

“A glass half full” or “a breastless dwarf”: Metaphorical talk in women’s accounts of Turner syndrome

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Abstract

This paper examines body-related metaphors used by Polish women to describe lived experiences associated with Turner syndrome (TS), and highlights the contribution this form of analysis can make to the study of health, emotional well-being, and social identity. Turner syndrome is a genetic aberration that affects females, and results in short stature, ovarian failure and a number of less typical body deformations; it often takes a long time to be appropriately diagnosed. Metaphor analysis is employed to analyze a data subset of four semi structured interviews audio recorded and translated from Polish into English. The analysis is carried out with metaphor operationalized as a framing device in discourse, whose main function is to impose a particular axiologically-charged construal of TS. Metaphorical concepts lying at the basis of the metaphors used were identified and grouped into four themes: (i) diagnosis and therapy; (ii) Turner syndrome (iii) appearance (iv) self-esteem and social positioning. The results of the analysis show that a range of composite metaphors develop on the basis of the BODY IS A PHYSICAL OBJECT as a primary metaphor but their occurrence depends on the salience of particular bodily symptoms of TS in individual women. Results are discussed with regard to the function and the utility of metaphor analysis in health, emotional well-being, and social identity research.

Keywords: body; conceptual metaphor; discourse; Turner syndrome

1. Introduction

This article examines metaphors employed by Polish women with Turner syndrome (TS) when they talk about the diagnosis and experiences of living with the syndrome. TS is a spectrum of phenotypic characteristics that results from deficiency of second sex chromosome genes. The most common symptoms include short stature and premature ovarian failure leading to infertility (Crenshaw and Bondy 2019).

TS unlike other illnesses or mental disorders is rarely discussed in humanities or social sciences, which might be an implication of a false supposition that females with TS, when

provided with an adequate hormone therapy, should be able to lead full, productive lives, and thus they escape researchers' attention. The objective of this article is to uncover conceptualizations of TS by those who were born with that aberration, and to argue for the usefulness of metaphor analysis in healthcare and social identity research. TS is not treated as a medical case that can be objectively 'measured or weighed', but rather as a socio-psychological condition that triggers multiple conceptualizations in its bearers. Metaphor, in turn, is understood as a cognitive device that evokes particular frames against which perception, comprehension, and evaluation can be obtained (Hart 2010, 2014). It is hypothesized that the varied conceptualizations of TS stem from grounding metaphor in varied and shared physical experiences of the body variously affected by TS.

To my knowledge, the metaphors used by women with TS to describe their bodily experiences have not previously been examined. My objective is not to provide a comprehensive taxonomy of metaphors relating to these experiences; rather by examining a small number of metaphors in the context of existing research, my aim is to illustrate the value of metaphor analysis for researchers working at the interface of health, rare diseases and social identity.

2. Metaphor

One of central tenets of cognitive linguistics is that the structure and organization of language reflect the organization of human cognition which has a bodily basis (Lakoff and Johnson 1980, 1999; Lakoff 1993, 2014; Gibbs 2006ab; Bergen 2012; Tay 2014, 2017). In general terms, 'embodied cognition' means that, (i) 'bodily experiences have correlates in the brain's somatosensory system' (Lakoff 2014: 4), (ii) a body is essential for cognition (iii) bodily experiences serve as a basis for understanding abstract concepts that cannot be directly experienced or perceived. As for the first claim, in the neural theory of metaphor (Narayanan 1997; Lakoff 2009; 2014) metaphorical mappings are claimed to be stored as fixed neural circuits in the brain that are automatically activated in metaphor processing. The second claim entails that 'cognitive abilities and the content of a mind are both tightly linked to the physical structure of the body, at multiple levels – from the anatomical arrangement of the sensor/effector organs to the molecular and bioelectric states that store its information' (Levin 2021: 125). Thirdly, human reasoning and our conception of the world are structured by metaphoric associations which involve the perception of similarities or correspondences between entities and processes. Thus, metaphor is not considered rhetorical but primarily conceptual, and secondarily linguistic, gestural, and visual (Lakoff and Johnson 1980). It is a meaning-making device with which 'we can see, experience, think and communicate about one thing in terms of another' (Demjén and Semino 2017: 1). Consequently, the study of metaphors that are employed for communicating ideas via language is the study of 'the conceptual metaphor system for characterizing a domain of thought' (Lakoff 2014: 1).

3. Turner syndrome

Turner syndrome is neither a physical illness that causes agonizing pain nor is it a life-threatening condition that resists treatment. ‘Most girls with TS are healthy and well-adjusted’, [...] ‘some, [however], face special physical, emotional, social or learning challenges’ (Rieser and Davenport 2019: 2), and the overall stigma associated with having TS (short stature and infertility) may ‘exacerbate the degree to which women feel that their bodies do not conform to the unrealistic standards prescribed by their culture’ (Cragg and Lafreniere 2010: 437), which can cause psychological pain.

