation between the clinical and the spiritual, though it must be stated precisely. In Elshazly and al-Hili the clinical and the religious run together; in Taj al-Sir's *Ebola* 76 the clinical is set within a social and cosmological frame rather than a theological one. What the three share is not a single religious worldview but the refusal to hold the clinical apart from the cultural. The European corpus divides three ways: Chekhov is thoroughly irreligious, Sacks works in a secular idiom, and Doyle is secularised, the ceremonial

weight of the Christian schema transferred to a chivalric and military matrix. Doyle is not, however, consistent with himself: in *'The Curse of Eve'* he places a theological frame in his title and then withholds it from the telling.

A parallel difference appears in the relation between the individual and the collective. The Arabic corpus is markedly plural - the family, *al-umma* [the nation] in Elshazly and al-Hili, the bonds of kinship and community in Taj al-Sir, the chain of generations. Chekhov's Ragin and Sacks's patients are isolated; Doyle divides, sealing his figures off in *'The Curse of Eve'* yet, in *'A Straggler of '15,'* giving the individual's death its meaning through the collective, the straggler at last mustered whole into his regiment. A further difference lies in the response to what cannot be controlled: the European writers respond in a combative register, as in Chekhov's critique of mastery without moral perception, whereas Elshazly and al-Hili respond with *ṣabr* and the acceptance of *qadar*. Here too the generalisation must be limited to the writers whose extracts show it: the morally directed temporality oriented toward *al-ākhirah* belongs to Elshazly and al-Hili, and Doyle's historical time converges with, rather than diverges from, that pattern.

4.4.2 The Conceptual Metaphors and Cultural Schemas

The analysis identified a large set of conceptual metaphors across the corpus, extract by extract. In the Arabic corpus these include THE MIGHTY MAN IS A KING DETHRONED and WAR IS A THIEF (al-Hili); THE MATERNAL SCREAM IS FRACTURE / THE INFANT SCREAM IS RESTORATION and HAPPINESS IS CONTENT INSIDE A VESSEL OF GRIEF (Elshazly); and DISEASE IS A LONGING LOVER and DISEASE IS A WICKED SORCERER (Taj al-Sir). In the European corpus they include CHILDBIRTH IS A COMBAT AND THE PHYSICIAN IS A

COMBATANT and DEATH IS ANSWERING THE LAST MUSTER (Doyle); THE PROFESSIONAL IS A BUTCHER and THE BODY IS A VIOLIN CASE, CONSCIOUSNESS IS THE VIOLIN (Chekhov); and AMNESIA IS A MOAT / THE SELF IS A TEMPORALLY ISOLATED CASTLE and THE BODY WITHOUT PROPRIOCEPTION IS BLIND AND DEAF TO ITSELF (Sacks). The corpus does not share a single metaphorical repertoire but contains two, each organised along culturally distinct lines.

The cultural grounding of these metaphors is not external to them. Elshazly's womb metaphors do not belong to him alone; they open a semantic and theological space, grounded in the shared root *r-h-m*, that has no ready equivalent in most European languages. Doyle's DEATH IS ANSWERING THE LAST MUSTER is not a freely chosen image but the late-Victorian British military and Christian inheritance speaking through him. Chekhov's THE PROFESSIONAL IS A BUTCHER is not a personal complaint but a structural critique of professional power that emerges from the Russian intellectual tradition.

The most important metaphorical finding concerns the ILLNESS IS WAR metaphor. In the European extracts it is present, though in three conflicting forms: Doyle inhabits it, Chekhov attacks it, and Sacks displaces it. In the Arabic extracts it does not organise the encoding of suffering; in its place the Arab writers draw on culturally distinctive schemas - loss as *zawāl* and disease as a desiring or cosmological agent - and, in Elshazly and al-Hili specifically, suffering as *ibtilā'* [trial] and as a generative womb, while Taj al-Sir's *Ebola* 76 encodes it through social and communal schemas rather than theological ones. This internal variation is itself part of the finding.

At the cultural level, the Arabic corpus, drawn from three writers of three nationalities, encodes suffering through culturally grounded schemas rather than through the war model of the European extracts. These schemas are not uniform across the three writers. In Elshazly and al-Hili, suffering is framed through explicitly religious schemas - *ibtilā'*, *ṣabr*, *qadar*, *raḥma*, and *al-ākḥira* - while in Taj al-Sir's *Ebola* 76 the governing schemas are social and cosmological rather than religious: the sorcerer who "distributes death," cognitive formation as social determinism, blood as the bond of social identity, and death as a communal event, with the *zawāl* of a shared world registered as an absurd predicament rather than a moral trial. What unites the three writers is therefore negative rather than positive: not a shared theology, and not a single cultural logic - their logics differ - but a common turn away from the war model. The European writers, by contrast, draw on three separate inheritances: Russian philosophical pessimism (Chekhov), the British Christian-chivalric tradition (Doyle), and, in Sacks, a clinical and phenomenological idiom that reaches beyond the clinical vocabulary without recourse to religious schemas. Neither corpus is internally uniform; but the Arab writers agree in what they decline, while the Europeans divide even in their relation to it.

4.4.3 The Central Argument

The synthesis leads to a single, carefully qualified conclusion. The Arab writers converge not in what they hold but in what they decline - the war model - drawing on different schemas to do so, religious in Elshazly and al-Hili, social and ironic in Taj al-Sir; the European corpus, by contrast, is internally divided, so divided that Doyle, in several important respects (death, the structure of meaning, and identity through belonging), stands structurally closer to the Arabic

pattern than to Chekhov or Sacks. He arrives at a comparable order of meaning by a different cultural route: where Elshazly and al-Hili ground the threshold and the collective in God and *al-umma*, Doyle grounds them in the regiment and its commanders. The roads do not converge; the destination does. This structural likeness should not be overstated into identity: Doyle shares certain structural features with the Arabic pattern, but the content that fills them - martial and chivalric rather than theological - remains distinct.

Moreover, a division within Doyle himself, though it must be located precisely: it lies not in the fusion of his double vision - which holds throughout - but in his relation to the theological. He invests death with a ceremonial, quasi-sacred weight in '*A Straggler of '15*,' yet withholds the theological frame at the threshold of birth in '*The Curse of Eve*,' naming the curse of Eve in his title only to keep it out of the telling. Elshazly and al-Hili, by contrast, integrate clinical reality and religious meaning at every point, and Taj al-Sir holds the clinical and the social together throughout. The precise picture is therefore as follows: the Arab physician-writers do not hold the clinical apart from the cultural; Doyle is the hinge, the single author within whose work the two patterns of the corpus can be seen to meet and divide; and Chekhov and Sacks keep the clinical and the metaphysical in tension throughout.

4.4.4 The Physician-Writer's Double Vision

A final finding is common to all six writers: each brings a double vision - that of the physician and that of the writer, or cultural psychologist - to the same object. The relation between the two visions, however, is not uniform, and the corpus yields three distinct configurations rather than two. In Elshazly, al-Hili, and Doyle the two visions are fused, so that

the physician's knowledge and the writer's speak as one - though the writerly vision differs in content: theological in Elshazly and al-Hili (the womb of pain, the discharged trust), chivalric in Doyle (the dying veteran transfigured into the emblem of his regiment, clinical fact and martial meaning belonging to a single scene). In Chekhov and Sacks the two visions stand in tension: Chekhov's clinical knowledge is set against philosophical anguish, and Sacks's clinical term against the living metaphor, the gap between them left open. In Taj al-Sir's *Ebola* 76, the relation is neither fusion nor tension but ironic distance: the physician's knowledge of the epidemic and the community's cosmological account of it are surveyed together from a single vantage point that endorses neither, holding both in the light of an absurd predicament. Yet this irony is not cold; it is the pained irony of a writer who, himself Sudanese, turns it not upon his people but upon the poverty and neglect that fail them. The double vision is thus experienced as fusion, as tension, or as irony - and this threefold difference is itself a marker of worldview.