One of the most acute problems that middle-aged and older women with TS may face is the lack of growth hormone therapy (GHT), and the resultant short stature. In Poland, the Ministry of Health only began to offer reimbursements for GHT for girls with TS in 2000 (Świątkiewicz-Mośny 2010); therefore, those who had been through puberty before that year never received GHT, since it is proved ineffective after puberty. As a result, the body height of these women is, on average, 20 centimeters shorter than the population average, and often does not exceed 140 centimeters. Thus, in context of TS, worth-studying would be how short stature is conceptualized by females with TS and how this primitive concept links with other primitives and primary metaphors to yield complex metaphors of femininity, beauty, social equality, exclusion, or prejudice.

Another issue that is often raised in research on TS is the gendered identity of the subjects affected by the syndrome. ‘In genetic terms, these individuals are neither male nor female because the second, sex-determining chromosome is absent’. Phenotypically, however, individuals with TS ‘develop as females because there is no Y chromosome to direct the fetal gonads to the male configuration’ (Zadrożna 2013: 122). What is more, the dysgenesis of the ovaries, which in majority of cases leads to infertility, disqualifies a person as a potential biological mother. Thus, an analysis of metaphors of the self and social identity can reveal the social positioning of the women with TS, and the investments they make to agentively self-position in discourses of femininity, womanhood, and motherhood.

4. Metaphors in the patients’ lived experience of TS

4.1. Methodology and data

The data for the analysis come from a subset of four interviews with women with TS (primary data set embraces ten interviews). All interviews were conducted in Polish and the audio was recorded; following this, they were transcribed verbatim with the use of Jeffersonian notation system (1984); selected parts where metaphors had been identified were translated to English. The interviews were semi-structured. First, the interviewees were asked to define Turner syndrome, and when the interview was closing, they were asked evaluative questions about the impact of TS on the real and possible (future) self that they could perceive. The aim of the opening question was to embed the talk in the discourse of Turner syndrome, while the closing questions targeted the core subject of the research, namely identity construction by TS

individuals. All participants provided informed consent. Sample characteristics are summarized in Table 1.

The method of analysis draws on an approach for metaphor identification and interpretation in qualitative research suggested by Schmitt (2005). It places particular emphasis on the idea of the ‘metaphorical concept’. The analytical procedure included the following stages: (i) selecting topic of analysis (metaphors of bodily experience), (ii) reflecting on my own metaphors regarding bodily appearance, (iii) compiling data set (including passages that contain relevant metaphors), (iv) systematic analysis (coding metaphors with respect to underlying themes), (v) heuristics-based interpretation (interpretation of themes, concepts, and functions of metaphors) (Schmitt 2005).

Table 1: *Sub-sample characteristics (n = 4)*

Characteristics name	Specification	Number
Age range	27–29	2
	52–57	2
Karyotype	45X	4
Body height	120–140 cm	2
	150–160 cm	2
Relationships		
Previously in a relationship with a man		1
Currently in a relationship with a man		1
Currently single		2
Experience of hormone therapy		
GHT		2
HRT		4

4.2. *Body grounded metaphors for TS*

The pervasiveness of bodily metaphors in majority of the languages of the world is undeniable, and therefore it seems to naturally suggest itself. The body is often given a foundational status as it is claimed to provide the universal ground upon which our mind engenders figurative thought (Kövecses 2014; Vakhovska 2021). Although metaphorical mappings are usually one-way relations where the material body is a source domain for the immaterial life, body-based metaphors do not occur in isolation but in a variety of different and interlocking hierarchical structures (Kövecses 2020). In addition, body, being an instance of a generic concept ‘physical object,’ is characterized by a number of experiential dimensions: size, vertical and horizontal extension, weight, shape, texture, structure which can feed in a number of other higher-level concepts.

4.2.1. Results

I identified a number of different metaphorical concepts used to describe lived experiences of a woman whose body has been affected by TS. Resulting from the heuristic-based interpretation (Stage 5), metaphors were grouped into four thematic areas as follows: (i)

diagnosis; (ii) living with TS; (iii) appearance; (iv) self-esteem and social positioning (see Table 2). Because the analysis was based on a small data sample, single cases of metaphors were recorded in each of the themes that are subsequently characterized, drawing on existing literature to examine their meaning.

Metaphors are illustrated below with extracts from the interviews.