CHAPTER FIVE

CONCLUSIONS, RECOMMENDATIONS, AND SUGGESTIONS FOR FURTHER STUDIES

5.1 Introduction

In this chapter, the researcher reviews the texts analysed in Chapter Four and draws conclusions from the comparative cognitive analysis of the conceptual metaphors and cultural schemas in the works of the selected Arab and European physician-writers. The conclusions answer the research questions stated in Chapter One, which are restated below:

1. Which conceptual metaphors and schemas culturally transmitted schemas are used in the encoding of illness, the body, death, and the moral order in which suffering and loss are placed in the selected works of the Arab and European physician-writers?
2. How do the cultural, religious, and historical contexts shape the repertoire of conceptual metaphors and cultural schemas available to each physician-writer?
3. To what extent does the three-stage procedure proposed in this study yield comparable results across the Arabic and European data?

5.2 Conclusions of the Study

The conclusions are presented under the three research questions that guided the study, each addressed in turn. Each conclusion follows from the systematic application of the three-stage analytical procedure used to analyse the twelve verified extracts of the corpus.

5.2.1 Conclusions Relating to Research Question One

The first research question asked which conceptual metaphors and culturally transmitted schemas encode illness, the body, death, and the moral order in which suffering and loss are placed. Chapter Four sets out the full inventory. What follows from it is that the corpus contains two repertoires rather than one, and that neither is internally uniform: the three Arab writers share no single cultural logic yet all three decline the war model, while the three European writers share no common system at all. The conclusion to be drawn is that cultural inheritance, rather than membership of a linguistic or geographical bloc, governs the repertoire available to each writer.

5.2.2 Conclusions Relating to Research Question Two

The second research question asked how cultural, religious, and historical contexts shape the repertoire of conceptual metaphors and cultural schemas available to each physician-writer. Chapter Four shows, metaphor by metaphor, that these contexts are not external decoration but constitutive: the theological space opened by the root *r-h-m*, the late-Victorian military and Christian inheritance, and the Russian tradition of structural critique are each doing analytical work within the metaphor itself. The conclusion is that the metaphor a physician-writer uses to encode illness, the body, and death is not solely a product of individual imagination but is constrained, enabled, and shaped by the context in which the writer thinks and works. This bears on cognitive-linguistic theory: it is consistent with the view that conceptual metaphors are culturally variable, and it extends that framework into a domain to which it has not previously been applied systematically - comparative physician-writer fiction.

5.2.3 Conclusions Relating to Research Question Three

The third research question asked to what extent the three-stage procedure proposed in this study yields comparable results across the Arabic and European data. As Chapter Four demonstrates, the procedure proved highly effective: it yielded the same three-stage output for each of the twelve extracts, so that every extract is directly comparable with every other, regardless of language, literary period, or medical specialism. The conclusion is that the integrated three-stage procedure is a methodologically viable approach for the comparative analysis of physician-writers' corpora across different linguistic and cultural contexts. Because the procedure succeeded across corpora as different in language, religious tradition, and literary period as these, there is good reason to expect that it would extend to other traditions not examined here; this expectation does not depend on the particular empirical findings of the present corpus and is proposed directly as a first direction for further study (5.4).

The contribution of the study may be summarised in four claims:

1. The study's principal empirical contribution is to show that the expected opposition between a unified 'West' and a unified 'East' does not survive extract-by-extract testing.
2. The analysis bears on a body of scholarship that treats the ILLNESS IS WAR metaphor as the characteristic idiom of Western biomedical discourse. Sontag (1978) criticises the dominance of this military framing, and the present study finds, in the Arabic corpus, an instance of suffering encoded systematically without recourse to it. This qualifies the universalising tendency of that literature and carries practical implications for cross-cultural clinical communication, where a patient's idiom of suffering may not be organised by combat at all.

3. The study occupies a new analytical position, bringing together an Arab–European comparative corpus, an integrated CMT and CL framework, the MIP/MIPVU procedure, and six physician-writers representing three medical specialisms in each corpus.
4. Three culturally specific conceptual resources in Arabic - the root ‘*sh-q* [love and disease] in Tag Elsir, the root *r-ḥ-m* [*raḥim*, *raḥma*, and *al-Raḥmān*] in Elshazly, and the schema of *zawāl al-‘izz* [the passing of worldly glory] in al-Hili - have been analysed in a way that may be of interest to the international cognitive-linguistic literature.

5.3 Recommendations

The recommendations below are addressed to specific audiences and follow directly from the results of the study.

5.3.1 Recommendations for Scholars of Arabic and Comparative Literature

The physician-writer should be recognised as a distinctive figure in contemporary Arabic literature and studied as such. The clinical dimension - and, in al-Hili and Elshazly, the theological one - is not peripheral to the work of these writers; its integration with the literary imagination is constitutive of the work and generates conceptual metaphors and cultural schemas of real analytic interest. In Taj al-Sir’s *Ebola* 76, by contrast, that same integration operates through social and communal schemas rather than religious ones, a variation that only strengthens the case for reading these writers through cognitive-linguistic tools. Comparative literary scholarship cannot take for granted the internal coherence of the ‘European’ or ‘Western’

category, especially when it is set against ‘Arab’ or ‘Islamic’ traditions. The present study has shown that, even within a small group of three physician-writers, a ‘European’ can denote three quite different worldviews, together with one hinge-figure structurally more similar to the supposedly opposite tradition than to his fellow Europeans.

5.3.2 Recommendations for Specialists in Medicine and Literature

Medical and literary education, in both Arabic- and English-speaking contexts, can benefit from incorporating comparative studies of culturally different encodings of illness and the body. Medical students commonly meet Western metaphors of disease in the course of their training, and literature students commonly meet Western metaphors of suffering in their own literary inheritance; students in both fields, however, are seldom introduced to the alternative cultural schemas examined in this study. For both groups, such familiarity would be valuable - not as curiosities, but as developed and internally coherent conceptualisations of the human encounter with illness, the body, and death.

5.4 Suggestions for Further Study

Six directions for further research are set out below. Each follows from a finding or a limitation of the present study and is feasible using the three-stage analytical procedure employed in this thesis:

- 1) A Linguistic Study of Contemporary Arabic Pandemic Fiction.

- 2) Translingual Physician-Writers and Cultural Conceptualisations in World Englishes: Negotiating the Disjuncture between Language and Tradition.
- 3) Illness and Death Metaphors in Arabic and European Medical Narratives.
- 4) Illness from Two Perspectives: A Comparative Cognitive Analysis of Patient-Authored Pathographies and Physician-Writer Narratives.
- 5) Trauma, Resilience, and Dignity in Iraqi Physician-Authored Narratives.
- 6) Illness, Displacement, and Survival across Non-Fiction Genres: An Analysis of the Autobiographical and Travel Writing of Professor Sami Salman.