Table 2: Overview of the metaphors clustered into four themes

Themes	Diagnosis	Living with Turner syndrome	Appearance	Self-esteem and social positioning
Metaphors	Diagnosis as putting together puzzles Diagnosis as breaking a code Therapy as filling in a container	TS as an object hidden in a container	Beauty is body height as a valuable object Femininity is breasts as a valuable object Being human as average body height	Self-esteem as high vertical extension Social worth as a full container (The body as a container) Social worth as complete genome (The body as a container) Protection as being kept under a shade Mothering as having breasts

4.2.2. Analysis

(i) Diagnosis

Since TS is a relatively rare and random genetic aberration that occurs in about 1 in 2500 live female births (GARD 2016), its diagnosis is often startling, albeit long-awaited by women, who often notice certain bodily anomalies or peculiarities that can neither be attributed to genetic inheritance nor acquired physical damage. When women with TS spoke about the diagnosis, they tended to rely on the BODY IS A PHYSICAL OBJECT metaphor.

- (1) *coś jej [lekarce] nie pasowało w tych wszystkich objawach*
'something did not fit in these symptoms'
- (2) *prześwietlili mnie na wszystkie możliwe sposoby no i tym sposobem to się zaczęło układać w całość*
'they x-rayed me in all possible ways and that's how it started to fit the whole thing'
- (3) *wszystko w moim ciele było takie enigmatyczne, ale ułożyłam jeden, drugi i trzeci puzzle*
'everything in my body was enigmatic but I put together one, two and three puzzles'
- (4) *diagnoza to było dla mnie takie wielkie odkrycie*
'the diagnosis was such a great discovery for me'

In (1), the human body is seen as an object whose structure can be predicted on the basis of its genetic design. Women make attempts to view their condition wholistically putting together

the individual symptoms and correlating the image with some widely-known diseases or syndromes. In TS, however, the individual parts of the structure do not fit, so the image of the body is puzzling (3). Nonetheless, upon closer examination and testing the professionals accurately diagnose the syndrome (2), and sometimes the patients themselves can identify it (3). A successful diagnosis conceptualized as a great discovery (4) implies that the target has been reached and the attributive adjective ‘great’ draws on the metaphor of size to highlight the gratification it brings after months or even years of living in uncertainty.

(ii) Turner syndrome

Conceptualizations of TS appear to have developed on the basis of the BODY IS A CONTAINER metaphor. Just like the contents of an opaque container cannot be seen from the outside, TS can be hidden in the body’s genes.

- (5) *nigdy w pracy nie puściłam pary z ust na temat mojego stanu*
‘at work I never spilled a word about my condition’
- (6) *To wszystko było zamknięte w moim wnętrzu, bo po mnie właściwie niewiele nie było widać*
‘it was all locked in me, and you could hardly see much of it on me’
- (7) *oni (przyjaciele) tego nie widzieli, ale ZT było we mnie, w moim ciele w mojej głowie*
‘they [friends] could not see it but TS was always contained in my body and my mind’
- (8) *to było takie tabu, nie było żadnych rozmów ani nic*
‘it was such a taboo, there were no conversations or anything’
- (9) *generalnie żyliśmy [rodzina] w ukryciu*
‘we generally lived in hiding’
- (10) *w końcu nie wytrzymałam i wszyscy dowiedzieli się co mi jest*
‘at last I cracked and my condition was revealed’
- (11) *głowa mi kipiała, musiałam ujawnić co mi jest*
‘my mind was overflowing, I had to spill the information’

‘Secret’, in its basic sense, is defined by the Merriam-Webster Online Dictionary as something kept hidden or unexplained or, alternatively, as something kept from the knowledge of others, or shared only confidentially with a few. Slepian et al. (2019) note that secrecy can be conceptualized as speech inhibition during social interaction or as the commitment to conceal information. From the cognitive perspective, it can be argued that conceptualizations of secrecy are grounded in the experience of objects enclosed in an opaque space or a container. Keeping something secret is conceptualized as covering an object, or putting it in a container, so that other people cannot see it, whereas telling a secret is removing a cover from something, or opening a container and letting something out. The container can stand for either the body, or the mind, or the mouth while the secret is the object hidden in the container. The cover can be either the lips or any other body parts that do not let the object out.

Accordingly, TS can be construed as an object hidden in the container, in the sense that women with that condition do not talk freely about it, as expressed in (5), (8), (11), as well as in the sense that TS is not visible from the outside (6), (7). TS is fairly easy to conceal because in cases where hormone replacement therapy has been commenced in childhood, it is not articulated on the external body. The main deficiency, the lack of ovaries, is hidden inside the body and the knowledge of it remains concealed in the mind of the woman (7).

In (9) the concept of a container is expanded to cover home and family who share the secret. The secrecy of the information that one family member has TS evokes feelings of isolation and indirectly increases the experience of fatigue (Slepian et al. 2019). When the fatigue becomes unbearable, the secret is revealed. The woman comes out of the enclosed space and openly verbalizes her condition (10). Thus, in the BODY IS A CONTAINER metaphor, the container profiles either the whole body or a specific part of it (the abdomen, the mind or the mouth) while TS is an object hidden there. When the physical endurance of the container is exceeded it breaks and its contents (being afflicted with TS) is revealed.

(iii) Appearance

Metaphors that relate to bodily appearance can be summarized as the shorthands BEAUTY IS AVERAGE BODY HEIGHT, HUMANITY IS AVERAGE BODY HEIGHT, and FEMININITY IS BREASTS.

(12) *jak bym miała już te parę centymetrów więcej to już byłoby inaczej, szczególnie w relacjach z mężczyznami, którym nie podobam się przez wzrost*
 ‘if I had a few centimeters more, it would make a difference, especially in relationships with men who do not like me because of my height’

(13) *myślę, że jesteśmy jak te Tolkienowskie karły, bez piersi chodzące*
 ‘they think we are Tolkien’s dwarfs, walking breastless’

The impact of short stature on the appearance and beauty of female body was a recurring issue when women spoke about their relationships with men. Generally, they attributed their failures in establishing closer intersexual relationships to the low height of their bodies. To put it simply, they openly claimed that very short women look unattractive to men and that they themselves had first hand experience of that attitude. This view also transpires in metaphors related to appearance. Example (12) is a linguistic realization of a composite metaphor, BEAUTY IS AVERAGE BODY HEIGHT AS A VALUABLE OBJECT. A decompositional analysis demonstrates that it is constructed out of more complicated combinations of primary and complex metaphors as well as cultural beliefs. Lakoff and Johnson (1999: 46) suggest that ‘[c]omplex metaphors are formed by conceptual blending’. In this case, the source domain concept is neither a simple BODY HEIGHT nor just a PHYSICAL OBJECT, but a blend of both, complemented with a cultural belief represented by BODY HEIGHT IS A DESIRABLE PHYSICAL OBJECT.

Another example of a composite metaphor that describes women’s frustration with their bodies is (13). Here a deficient structure of the body schematically profiles very concrete aspects of the body with TS, i.e., its low height and the underdeveloped breasts. Women with

TS can be literally categorized as dwarfs since their height is significantly below average. Dwarfism is a medical term, so, there would be no metaphor here. The metaphorical use of ‘dwarf’, as found in many artistic representations, implies that a short person due to their bodily misshapeness is not a human being but a creature of a different race. This entails that a proper bodily shape and size are prerequisites for the categorization of a creature as a human being. This is reflected in the composite metaphor HUMANITY IS AVERAGE HEIGHT AS A VALUABLE OBJECT that women with TS employed when they spoke about their appearance. In (13) another quality of the TS body is expressed with the attributive adjective ‘breastless’ that not only points to the flaw in the body structure but also amplifies uncomfortable feelings of marginalization from the society’s construction of femininity, a concept that women with TS have been subject to since birth (Cromptoets 2006). Breasts, a metonym of femaleness and BREASTS AS A VALUABLE OBJECT serve here as a source domain concept for a composite metaphor FEMININITY IS BREASTS AS A VALUABLE OBJECT.

(iv) Self-esteem and social positioning

Since body is the primary site where genetic deformations of Turner syndrome are marked, it can be predicted that its distorted physical dimensions will undermine the higher-level concepts related to social positions and esteem. Hence, metaphor choices can reveal the way one’s social position is conceptualized as well as bring evaluative, persuasive, and ideological implications (Musolff 2016; Potts and Semino 2019).

(14) *żeby to poczucie własnej wartości już u niej nie spadło od samego początku*
‘so that her self-esteem does not drop from the very beginning’

(15) *żebym miała to poczucie, że ta szklanka do połowy jest pełna a nie pusta*
‘so that I felt that the glass was half full, not empty’

(16) *patrz na taką z góry i po co mają taką przyjmować jak sobie mogą przyjąć taką z normalnym wzrostem*
‘they look down at her wondering why they should hire her if they can hire the one with regular height’