References

- Abbas, Z. S. (2023). al-Ru'yah al-falsafiyyah li-nitājāt al-Duktur Ra'd Šādiq al-Ḥillī [The philosophical vision in the works of Dr. Raad Sadiq Al-Hili]. *Lark Journal*, 50(2), 313–325. <https://doi.org/10.31185/lark.Vol2.Iss50.3187>
- Abdul Jabbar, Z. L., & Abdulaali, W. A. (2024). Literature and medicine: Aspects of connection. *Al-Adab Journal*, (151), 19–36. <https://doi.org/10.31973/xteapg78>
- Abū Dāwūd, S. ibn al-Ash'ath. (n.d.). *Sunan Abī Dāwūd* (A. Hasan, Trans.). Sunnah.com. Retrieved July 18, 2026, from <https://sunnah.com/abudawud:1694>
- Aḥmad. 'A. R. (2023, February 26). *Bayna 'ilāj al-ḡasad wa-ḡhidhā' al-rūḥ: Aṭibbā' Miṣriyyūn bara'ū fī majāl al-adab* [Between healing the body and feeding the soul: Egyptian physicians who excelled in literature]. Al Jazeera. <https://www.aljazeera.net/culture/2023/2/26/أطباء-الروح-علاج-الجسد-وغذاء-الروح>
- al-Bayan. (2005, October 19). *Ibn Sīnā amsaka nabḍ al-shābb al-hālik li-yaktashifa anna al-'ishq dā'uḥu wa-dawā'uḥu* [Ibn Sīnā took the pulse of the dying young man to discover that love was its disease and its cure]. Al-Bayan. <https://www.albayan.ae/sports/2005-10-20-1.984774>
- Al-Bayari, M. (2014, November 7). “*Ībōlā*” fī riwāya ‘Arabiyya [“Ebola” in an Arabic novel]. *Al-‘Arabī al-Jadīd*. <https://www.alaraby.co.uk/opinion/عربية-رواية-في-إيبولا>
- al-Bukhārī, M. ibn Ismā'īl. (n.d.). *Ṣaḥīḥ al-Bukhārī* (M. M. Khan, Trans.). Sunnah.com. Retrieved July 18, 2026, from <https://sunnah.com/bukhari:5988>

- Al-Hili, Kh. (2018, September 11). Ṭabīb 'Irāqī wāḥid fī al-khāmisa wa-al-thalāthīn li-qarya Yūnāniyya [One Iraqi physician of thirty-five for a Greek village]. Elaph. <https://elaph.com/Web/Culture/2018/09/1219156.html>
- Al-Hili, R. S. (2021). *Māriyā al-Yūnāniyya wa-'ishquhā al-'ajīb* [in Arabic] [Maria the Greek and her wondrous love]. Dar Amal Al-Jadida; Dar Manshurat Gilgamesh.
- Al Jazeera. (2025, August 13). *Al-Muqābala: Al-riwā'ī al-Sūdānī Amīr Tāj al-Sirr* [The Interview: The Sudanese novelist Amir Tag Elsir] [Video]. YouTube. <https://www.youtube.com/watch?v=W9zkd8ItTgA>
- Al-Khalili, M. (1946). *Mu'jam udabā' al-aṭibbā'* [in Arabic] [Dictionary of physician-writers] (Vol. 1). Maṭba'at al-Gharī, al-Najaf.
- Al-Sharqiya. (2022, July 31). *Al-ṭabīb wa-al-adīb Ra'd Šādiq al-Hili* [The physician and writer Raad Sadiq al-Hili] [Video]. *Aṭrāf al-ḥadīth*. YouTube. <https://www.youtube.com/watch?v=GkNquQ5yxMg>
- Al-Sulṭān, 'A. (2026, February 22). Al-Insāniyyāt al-ṭibbiyya: Ḥīna yaltaqī al-ṭibb bi-al-adab [Medical humanities: When medicine meets literature]. *Al-Riyāḍ*. <https://www.alriyadh.com/2176349>
- Al-Tirmidhi, M. b. I. (2002). *Sunan al-Tirmidhi* (M. N. Al-Albani, Reviewer; M. H. Al-Salman, Ed.). Maktabat al-Ma'arif
- Al-Ṭūkhī, Sh. S. M. (2025). Balāghat al-ṣūra al-riwā'iyya fī *Awraq Sham'un al-Miṣrī* li-Usāma al-Shādhilī [The rhetoric of the novelistic image in Ossama Elshazly's *The Papers of Shamoun the Egyptian*]. *Majallat Kulliyat al-Ādāb, Jāmi'at Būr Sa'īd*, 31(31, Pt. 1), 223–261. <https://doi.org/10.21608/jfpsu.2024.340498.1405>

Ali, A. Y. (Trans.). (2004). *The meaning of the Holy Qur'an (10th ed.)*. Amana Publications.
(Original work published 1934)

Amer, M. (2025, April 29). *Fayd al-Thikrayat.. Misdaqiyah Tarikhiyyah wa Insaniyyah [The Overflow of Memories.. Historical and Human Credibility]*. Al-Sabah.
<https://alsabaah.iq/113659-.html>

Angyal, A. J., & Adler, R. (2022). *Oliver Sacks. Health and Medicine Research Starters*. EBSCO. <https://www.ebsco.com/research-starters/health-and-medicine/oliver-sacks>

Aseer al-Kutub. (n.d.). *Usāma 'Abd al-Ra'ūf al-Shādhilī* [Osama Abdul-Raouf Elshazly: Author profile]. Aseer al-Kutub. Retrieved July 16, 2026, from
<https://www.aseeralkotb.com/ar/authors/13660>

Bleakley, A. (2015). *Medical humanities and medical education: How the medical humanities can shape better doctors*. Routledge.

Bourdieu, P. (1991). *Language and Symbolic Power*. Harvard University Press.

Britannica, T. Editors of Encyclopaedia. (2026, April 21). *Arthur Conan Doyle | Biography, books, Sherlock Holmes, death, fairies, & facts*.
<https://www.britannica.com/biography/Arthur-Conan-Doyle>

Britannica, T. Editors of Encyclopaedia. (2026, March 20). *Anton Chekhov | Biography, plays, short stories, & facts*. <https://www.britannica.com/biography/Anton-Chekhov>

Britannica, T. Editors of Encyclopaedia. (2026, May 2). *Oliver Sacks | Biography, books, & facts*. <https://www.britannica.com/biography/Oliver-Sacks>

Brown, G., & Yule, G. (1983). *Discourse analysis*. Cambridge University Press.

Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18(1), 1–21.

- Bynum, W. F. (2008). *The history of medicine: A very short introduction*. Oxford University Press.
- Calder, R. (1972). *W. Somerset Maugham and the quest for freedom*. Heinemann.
- Cameron, L. (2003). *Metaphor in educational discourse*. Continuum.
- Cameron, L., & Maslen, R. (Eds.). (2010). *Metaphor analysis: Research practice in applied linguistics, social sciences and the humanities*. Equinox.
- Chapman, A. (2023). Authority and medical expertise: Arthur Conan Doyle in *The Idler*. *Medical Humanities*, 49(4), 565–575. <https://doi.org/10.1136/medhum-2022-012491>
- Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford University Press.
- Chekhov, A. (1921). *The horse-stealers and other stories* (C. Garnett, Trans.). Macmillan. (Original work published 1892). <https://www.gutenberg.org/files/13409/13409-h/13409-h.htm>
- Chilton, P. (2014). *Language, space and mind: The conceptual geometry of linguistic meaning*. Cambridge University Press.
- Chomsky, N. (1957). *Syntactic structures*. Mouton.
- Chomsky, N. (1965). *Aspects of the theory of syntax*. MIT Press.
- Cohen, L., Manion, L., & Morrison, K. (2018). *Research Methods in Education (8th ed.)*. Routledge. <https://doi.org/10.4324/9781315456539>
- Cook, G. (1994). *Discourse and Literature: The Interplay of Form and Mind*. Oxford University Press.
- Coope, J. (1997). *Doctor Chekhov: A study in literature and medicine*. Cross Cultural Press.