In interviews, women with TS often spoke about their inferior social positioning, prejudice, and deprivation of employment opportunities. Generally, in the comprehension of the concept of social positioning a spatial dimension of vertical extension is activated. Spatial extension is exploited in metaphors termed orientational by Lakoff and Johnson (1980) since they arise from the fact that each of us is contained in a limited space by the surface of the body whose typical position is vertical. We also imagine other physical objects as limited by their surface. So, we structure reality by using an implicit metaphorical relation in which the affective abstract concepts of ‘good’ and ‘bad’ are spatially represented as ‘up’ and ‘down’, respectively (e.g., Crawford, Margolies, Drake, and Murphy; 2006; Meier and Robinson, 2004). ‘Up’ instantiated with a high level of a liquid in the container evokes positive feelings of satisfaction and fulfillment while a low level of a liquid provokes anxiety. Since quantity and height are claimed to share high-level conceptual structure (Ruiz de Mendoza 2021), the short stature triggers anxiety while growing tall brings contentment. Hence, metaphorical mappings

allow for the correlation of the low height with low self-esteem (14). To improve both the self-esteem and the social image of women with TS, the growth hormone therapy is supplied. In (15) the positive consequences of daily growth hormone supplementation are presented with a combination of the GOOD IS UP and the BODY IS A CONTAINER metaphors. The glass is the body being filled with an increasing amount of GH which causes the body to grow and to reach the average height in the population, which in turn, improves the woman's social-emotional well-being and social positioning.

Another example of expressions developed on the basis of the BAD IS DOWN metaphor correlates short stature with unequal treatment in the labor market (16). First of all, the low height that makes women with TS unable to perform certain tasks entails fewer job opportunities. Secondly, although their short stature does not impact their cognitive abilities or skills needed for a clerical job, it forms the basis for negative evaluation of their dispositions. Hence, the composite metaphor SOCIAL POSITIONING IS A LEVEL OF LIQUID IN A CONTAINER in which the body being the container and the liquid being the growth hormone (metonym of body height) correlates the short stature of women with TS and their low position on the job market.

The BODY IS A CONTAINER metaphor was also employed when women with TS spoke about their social identity constructed on the basis of the impaired karyotype and the loss of the second sex chromosome.

- (17) *jestem inna, bo nie mam drugiego iksa*
 'I'm different because I don't have the second X'
- (18) *jestem gorsza, nawet nie mam śladów jajników*
 'I'm worse, I don't even have traces of ovaries'
- (19) *jestem gorsza, bo nie mogę mieć dzieci*
 'I'm worse because I can't have (conceive) children'

The absence of one sex chromosome or ovaries in the body afflicted with TS can be taken literally; these are facts. Nonetheless, what can be observed in (17) and (18) is correlating incomplete genetic design with self-esteem and social roles. The body is not full because one sex chromosome is absent, and therefore the woman's self-esteem and social worth are low. Hence the primary metaphors BODY IS A CONTAINER and GENOME IS CONTENTS IN THE CONTAINER underlie the composite metaphor, SELF-ESTEEM IS A COMPLETE GENOME AS A DESIRABLE CONTENTS IN THE BODY AS A CONTAINER.

What is more, as a result of impaired genetic design, such body parts as ovaries or breasts that are taken to be metonymically female attributes have not developed. Breasts are strongly associated with two competing discourses of womanhood: the breast as a signifier of motherhood versus the breast as an object of sexual desire (Webb et al. 2019). Each of these discourses can be traced in (17)–(19). The double X karyotype, breasts, and ovaries that are the signifiers of motherhood are part of a metonymic FEMALE–MOTHER model where the prototype is a sub-category acting as a metonymic reference point (Langacker 1993) for the whole category and points to the deficiency of a woman with TS who can neither conceive nor nurture her child.

On the other hand, the breast can be a signifier of female sexuality (Webb et al. 2019). From this angle, it is an element of the BODY IS PHYSICAL OBJECT metaphor. As every object, the body has a structure which, in women, ideally includes two symmetrical breasts high-positioned on a slim, medium-height body. As women are routinely judged with regard to their breasts, when the breasts are absent or altered because of genetic aberration or disease, it can be deeply challenging for them to consider their actions, to navigate their sense of self, and to maintain high self-esteem, as is expressed in (19).

Another example of the body grounded metaphor is when the body as a physical object is located in a container. The BODY IS AN OBJECT IN A CONTAINER metaphor was employed when the women tried to explain the reasons why their condition of having TS was kept secret. Stigmatization and isolation are frequently conceptualized as relations between objects in space, which resonates with Leibniz' relational theory of space that consists solely in the relations among bodies, and is not (as Newton claimed) an entity existing in its own right (cf. Szwedek 2009). In (20) one object is in an enclosed space and the other is outside. Hence, what is spatial appears to be associated more with the order of the material objects of experience.

- (20) *mama trzymała mnie pod kloszem, nie pozwalała mi zostawać w szkole po lekcjach ani chodzić na prywatki*
 'mom kept me under a shade, she did not let me stay longer at school or go parties'

In (20), the metaphor grounded in the experience of space, depicts a girl with TS as an object enveloped in a glass container (in Polish *pod kloszem* – under a bell-glass) and other people outside. Those positioned outside can see the girl inside, but they cannot get into a direct contact with her. In this way, the information about TS, not articulated on the body, does not reach the public. Afifi, Olson, and Armstrong (2005) argue, the most of people's reasons for keeping secrets are a form of protection. Therefore, one possible explanation of the secrecy of TS is (self)-protection and defense from social threats (Vangelisti 1994).

Concerns about subsequent disclosures to third parties are particularly salient when the secret involves potentially stigmatizing information. Infertility, one of the two major symptoms of TS, can be regarded such information in a conservative society.

- (21) *całe życie byłam outsiderką*
 'I was an outsider all my life'

- (22) *Następnego dnia przychodzę do szkoły to po prostu jak Mojżesz włożył laskę i morze się rozstąpiło tak dzieci się rozstąpiły*
 'next day I get to school and just as Moses held out the staff and the sea parted, so the children parted'

The isolation metaphor of TS in (21) develops on the basis of a relationship between a woman with TS as a material object, and other members of the society as other objects in space. The woman locates herself beyond the boundaries of an imaginary bounded space emphasizing that it is her permanent position. On most occasions, (21) would be first taken metaphorically to imply that a person is different from others in terms of appearance, behavior or tastes. In the case of the experiences of women with TS, it can have literal meaning, too. In one of the interviews, a woman recalled herself spending school breaks in the school library where she

had peace and quiet while her classmates kept playing, shouting and running around behind the wall. Another woman said that she did not reveal that she had TS because she had an earlier history of stigmatization when she had disclosed that she suffered from another genetic disease. While (22) sounds like a literary metaphor derived from the biblical story, it has an experiential basis for the participant. It contains Polish verb ‘rozstąpić’ (split/ part) that entails moving in space to break one united group in two and make them stand along parallel lines forming a passageway. If an entity appears in there, just like the affected girl did, it is perceived as detached from either group. This experience of schoolmates parting is in a metonymic relationship with the event described in the biblical story of Moses, and a metaphor of isolation. In contrast to (20), the metaphorical meaning of isolation in (22) is constructed with the employment of the notion of a path, which manifests in a lonely journey along the path deprived of any amicable travel companions. Hence, being separated in space represents social isolation, and because it is the experience caused by TS, TS is construed as a cause of isolation.

4.2.3. Discussion and conclusions

The aim of this study was to explore the metaphors used by women diagnosed with TS, and to exemplify the advantages of metaphor analysis for health, disability, and social identity research. Given the analysis of a relatively small corpus, the objective was not to generate an exhaustive taxonomy of metaphors used to describe TS, but rather to illustrate the value of attending to metaphorical talk and the functions that metaphors might serve.

A general conclusion that can be drawn from the analysis is that the self-perceptions and other-constructed identities of the women with TS have an experiential basis in a non-normative female body where the body stands for the whole person, and the perceived difference in the bodily appearance is metaphorically mapped onto socio-emotional otherness. In most cases, the metaphors employed by the participants are highly conventional, which could be predicted given bodily experiences are pan-human. The most frequent experiential basis, the short stature, which physically prevents women from reaching objects from higher shelves, feeds in a number of other higher-level concepts that describe their diminished self-worth and low social position. This is seen in the negative valence of the metaphorical mappings. Among orientational metaphors LESS IS DOWN prevails. In the BODY IS A CONTAINER or BODY IS A PHYSICAL OBJECT metaphors, either the contents is insufficient or the structure is distorted. The biologically salient symptoms of TS (short stature and infertility) are considered to be the main reasons why women with TS are marginalized and prejudiced. To protect themselves from ridicule and social isolation, they rarely disclose their ailment, hidden in their body, either to friends or larger public, which exacerbates their feelings of loneliness and social seclusion. On most occasions where they are entangled in a complex web of social interdependencies, they perceive themselves as victims of TS and of the social order.

As for the advantages of metaphor analysis for health, disability, and identity research, metaphors, being devices for the expression of the unconscious, can reveal the issues that are not explicitly addressed in talk. For example, the issue that was not openly discussed in

interviews but became visible in metaphors was objectification. Oftentimes, women suggested with their use of metaphor that the life they lived was not under their control. Rather, they viewed themselves positioned at the reciprocity end of agency–reciprocity continuum (Bamberg 2011) whereas agency was ascribed either to the syndrome itself or to other members of the society (medical staff, family). Considering the negative self-image, equated with ‘a breastless dwarf’ or ‘a half-empty glass’ that was constructed by the participants despite the favorable outcomes of the hormone therapy whose primary aim is to ameliorate self-esteem and to enhance social welfare, the metaphor analysis can be a source of inspiration for the approaches to understanding self-perception and social-emotional challenges faced by women with TS. While it is safe to say that being shorter than others at some point in their life is a common experience, or that childlessness is frequent among women nowadays, a feeling of inferiority rooted in a child’s original experience of a constitutionally distorted body, intensified by comparisons with peers is the core problem that did not surface in interviews but became apparent through the metaphor analysis.