- Coulehan, J. (2026, March 23). *Cold eye, warm heart: Medicine and Anton Chekhov*. Medhum.
https://medhum.org/article/narrative/jack_coulehan/cold-eye-warm-heart-medicine-and-anton-chekhov/
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches (4th ed.)*. Sage.
- Croft, W., & Cruse, D. A. (2004). *Cognitive linguistics*. Cambridge University Press.
- Doyle Estate. (2026). *Doctor and physician - Official family estate website*.
<https://arthurconandoyle.co.uk/physician>
- Doyle, A. C. (1894a). The curse of Eve. In *Round the red lamp: Being facts and fancies of medical life*. Methuen & Co. <https://www.gutenberg.org/files/423/423-h/423-h.htm>
- Doyle, A. C. (1894b). A straggler of '15. In *Round the red lamp: Being facts and fancies of medical life*. Methuen & Co. <https://www.gutenberg.org/files/423/423-h/423-h.htm>
- Elshazly, O. (2021). *Awraq Sham'un al-Miṣrī* [in Arabic] [The Papers of Shamoun the Egyptian] (12th ed.). Dar al-Riwaq.
- Emad, M. (2025, December 24). *Ṣudūr al-tarjama al-Fārisiyya min riwāyat “Awraq Sham'un al-Miṣrī” li-Usāma ‘Abd al-Ra’ūf al-Shādhilī* [The Persian translation of the novel “The Papers of Shamoun the Egyptian” by Osama Abdul-Raouf Elshazly is released]. *Shorouk News*. <https://www.shorouknews.com/news/view.aspx?cdate=24122025&id=f3a02c1e-b91e-485b-9e73-014891ba6fd1>
- Evans, V. (2009). [Review of the book *The Oxford handbook of cognitive linguistics*, by D. Geeraerts & H. Cuyckens (Eds.)]. *Journal of Linguistics*, 45(2), 461–472.
<https://doi.org/10.1017/S0022226709005775>

- Evans, V., & Green, M. (2006). *Cognitive linguistics: An introduction*. Edinburgh University Press.
- Fairclough, N. (1992). *Discourse and social change*. Polity Press.
- Fairclough, N. (1995). *Critical discourse analysis: The critical study of language*. Longman.
- Fauconnier, G., & Turner, M. (2002). *The way we think: Conceptual blending and the mind's hidden complexities*. Basic Books.
- Fillmore, C. J. (1982). Frame semantics. In Linguistic Society of Korea (Ed.), *Linguistics in the morning calm* (pp. 111–137). Hanshin.
- Fisher, C. (2017). Doctor-writers: Anton Chekhov's medical stories. In S. M. Hilger (Ed.), *New directions in literature and medicine studies* (pp. 377–396). Palgrave Macmillan.
https://doi.org/10.1057/978-1-137-51988-7_21
- Flexner, A. (1910). *Medical education in the United States and Canada: A report to the Carnegie Foundation for the Advancement of Teaching*. Carnegie Foundation.
- Flusberg, S. J., Matlock, T., & Thibodeau, P. H. (2018). War metaphors in public discourse. *Metaphor and Symbol*, 33(1), 1–18.
- Foucault, M. (1973). *The birth of the clinic: An archaeology of medical perception* (A. M. Sheridan Smith, Trans.). Pantheon Books. (Original work published 1963)
- Gacemi, H. (2024). *Maḥkiyyat al-wabā': Riwāyat "Ibolā 76" li-Amīr Tāj al-Sirr namudhajan [Pandemic narratives: Ebola 76 novel by Amir Taj al-Sir as a model]*. *Majallat Ihālāt*, 6(1), 212–221. <https://asjp.cerist.dz/en/article/241529>
- Gavins, J., & Steen, G. (Eds.). (2003). *Cognitive poetics in practice*. Routledge.
- Geeraerts, D., & Cuyckens, H. (Eds.). (2007). *The Oxford handbook of cognitive linguistics*. Oxford University Press.

- Gibbs, R. W. (2005). *Embodiment and cognitive science*. Cambridge University Press.
- Gibbs, R. W. (2017). *Metaphor Wars: Conceptual Metaphors in Human Life*. Cambridge University Press.
- Gogel, E. L., & Terry, J. S. (1987). Medicine as interpretation: The uses of literary metaphors and methods. *Journal of Medicine and Philosophy*, 12(3), 205–217.
- Goodman, L. E. (1992). *Avicenna*. Routledge.
- Grady, J. E. (1997). *Foundations of meaning: Primary metaphors and primary scenes* (Publication No. qt3g9427m2) [Doctoral dissertation, University of California, Berkeley]. eScholarship. <https://escholarship.org/uc/item/3g9427m2>
- Hafez, S. (1993). *The genesis of Arabic narrative discourse: A study in the sociology of modern Arabic literature*. Saqi Books.
- Halpern, J. (2001). *From detached concern to empathy: Humanizing medical practice*. Oxford University Press.
- Hamzeh, S. M. O. (2021). *Capturing the essence of life during pandemics in Mary Shelley's The Last Man and Amir Tag Elsir's Ebola 76: A comparative study* [Master's thesis, Middle East University]. MEU Institutional Repository. <https://www.meu.edu.jo/libraryTheses/Capturing%20the%20Essence%20of%20Life%20during%20Pandemics%20in.pdf>
- Hassan, W. S. (2011). *Immigrant Narratives: Orientalism and Cultural Translation in Arab American and Arab British Literature*. Oxford University Press.
- Heller, T. (2026). *Arthur Conan Doyle*. EBSCO Research Starters. <https://www.ebsco.com/research-starters/history/arthur-conan-doyle>

- Hunter, K. M. (1991). *Doctors' stories: The narrative structure of medical knowledge*. Princeton University Press.
- Hydén, L.-C. (1997), Illness and narrative. *Sociology of Health & Illness*, 19: 48-69. <https://doi.org/10.1111/j.1467-9566.1997.tb00015.x>
- Idris, Y. (2008). *The essential Yusuf Idris: Masterpieces of the Egyptian short story* (D. Johnson-Davies, Trans.). American University in Cairo Press.
- International Journal of Middle East Studies. (n.d.). *IJMES transliteration system for Arabic, Persian, and Turkish*. Cambridge University Press. <https://www.cambridge.org/core/services/aop-file-manager/file/57d83390f6ea5a022234b400/TransChart.pdf>
- International Prize for Arabic Fiction. (2010, December 5). *Longlist profiles: Amir Taj al-Sir*. ArabLit. <https://arablit.org/2010/12/05/international-prize-for-arabic-fiction-longlist-profiles-amir-taj-al-sir/>
- Jayyusi, S. K. (Ed.). (1992). *The literature of modern Arabia*. Kegan Paul International.
- Jazzā', Ṭ. (2023, February 12). *Al-Ḥillī.. hājara ṭabībān wa- 'āda adībān* [Al-Hili: he emigrated as a physician and returned as a man of letters]. *Al-Zawra'*. <https://alzawraapaper.com/content.php?id=350171>
- Johnson, M. (1987). *The body in the mind: The bodily basis of meaning, imagination, and reason*. University of Chicago Press.
- King James Bible. (n.d.). *Bible Study Tools*. Retrieved [June 8, 2026], from <https://www.biblestudytools.com/kjv/genesis/3-16.html> (Original work published 1769)
- Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition*. Basic Books.

- Kottow, A., & Kottow, M. (2002). Literary narrative in medical practice. *Medical Humanities*, 28(1), 41–44.
- Kövecses, Z. (2005). *Metaphor in culture: Universality and variation*. Cambridge University Press.
- Kövecses, Z. (2010). *Metaphor: A practical introduction (2nd ed.)*. Oxford University Press.
- Lakoff, G. (1987). *Women, fire, and dangerous things: What categories reveal about the mind*. University of Chicago Press.
- Lakoff, G. (1990). *The invariance hypothesis: Is abstract reason based on image-schemas?* *Cognitive Linguistics*, 1(1), 39–74.
- Lakoff, G. (1993). The contemporary theory of metaphor. In A. Ortony (Ed.), *Metaphor and thought (2nd ed., pp. 202–251)*. Cambridge University Press.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. University of Chicago Press.
- Lakoff, G., & Johnson, M. (1999). *Philosophy in the flesh: The embodied mind and its challenge to Western thought*. Basic Books.
- Lakoff, G., & Turner, M. (1989). *More than cool reason: A field guide to poetic metaphor*. University of Chicago Press.
- Langacker, R. W. (1987). *Foundations of cognitive grammar: Vol. 1. Theoretical prerequisites*. Stanford University Press.
- Lawrence, D. H. (2007). Why the novel matters. In *Kaleidoscope: Textbook in English (Elective) for Class XII* (pp. 165–172). National Council of Educational Research and Training. (Original work published 1936)
- Lloyd, G. E. R. (Ed.). (1983). *Hippocratic writings (J. Chadwick & W. N. Mann, Trans.)*. Penguin.

- Luckhurst, R. (2021). Arthur Conan Doyle and medical London: Reading the topography of *Round the Red Lamp*. *Victoriographies*, 11(3), 295–313.
<https://doi.org/10.3366/vic.2021.0435>
- Malcolm, J. (2007). *Reading Chekhov: A critical journey*. Random House.
- May, C. E. (2023). *Anton Chekhov*. EBSCO Research Starters. <https://www.ebsco.com/research-starters/history/anton-chekhov>
- McLellan, M. F. (1997). Literature and medicine: Physician-writers. *The Lancet*, 349(9051), 564–567.
- Miller, M. (2017). *The mind's eye: Oliver Sacks and the culture of popular neuroscience*. Johns Hopkins University Press.
- Montgomery, K. (2006). *How doctors think: Clinical judgment and the practice of medicine*. Oxford University Press.
- Nasr, S. H. (2013). *Islamic spirituality: foundations*. Routledge.
- Natali, I. (2025). *The Doctor-Writer and the Boundaries of Literariness: The Case of Dannie Abse*. *LEA-Lingue e Letterature d'Oriente e d'Occidente*, 7, 129-142.
- Nutton, V. (2004). *Ancient medicine*. Routledge.
- Palla, I., Turchetti, G., & Polvani, S. (2024). *Narrative medicine: Theory, clinical practice and education — A scoping review*. *BMC Health Services Research*, 24, Article 1116.
- Palmer, G. B. (1996). *Toward a theory of cultural linguistics*. University of Texas Press.
- Pattison, S. (2000). *Shame: Theory, therapy, theology*. Cambridge University Press.
- Pormann, P. E., & Savage-Smith, E. (2007). *Medieval Islamic medicine*. Edinburgh University Press.

- Porter, R. (1997). *The greatest benefit to mankind: A medical history of humanity from antiquity to the present*. HarperCollins.
- Pragglejaz Group. (2007). MIP: A method for identifying metaphorically used words in discourse. *Metaphor and Symbol*, 22(1), 1–39.
- Rahman, F. (1987). *Health and medicine in the Islamic tradition: Change and identity*. Crossroad.
- Ravin, J. G., & Migdal, C. (1995). Sir Arthur Conan Doyle: The author was an ophthalmologist. *Survey of Ophthalmology*, 40(3), 237–244. [https://doi.org/10.1016/s0039-6257\(95\)80032-8](https://doi.org/10.1016/s0039-6257(95)80032-8)
- Richardson, A., & Steen, F. F. (2002). Literature and the cognitive revolution: An introduction. *Poetics Today*, 23(1), 1–8. <https://doi.org/10.1215/03335372-23-1-1>
- Rothfield, L. (1992). *Vital Signs: Medical Realism in Nineteenth-Century Fiction*. Princeton University Press.
- Sacks Foundation. (n.d.). *Biography - Oliver Sacks Foundation*. <https://www.oliversacks.com/wp-content/uploads/2022/03/OS-Long-Bio.pdf>
- Sacks, O. (1990). *The man who mistook his wife for a hat and other clinical tales* (1st Harper Perennial Library ed.). Harper Perennial. (Original work published 1985)
- Schiffrin, D. (1994). *Approaches to discourse*. Blackwell.
- Semino, E. (2008). *Metaphor in discourse*. Cambridge University Press.
- Sen, M., & Honavar, S. G. (2021). Sir Arthur Conan Doyle: The adventures of a literary ophthalmologist. *Indian Journal of Ophthalmology*, 69(12), 3394–3396. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8837313/>

- Sharifian, F. (2011). *Cultural conceptualisations and language: Theoretical framework and applications*. John Benjamins.
- Sharifian, F. (2017). Cultural linguistics. *Ethnolinguistic*, 28, 33–61.
<https://doi.org/10.17951/et.2016.28.31>
- Sharifian, F. (2017). *Cultural linguistics: Cultural conceptualisations and language*. John Benjamins.
- Sontag, S. (1978). *Illness as metaphor*. Farrar, Straus and Giroux.
- Steen, G. J., Dorst, A. G., Herrmann, J. B., Kaal, A. A., Krennmayr, T., & Pasma, T. (2010). *A method for linguistic metaphor identification: From MIP to MIPVU*. John Benjamins.
- Stockwell, P. (2002). *Cognitive poetics: An introduction*. Routledge.
- Sun, J. (2012). *Physicians Writing on the Edge: Liminalities and Narratives*. State University of New York at Binghamton, Department of English, General Literature and Rhetoric.
- Taher, M. (2021, September 6). *Usāma al-Shādhilī yunāqishu riwāyatahu "Awraq Sham'un al-Miṣrī" bi-al-Nīl al-Thaqāfiyya* [Osama Elshazly discusses his novel *The Papers of Shamoun the Egyptian on Nile Cultural Channel*]. *Ahram Gate*.
<https://gate.ahram.org.eg/News/2947349.aspx>
- Taj al-Sir, A. (2012). *Ibōlā 76* [in Arabic] [Ebola 76]. Dar al-Saqi.
- Tenbrink, T. (2015). Cognitive discourse analysis: Accessing cognitive representations and processes through language data. *Language and Cognition*, 7(1), 98–137.
<https://doi.org/10.1017/langcog.2014.19>
- Tenbrink, T. (2020). *Cognitive discourse analysis: An introduction*. Cambridge University Press.
- Tougaw, J. (2018). *The Dream of the Lucid Mind: Literature and the Quest for Brain Consciousness*. Columbia University Press.