The shared experience of women with TS connected with short stature and childlessness can explain why the metaphors for TS are mostly conventional. Nonetheless, since their bodies can be deformed in various respects and to varying degrees, infrequent innovative metaphors have been identified in the corpus (e.g. sea parting). What is more, different dimensions of the body as a physical object become salient in various situational contexts, and therefore they motivate different metaphorical mappings. For example, the concept of ‘esteem’ can develop on the primitive ‘size’ (dwarf), or ‘spatial extension’ (half-full glass), or ‘structure’ (breastless, no second X), or ‘function’ (infertility). ‘Function’ also underlies the concept of ‘social role’ (mother) while ‘esteem’ links with the concept of ‘valence’ which either draws on ‘size’ or vertical extension. Since only one metaphor can be active at any one time, the target domain cannot permanently take on the structure of a source domain. Therefore, metaphorical mappings between domains constructed by women with TS must be seen as being created temporarily as part of thought processes underlying interactional contexts.

5. Implications for further studies

The analysis of metaphorical mappings in this study aims to indicate some problems that are experienced by women with TS in Poland. Further research into the issues of socio-emotional functioning of women with TS would be valuable, particularly those employing methodology based around critical discourse analysis. Research might include a wider set of social contexts and expand beyond one specific culture.

Moreover, this study contains an analysis of metaphorical mappings that are derived from relatively short linguistic expressions grounded in a larger communicative context of semi-structured interviews. A more comprehensive analysis should embrace longer passages of texts, possibly small narratives that Musolff (2016, 2017) has problematized as ‘metaphor scenarios’ that organize source domains. A study of metaphors based on narrative scenarios may provide a tool for identifying the underlying sets of practices and beliefs which configure the people’s ideological and moral schemas, but which may remain obscure in studies that analyze simple metaphorical mappings.

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APPENDIX (Broader original interview contexts for metaphors)

1-2 jak byłam dzieckiem to miałam taką lekarzkę i coś jej [lekarce] *nie pasowało w tych wszystkich objawach*; to wysłała mnie na badania. No i na oddziale spędziłam miesiąc w Prokocimiu, no i co tu dużo gadać, *prześwietlili mnie na wszystkie możliwe sposoby no i tym sposobem to wyszło*

3 zespół Turnera to jest nakładanie się różnych dolegliwości, tak, że tu jest wiele konsekwencji i skutki się nakładają. To też nie jest tak, i to nie jest tak, że to się bierze tak, (...) że ja czekałam, że diagnoza spadnie z nieba, ale *wszystko w moim ciele było takie enigmatyczne, ale ułożyłam jeden, drugi i trzeci puzzle*

4 przeczytałam w bilansie i tam były grupy różnych chorób i właśnie zespół Turnera; poczytałam o tym i stwierdziłam, że tak to się zgadza; i *ta diagnoza była wielkim odkryciem*, choć w sumie już wcześniej wiedziałam, że coś się dzieje

5 w pracy wiedzą, że jestem osobą niepełnosprawną gdyż pracuję siedem godzin, czyli o godzinę krócej, jako że osoby, które mają umiarkowany bądź yyy ciężki stopień niepełnosprawności mają prawo do siedmiogodzinnego dnia pracy, no i ja tak zostałam zatrudniona, więc te osoby wiedzą, że ja jestem chora, pracuję krócej, yyy wiedzą, że mam chorobę Addisona, gdyż im powiedziałam, żeby wiedziały, że przy wzywaniu karetki trzeba powiedzieć, że mam tą chorobę, żeby mi też od razu podano hydrokortyzon, ale *nigdy w pracy nie puściłam pary z ust na temat mojego stanu* to znaczy nie wiedzą, że mam ZT

6, 9 *generalnie żyliśmy [rodzina] w ukryciu, to znaczy nie mówiliśmy nikomu, że ja mam Turnera, ale to wszystko było zamknięte w moim wnętrzu, bo po mnie właściwie niewiele nie było widać i tylko najbliższa rodzina wiedziała, to znaczy siostra i babcia i może ciocia*

7 moje koleżanki to w ogóle o tym nie wiedziały, może najbliższe przyjaciółki, przynajmniej jedna z nich z tego co pamiętam to odkryły to przypadkiem oni (przyjaciele) *tego nie widzieli, ale ZT było we mnie, w moim ciele w mojej głowie*