- Tsur, R. (1992). *Toward a theory of cognitive poetics*. North-Holland.
- Turner, M. (1991). *Reading minds: The study of English in the age of cognitive science*. Princeton University Press.
- Turner, M. (1996). *The literary mind: The origins of thought and language*. Oxford University Press.
- van Dijk, T. A. (1993). Principles of critical discourse analysis. *Discourse & Society*, 4(2), 249–283.
- van Dijk, T. A. (2008). *Discourse and context: A sociocognitive approach*. Cambridge University Press.
- van Dijk, T. A. (2009). *Society and Discourse: How Social Context Influences Text and Talk*. Cambridge University Press.
- van Dijk, T. A. (2014). *Discourse and knowledge: A sociocognitive approach*. Cambridge University Press.
- Varela, F. J., Thompson, E., & Rosch, E. (1991). *The embodied mind: Cognitive science and human experience*. MIT Press.
- Vidmar, I. (2013). Thought experiments, hypotheses, and cognitive dimension of literary fiction. *Synthesis Philosophica*, 28(1–2), 177–193.
- Weems, S. G. (2015). *The Poetics of Healing: Voicing Illness and Trauma in Literature, Narrative Medicine, and Reflective Writing [Doctoral Dissertation, University of Florida]*.
- Werth, P. (1999). *Text Worlds: Representing Conceptual Space in Discourse*. Longman.
- Wodak, R., & Meyer, M. (Eds.). (2009). *Methods of critical discourse analysis (2nd ed.)*. SAGE.

Youm7. (2023, March 19). *Amīr Tāj al-Sirr ba'da ṣudūr tarjama Turkiyya li-"Ībōlā 76": al-lugha al-tāsi'a li-hādhihi al-riwāya* [Amir Tag Elsir after the release of a Turkish translation of "Ebola 76": the ninth language for this novel]. Youm7. <https://www.youm7.com/story/2023/3/19/-أمير-تاج-السري-بعد-صدور-ترجمة-تركية-ل-إيبولا-6120731/76>

Zverev, V. (Comp.). (1990). *Vladimir Ilyich Lenin: Pages from his life, with reminiscences of his associates* (B. Lunkov, Trans.). Novosti Press Agency Publishing House.

APPENDICES

Appendix A

Correspondence with Dr Raad Sadiq al-Hili

The following screenshots document the correspondence conducted with the author. They are reproduced with his written permission (see Figure 1). Personal contact details have been redacted. The correspondence was conducted in Arabic; English renderings of the passages cited in the thesis are supplied beneath each figure and are the researcher's own translations.

Picture 1

The author's permission for the reproduction of the correspondence, 17 July 2026



Picture 2

Exchange concerning the author's university and medical training, 18 July 2026

رعد الحلي     

نشط منذ ٢ ساعة

تم التعديل

السلام عليكم استاذة حلا، على
العكس انا سعيد بأهتمامك وحرصك
وانا اقدر عاليا من يملك المسؤولية
العالية في عمله وتصرفاته 

١٨ تموز الساعة ١:٤٧ م

بالنسبة لدراستي، فأنا درست في
جامعة (ارطوطاليس) وفي كلية
الطب البشري وتخرجت منها ومن ثم
انتقلت الى أثينا وانجزت الاختصاص
في طب الأطفال في المستشفى
الخاص بالأطفال (بانديلي) بعدها
فتحت عيادة خاصة في اثينا وبنفس
الوقت طبيب في المركز الحكومي
لرعاية الأطفال والامومة وهو مركز
بفروع كثيرة-قسم للأطفال بلا مأوى
بسبب قصور الأهل وهم للتبني وكنت
المسؤول الطبي للتبني(اطفال من
الولادة حتى 6 سنوات)والاقسام
الأخرى للأطفال مع اعاقة جسدية
ونفسية والتوحد وقسم للأعمار 6-18
سنة والحمد لله كل الحمد عملت في
كل الأقسام ولأكثر من عشرين سنة
وضميري فخور جدا بهذا العمل 

aristotle university 

General Children Hospital of
Penteli 

Picture 3

Exchange concerning the author's literary influences, 17 July 2026

رعد الحلي

كان نشطاً منذ ٤ دق...

رعد الحلي

كان نشطاً منذ ٤ دق...

سؤالي هو:

هل تُعتبر جميع أعمالك الأدبية متأثرة
بالفكر أو الأدب أو الفلسفة
اليونانية؟؟
وأكون ممتنة جداً لحضرتك على
الجواب

١٧ تموز الساعة ٥:٤٩ م

مساء الخير أستاذة حلا العزيزة وكل
التقدير
سؤال جميل، ولكن يصعب الأجابة
عليه بالمطلق فقد كانت هناك تأثيرات
كبيرة جداً على اهتماماتي وقبل
هجرتي الى اليونان وأنا في العشرين
من عمري وخصوصاً من الأدب
الروسي بكل ادبائه القدماء والأدب
الإنكليزي وخصوصاً تشارلز ديكنز، أما
فيما يخص الأدب العربي فكان لطفه
حسين والعقاد ونجيب محفوظ
وغائب طعمة فرمان والأهم في
الصقل الفكري كانوا أدباء المهجر وهم
إليا أبو ماضي وميخائيل نعيمة
وجبران خليل جبران ولا يمكنني ان
لا أشير الى جورج زيدان في السرد
الخيالي التاريخي.
بعد وصولي الى اليونان ودراستي
اللغة اليوناني شعرت باستفزاز محفز
من هذه اللغة التي تشبه في الكثير
من احوالها للغة العربية، فهي ايضاً لها
اللغة القديمة المندثرة تقريبا
والفصحى والدارجة الآن.

لا يمكنني ان أنكر تأثير العظيم
سقراط وخصوصاً عند القراءة في
لغته الأم وليس عن طريق الترجمة،
تأثرت بسقراط والإنسانية في منهجه
وحجم تواضعه وعندما انتخبوه
احكم الحكماء قال مقولته الشهيرة

(كل ما اعرفه انني لا اعرف شيئاً!)
ولكن عند المقارنة بحكيمنا العربي
وحكيم الإنسانية، علي بن ابي طالب
الذي هو أوسع فكراً وأشمل علماً
وأوضح في الموعظة والفضيلة
والكثير من جوانب الحكمة والطريق
الواسع الى إنسانية الحق والعدالة.

واخيراً لابد من الاشارة الى احد كتبي
(ايسوبوس او ايسوب-الفيلسوف او
الحكيم المظلوم) والحقيقة انني
حاولت أظهار قيمة هذا الحكيم والذي
أهمله التاريخ اليوناني رغم كل
الأشارات عنه من الفلاسفة الكبار
كسقراط وأفلاطون وارسطو وغيرهم
من أنه كان النبع الروحي والوحي
وتأثيره على أفكارهم وطبعاً لم يكن
السبب في اهماله (حسب اعتقادي
الخاص) سوى أنه كان عبداً مملوكاً
وليس مواطناً يونانياً اصيلاً (هي
نفس العنصرية منذ خلق البشرية)
وبأدلة مقنعة جداً وإشارات قوية أنه
من أصول بابلية، أو جذور من وادي
الرافدين! وقد أشرت لها في الكتاب.
القصص الخرافية الواعظة لهذا
الفيلسوف اعتقد كان لها التأثير
الخاتم على الإنسانية ومنها شعاري
(أنت أنسان أنت كل الأديان)،
الانسانية هي الدين الأول وأن الدين
جاء لتهديب وصقل وغرز هذه
الإنسانية.

Appendix B

Picture 1

Asst. Prof. Dr. Muhannad Hadi Altalqani
Licensed by Iraqi Translators' Association
Languages: English / Arabic
ID No. 4031



Dr. Muhannad Hadi Al-Talqani
LICENSED LEGAL TRANSLATOR

أ.م.د. مهند هادي الطالقاتي
مترجم قانوني مجاز من جمعية المترجمين العراقيين
اللغات المرخص بها: العربية \ الإنجليزية
رقم الهوية: 4031

4.2.1.1. Extract One: Maria Al-Yunania wa Ishquha Al-Ajib

She needed only a few pennies to make up the rest of the fare. She tried pleading with the ticket collector, appealing to his chivalry to help this disabled man, but he shouted in her face with repulsive disdain:

If I did this for every disabled person, I would have nothing left of my salary. Don't you look around you to see how many disabled people there are now? This is war. Where on earth do you live, lady?

Maria was stunned by this response. She recoiled from its cruelty. Its harsh reality terrified her. Where on earth do you live, lady?, words that cast her onto the frontlines of battle in a single instant. She fell silent and did not try to reason with him again. She even contemplated sending Panos ahead alone at first, but how? She thought to herself: How absurd ideas become in times of desperate need.

Despondent, she returned to where her husband sat. She seated herself behind him so he would not see her wretchedness. Monitoring what was happening around her, she scrambled for a quick solution. She now grasped the horrors of war and its catastrophic aftermath. War had stolen limbs from many. It had deprived some of sight or hearing, and from others, it had stripped away even

Picture 2

Asst. Prof. Dr. Muhannad Hadi Altalqani
Licensed by Iraqi Translators' Association
Languages: English / Arabic
ID No. 4031



Dr. Muhannad Hadi Al-Talqani
LICENSED LEGAL TRANSLATOR

أ.م.د. مهند هادي الطالقاني
مترجم قانوني مجاز من جمعية المترجمين العراقيين
اللغات المرخص بها: العربية \ الإنجليزية
رقم الهوية: 4031

dignity. They ended up incapacitated, finding no way to secure a morsel of food for themselves and their families except through begging and humiliating supplication everywhere.

Woe to you, O Man! she said to herself in anger. You repeat your mistakes, even the fatal ones...

You never learn, nor does any calamity serve as a lesson to you. It is a sheer injustice to describe man as intelligent, shrewd, rational, ingenious, clever, or perceptive. These are titles man has bestowed upon himself through deception and falsehood... just as kings and leaders bestow resounding titles upon themselves: The Savior Leader... The Hero....!!

To Maria's eyes, it seemed as though everyone had grown old and gray, even the young among them appeared elderly from the sheer weight of the calamities that war had rained upon their heads. Even beautiful Athens appeared decrepit and weary. Its ancient buildings seemed on the verge of collapsing to the ground. Maria remained seated, clothed in bewilderment, her capacity to think utterly paralyzed by the predicament she faced within this human sea, raging with its problems and misfortunes. (p. 289)

4.2.1.5. Extract Two: Maria Al-Yunania wa Ishquha Al-Ajib

Maria stood in astonishment, contemplating her plight. She felt as though she had been dropped from heaven to earth without mercy. She resolved within herself that Panos was blameless, so why should she weep now over her condition and that of her homeland? She stood before him, smiled, and said:

Here we are in our country. Are you happy about this?

He affirmed, so she embraced his head, kissed him, and said:

Mobile: 009647732048960

Email: altalqani@gmail.com

Picture 3

Asst. Prof. Dr. Muhannad Hadi Altalqani
 Licensed by Iraqi Translators' Association
 Languages: English / Arabic
 ID No. 4031



Dr. Muhannad Hadi Al-Talqani
 LICENSED LEGAL TRANSLATOR

أ.م.د. مهند هادي الطلقاني
 مترجم قانوني مجر من جمعية المترجمين العراقيين
 اللغات المرخص بها: العربية \ الإنجليزية
 رقم الهوية: 4031

I do not want you to be sad... Everything has become buried in the past except our love. So do not grieve over your lost wealth, nor for your plundered palaces... You are still the king of my kingdom and the prince of my soul... Remember, I do not want to see sadness on your face.

Maria stood outside the airport waiting for a taxi, with her hand gripping her husband's wheelchair. Inadvertently, she acted in direct opposition to what she had just enjoined upon her husband. Her mind drifted backward. Every time they used to return from a journey, cars and servants would be waiting for them, and the police would hasten to protect them. This paralyzed man once owned the earth and the sky. With a mere flick of his finger, he could alter whatever he wished. Yet, he became unable to move so much as a finger. All his treasures had availed him nothing in warding off what had transpired overnight. Money stripped him of his throne and everything he possessed of wealth, prestige, and power.

The taxi fare was a thunderbolt that crashed upon Maria's head. It was entirely unexpected, something she had not accounted for; the bulk of her funds had been devoured by inflation and the wartime economy. She even entered into a verbal altercation with the driver, but she ultimately capitulated to his merciless insistence on payment.

It was now time for Panos to eat and take his medication, which brought yet another disaster. The cost was also staggering to her, even though what she requested was exceedingly simple. Consequently, she canceled her own meal and ordered food for her husband alone. (p. 288)

Mobile: 009647732048960

Email: altalqani@gmail.com

Picture 4

Asst. Prof. Dr. Muhannad Hadi Altalqani
Licensed by Iraqi Translators' Association
Languages: English / Arabic
ID No. 4031



Dr. Muhannad Hadi Al-Talqani
LICENSED LEGAL TRANSLATOR

أ.م.د. مهند هادي الطالقاني
مترجم قانوني مجاز من جمعية المترجمين العراقيين
اللغات المرخص بها: العربية / الإنجليزية
رقم الهوية: 4031

4.2.2.1. Extract Three: Ebola 76

The deadly Ebola tracked Louis Noua that hot afternoon in August 1976, burning with a yearning to inhabit his blood.

Louis hailed from the border region of Anzara in South Sudan. He was a simple textile worker in a small factory producing cotton garments, owned and managed by a veteran of the rebel army against the central authority of Khartoum named James Riak. Louis had come to the Congo on a sudden visit of mourning when he learned by chance, from someone returning from Kinshasa, of the death of a woman who had tickled his heart and desire for the past two years, monopolizing all the affection he had previously held for his wife. He lingered in the center of the capital, Kinshasa, only long enough to look around warily and cross the unpaved road between the station of the minibus that brought him from Anzara and the station of another bus he intended to board to a cemetery on the outskirts, where hundreds of Ebola victims lay resting, harvested by the virus during that bewildered, monumental outbreak.

Ebola was all around him, exceedingly close, biding its time for the opportune moment to prey upon him. He entered the cemetery, which was enclosed by white stone and surrounded by trees, some are leafy, and others are withered. The virus was present, carried by dozens of bodies he encountered there. It was in the blood of the old, hollow-cheeked beggar woman who extended her hand to him in silence and to whom he gave half a franc as he entered. It was in the blood of the domineering security guard standing at the gate, leaning on his archaic weapon, his gaze hovering between those entering and leaving. It was in the blood of the numerous visitors upon whom he cast a wandering glance or none at all. Even when he bent over the grave of the woman

Mobile: 009647732048960

Email: altalqani@gmail.com

Picture 5

Asst. Prof. Dr. Muhannad Hadi Altalqani
 Licensed by Iraqi Translators' Association
 Languages: English / Arabic
 ID No. 4031



Dr. Muhannad Hadi Al-Talqani
 LICENSED LEGAL TRANSLATOR

أ.م.د. مهند هادي الطالقاني
 مترجم قانوني مجاز من جمعية المترجمين العراقيين
 اللغات المرخص بها: العربية \ الإنجليزية
 رقم الهوية: 4031

for whom he had undertaken this arduous journey and wept bitterly, he was bending and weeping over the grave of a woman in whose dead body the virus resided, having destroyed her only two days prior. (pp. 9-10)

4.2.2.5. Extract Four: Ebola 76

Those who spoke with him at the cemetery informed him with absolute conviction about the evil sorcerer who was dispensing death across a number of villages and towns for no known purpose. He interacted with them, not because he consciously chose to, but because his upbringing, his environment, and his intellectual level were entirely predisposed to such interaction. Although the inhabitants had heard of what was termed the mysterious virus, and the literate among them had read the Ministry of Health bulletins poorly printed on cheap paper, and had listened to the radio, which habitually interrupted glorious and traditional songs to broadcast news of the terrible killer, the matter of the evil sorcerer remained the more powerful and authoritative explanation. Consequently, many tribes mobilized their veteran sorcerers, equipped them with all manner of raw materials for talismans, and commanded them to track the evil to any of its dens and combat it until it fell.