8 nawet praktycznie nie miałam pojęcia o tej chorobie, co to jest, *to było takie tabu, nie było żadnych rozmów ani nic z moimi rodzicami*; ja myślałam, że to tylko wzrost i mówię mojej mamie, że ja się źle czuję po tych tabletkach; a to nie bierz [naśladuje głos matki]

-mhm

-to ja nie brałam, myślałam niepotrzebne no nie

10-11 to było w czasie przygotowań do światowych dni młodzieży i było takie omawianie przykazań i omawialiśmy przykazanie nie zabijaj, no i wtedy ksiądz mówił o aborcji no i po po po tym jakby kazaniu, chociaż to nie było kazanie, bo to nie było w trakcie mszy, no ale po, po nauce, o, po nauce można było zabrać głos *głowa mi kipiała, musiałam ujawnić, co mi jest i ja zabrałam głos i powiedziałam, że ja mam coś takiego i że nie rozumiem dlaczego osoby chore są zabijane, gdyż potrafią bardzo dobrze funkcjonować w społeczeństwie iii (...)* i są bardzo pozyteczni, *po prostu w końcu nie wytrzymałam i wszyscy dowiedzieli się co mi jest*

12_taak, jak ja coś zażartuję że coś dla siebie takiego mniejszego, to ta pani się uśmiechnie, ale już biegnie czegoś tam poszukać mniejszego, nie nie ma problemu

- czyli nie ma problemu? Z tego co opowiadasz to nie czułaś się nigdy napiętnowana

- bardziej może właśnie od mężczyzn, takie niestosowne uwagi, a *jak bym miała już te parę centymetrów więcej to już byłoby inaczej, szczególnie w relacjach z mężczyznami, którym nie podobam się przez wzrost*

13 ale ja wiedziałam wtedy, że jest ZT, ale nic nie wiedziałam o kariotypie i nic nie wiedziałam o chromosomach przecież. No i wyobrażałam sobie, i inni *przepraszam jakieś takie Tolkienowskie karty bez piersi chodzące*, no ale niekoniecznie skojarzyłam, że to o mnie chodzi, bo te opisy w podręcznikach w gimnazjum to są jakieś takie dziwne

14 -15 pod koniec pierwszej klasy zaczęli mówić, wytykać mnie i dokuczać, no to już trzeba coś było zrobić, *żeby to poczucie własnej wartości już u mnie nie spadło od samego początku* kiedy ono się kształtuje. Jak brałam hormon to mama mówiła, że jeszcze trochę i będzie dużo lepiej. Tak podbudowywała mnie tym komentarzem, żeby tego, co ktoś mówi nie brać do siebie *żebym miała to poczucie, że ta szklanka do połowy jest pełna a nie pusta*

16 zrobiły się te przemiany, języka rosyjskiego nie było już w szkołach yyy i tak ani renty, do pracy żadnej jakoś nie chcieli przyjąć. Duży problem jest jak się jest takim małym to tak patrzą z góry, *patrzą na taką z góry i po co mają taką przyjmować jak sobie mogą przyjąć z normalnym wzrostem, nie?*

17-19 jest gdzieś ta walka; trochę to właśnie jest tak, ja mam takie wrażenie, udowodnić, że nie jestem gorsza; no właśnie, *nie mam drugiego iksa - jestem gorsza; jestem gorsza, bo nie mogę mieć dzieci*. Przecież tyle kobiet nie chce mieć dzieci, a my *jesteśmy gorsze bo nie możemy mieć dzieci*

20 na przykład ja często musiałam pożyczać zeszyty w podstawówce, zresztą erm, mam wrażenie, erm, *mam wrażenie, że mama trzymała mnie pod kloszem*, aleee jaa nie miałam w podstawówce czy gimnazjum takich sytuacji, że na przykład biorę rower i jadę gdzieś na cały dzień ze znajomymi

21 jak były jakieś takie sytuacje jak urodziny u koleżanki to ja chodziłam czy one do mnie, były takie sytuacje, jak najbardziej, pożyczali mi zeszyty, ale *byłam taką outsajderką*, ale przede wszystkim miałam inne zainteresowania, trochę się to łączyło z tym zdrowiem z tego względu, że mnie często nie było w szkole i czasem kolegom się nie podobało myśleć, że mam takie perfekcyjne oceny

22 jak oni zobaczyli te kanapki [bezglutenowe] to jeden idiota powiedział na całą szkołę, że mam HIV, bo nie wiedział czym to się je. Ja na początku zareagowałam jak ty, tylko się uśmiechnęłam, ale kiedy ja przychodzę na

drugi dzień i wchodzę do szkoły, a po prostu *jak Mojżesz włożył laskę i morze się rozstąpiło tak dzieci się rozstąpiły*, a jeden nie wytrzymał i krzyknął nie nie nie dotykaj jej bo ona ma HIV

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