Noua belonged to a similar environment: the same brain pre-conditioned to accept the simplest explanations, the same clamminess of hands without heat or humidity, the same bodily hormone levels, the delayed appearance of gray hair, and other traits that belong to the very core of Africa's afflictions. Therefore, with the exception of his grief over his lost mistress, he added nothing to

Mobile: 009647732048960

Email: altalqani@gmail.com

Picture 6

Asst. Prof. Dr. Muhannad Hadi Altalqani
 Licensed by Iraqi Translators' Association
 Languages: English / Arabic
 ID No. 4031



Dr. Muhannad Hadi Al-Talqani
 LICENSED LEGAL TRANSLATOR

أ.م.د. مهند هادي الطالقاتي
 مترجم قانوني مجاز من جمعية المترجمين العراقيين
 اللغات المرخص بها: العربية \ الإنجليزية
 رقم الهوية: 4031

his vocabulary of emotions on that hot afternoon save for a muted indignation toward the sorcerer of ill omen who had caused the death of his beloved and left him utterly undone. (p. 16)

4.2.3.1. Extract Five: Awraq Shamoun Al-Misri

Go, Shamoun. It is not fitting for you to look upon what is to come.

I departed immediately, particularly after the agonizing shrieks of Arwa grew louder. Leaving the courtyard, I saw the midwife, Maymuna, hurrying behind Hawa, nearly tripping over her gown, carrying a knife and a cloth swaddle in her hand. I trembled at what they would do to her. I stood not far off, listening to Arwa's screams, which tore my very entrails apart. I imagined the separation of the fetus from her body like a fruit splitting into two halves under the knife of Maymuna the midwife. What manner of pain is this that a woman endures to grant life to her fetus? What suffering is that with which human life begins? Perhaps the shared pain between a mother and her newborn is the reason for the subsequent binding of their souls. Nothing brings souls closer than the sharing of pain. After a few moments, Arwa ceased screaming, and the cries of the child began. Both were cries, yet what a vast difference lays between Arwa's heart-rending scream and the child's cry, which gathers the soul, gladdens the spirit, and strikes the ear like the melodies of Hawa and her companions. (p. 452)

Mobile: 009647732048960

Email: altalqani@gmail.com

Picture 7

Asst. Prof. Dr. Muhannad Hadi Altalqani
Licensed by Iraqi Translators' Association
Languages: English / Arabic
ID No. 4031



Dr. Muhannad Hadi Al-Talqani
LICENSED LEGAL TRANSLATOR

أ.م.د. مهند هادي الطلقاني
مترجم قانوني مجاز من جمعية المترجمين العراقيين
اللغات المرخص بها: العربية \ الإنجليزية
رقم الهوية: 4031

4.2.3.5. Extract Six: Awraq Shamoun Al-Misri

Death... a word that is short in letters and easy to pronounce, yet it is capable of shaking the conscience and disturbing one's rest. I marveled that we do not feel it or remember it unless it snatches away a beloved one, or a relative with whom we shared experiences and life. The catastrophe was immense. My father and mother wept over the passing of Sulaf with a genuine, bitter weeping. My paternal aunt, Bathsheba, shared their grief despite the misery and altercations that had existed between her and Sulaf.

I felt, despite my youth, that fate can sometimes be cruel to certain human beings, granting them happiness within a vessel of distress, for reasons unknown to us and a wisdom we cannot glean. Little Batya was that very happiness granted to us from the womb of pain, the comforter who preceded us with consolation before the mourning had even begun. (p. 95)

Asst. Prof. Dr. Muhannad Hadi Altalqani

08-07-2026

Mobile: 009647732048960

Email: altalqani@gmail.com

المستخلص

تسهم كتابات الأطباء الكُتَّاب، وهم أطباء تلقوا تدريباً سريريًا ويكتبون أيضاً الأعمال الأدبية التخيلية أو المقالات أو المذكرات، في الكشف عن الكيفية التي تتصوّر بها الثقافات المختلفة المرض، لأنهم يكتبون في الوقت نفسه بوصفهم أطباء سريريين ومؤلفين. وعلى الرغم من أن الاستعارة حظيت بدراسة واسعة في الخطاب الطبي، فقد ركّزت البحوث على استعارة «المرض حرب» في الخطاب الغربي، وأولت اهتماماً أقل للاختلافات في تصوّر المرض بين الأطباء الكُتَّاب العرب والأوروبيين. وتحدّد هذه الدراسة الاستعارات المفهومية والمخططات الثقافية التي يضمّن من خلالها ستة أطباء كُتَّاب مفاهيم المرض والجسد والموت، وكذلك النظام الأخلاقي الذي يوضع ضمنه الألم والفقدان، مع تحديد المجال المصدر والمجال الهدف والإسقاطات المعنية في كل حالة، وذلك بهدف مقارنة الأنماط بين المدونتين العربية والأوروبية. وباعتماد تحليل معرفي مقارن، تفحص الدراسة اثني عشر مقتطفاً من ثلاثة أطباء كُتَّاب عرب وثلاثة أطباء كُتَّاب أوروبيين من خلال إجراء متكامل مؤلف من ثلاث مراحل، يستند إلى نظرية الاستعارة المفهومية، واللسانيات الثقافية، وإجراء تحديد الاستعارة. وتُظهر نتائج التحليل أن استعارة «المرض حرب» لا تنتظم من خلالها عملية ترميز المعاناة في المقتطفات العربية، حيث تُستبدل بها بصورة منتظمة مخططات ثقافية متجذّرة؛ دينية لدى كاتبين، واجتماعية وساخرة لدى الكاتب الثالث. أما المدونة الأوروبية، فتتخذ ثلاثة أنماط مختلفة، إذ يأتي أحد الكُتَّاب، وهو دويل، في نمطه البنيوي أقرب إلى النمط العربي منه إلى نظرائه الأوروبيين. وتحمل هذه النتائج دلالات مباشرة على التعليم الطبي، والتواصل السريري عبر الثقافات، والعلوم الإنسانية الطبية، وتشير إلى أن الموروث الثقافي، أكثر من الانتماء إلى الشرق أو الغرب، يشكل الكيفية التي يشفّر بها الطبيب الكاتب المعاناة.



جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة واسط
كلية التربية للعلوم الإنسانية
قسم اللغة الإنجليزية

تحليل معرفي مقارنة لأعمال أدبية مختارة لأطباء كُتاب عرب وأوروبيين

رسالة تقدمت بها الطالبة:

حلا سليم نزر محمد

إلى مجلس كلية التربية للعلوم الإنسانية ، جامعة واسط ، وهي جزءاً من متطلبات
نيل درجة الماجستير في اللغة الإنجليزية وعلم اللغة

بإشراف:

أ. د. مازن جاسم محمد الحلو

محرم ١٤٤٨ هـ

حزيران ٢٠٢٦ م