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METAPHORS OF HEALTH AND ILLNESS IN THE ORAL DISCOURSES OF THE INDIGENOUS SEMAI COMMUNITY IN PERAK, MALAYSIA

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Chair: Chan Mei Yuit, PhD
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As the experience of health and illness and how it is expressed through language has been said to be influenced by cognitive processes as well as how the world is experienced, analysis of metaphors in language use has the potential to uncover insights into how specific discourse communities structure their perceptions and experiences about health and illness. This study sought to examine the use of metaphors of health and illness in the oral discourses of the Semai community, in order to understand the community's socio-psychological construction of the phenomenon of health. In this study, semi-structured interviews with members of the Semai community from a village in Perak were audio-recorded, transcribed, and analysed following the Pragglejaz Group's Metaphor Identification Procedure (MIP) (2007). Analysis of the metaphors was informed by Lakoff and Johnson's (1980) conceptual metaphor theory and Kövecses' (2005) notion of metaphor variation. The result revealed that the participant's construction of health and illness involves the conceptual mapping of embodied experience as well as socio-cultural elements in expressing abstract notions of health and illness. Based on the metaphors used by the participants in their stories, the dominant theme found was the orientation theme, such as HEALTH IS UP and, ILLNESS IS DOWN. More universal metaphors were found compared to culture specific ones which suggest that the participants shared general concepts relating to health experiences that have been identified in other populations. Findings from the study will contribute to better understanding about how people of the Semai community construct their experience of health and illness, an important consideration for health policy-makers that deal with the welfare of the Orang Asli.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Sarjana Sastera

**METAFORA BERKAITAN KESIHATAN DAN PENYAKIT DALAM WACANA
LISAN ORANG ASLI KAUM SEMAI DI PERAK, MALAYSIA**

Oleh

LISBETH SINAN ANAK LENDIK EDMOND

Januari 2017

Pengerusi: Chan Mei Yuit, PhD
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Proses-proses kognitif serta pengalaman duniawi dikatakan berupaya untuk
mempengaruhi bagaimana manusia menyuarakan pengalaman berkaitan
kesihatan dan penyakit. Oleh yang demikian, menganalisa metafora dalam
penggunaan bahasa harian mempunyai potensi untuk mendedahkan struktur
dan pandangan sesuatu komuniti yang berkongsi cara berkomunikasi yang
sama tentang bagaimana mereka mencorak pemahaman dan pengalaman
berkaitan dengan kesihatan dan penyakit. Kajian ini bertujuan untuk meneliti
penggunaan metafora kesihatan dan penyakit yang digunakan oleh kaum
Semai dalam bahasa lisan, untuk memahami pengstrukturan sosio-psikologi
komuniti tersebut dalam fenomena berkaitan dengan kesihatan dan penyakit.
Dalam kajian ini, temu bual separa formal dengan beberapa individu dari kaum
Semai di sebuah kampung di Perak telah dirakam, diterjemahkan, dan
dianalisa berdasarkan kaedah menganalisa metafora (Metaphor Identification
Procedure: MIP) oleh Pragglejaz Group (2007). Analisa tersebut telah
dilakukan berdasarkan teori metafora konseptual oleh Lakoff dan Johnson
(1980), dan teori Kövecses (2005) berkenaan variasi dalam metafora. Hasil
kajian menunjukkan pengertian peserta berkenaan kesihatan dan penyakit
adalah berkaitan dengan perancangan konseptual berdasarkan pengalaman
fisikal berserta dengan elemen sosio-budaya semasa menyuarakan
pemahaman mereka berdasarkan perkara yang abstrak. Berdasarkan metafora
yang digunakan oleh peserta dalam penceritaan mereka, tema yang paling
menonjol adalah tema orientasional seperti 'HEALTH IS UP' dan 'ILLNESS IS
DOWN'. Lebih banyak metafora universal digunakan berbanding dengan
metafora budaya spesifik yang menunjukkan bahawa peserta dalam kajian ini
mempunyai konsep serupa berkaitan dengan pengalaman kesihatan yang
telah dikenal pasti berdasarkan populasi lain. Dapatan kajian ini akan
menyumbang kepada pengetahuan yang lebih mendalam tentang bagaimana
komuniti Semai membentuk pengalaman mereka tentang kesihatan dan
penyakit, yang merupakan pertimbangan penting bagi pengubah polisi
kesihatan yang telah dipertanggungjawabkan ke atas kebajikan Orang Asli.

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I certify that a Thesis Examination Committee has met on 13 January 2017 to conduct the final examination of Lisbeth Sinan Anak Lendik Edmond on her thesis entitled "Metaphors of Health and Illness in the Oral Discourses of the Indigenous Semai Community in Perak, Malaysia" in accordance with the Universities and UniversityColleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Arts.

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LIST OF ABBREVIATIONS

CMT	Conceptual Metaphor Theory
MIP	Metaphor Identification Procedure
JHEOA	*Jabatan Hal Ehwal Orang Asli* (Department of Native Affairs)
JAKOA	*Jabatan Kemajuan Orang Asli* (Aboriginal Development Department)
SD	Source Domain
TD	Target Domain
CM	Conceptual Metaphor
FELDA	Federal Land Development Authority
CUSO	Canadian University Services Overseas
CARE	Cooperative for Assistance and Relief Everywhere
TB	Tuberculosis
AIDS	Acquired Immune Deficiency Syndrome
MLE	Metaphorical Linguistic Expressions
NGOs	Non-Governmental Organisations

CHAPTER I

INTRODUCTION

1.1   Introduction

Language can be explored beyond its lexico-grammatical features as it is also socially influenced.   Research done in the field of discourse studies are interested in studying oral or written text by considering the social and cultural contexts in which it occurred.   As quoted from van Dijk (1985), "Discourse analysis, thus, is essentially a contribution to the study of language "in use"" (p. 1). Bhatia (2008) commented on the evolution of discourse analysis which has become an interdisciplinary field with the emergence of different school of thoughts, frameworks, procedures and methodologies aimed at different objectives.   Despite the many approaches available in the literature, the general interest of discourse studies is to look into the connection between language used in particular social contexts.

In examining discourse at the level of text, an exhaustive number of linguistic features have been attended to by discourse analysts, the selection of which is determined by the objectives of the study. In the current study, a specific linguistic feature, the conceptual metaphor, used in discourses of health and illness was the focus of the analysis.   Metaphor serves as a vehicle of expression of one's thoughts and it is used spontaneously in human communication.

A variety of languages studied have proven that metaphor is an important means by which people communicate how they feel, think, and the depth of their life experiences.   For example, Bamber (1987) looked into the classification of metaphor and illness in traditional Thai medicine. Kövecses (2002) studied the anger metaphors in English, Japanese, Chinese, Hungarian, Wolof, Zulu and Polish.   Yu (2009) investigated the conceptualisation of courage in terms of the organ gallbladder in Chinese while Hiraga (1991) examined the metaphorical expressions used by Japanese men when talking about women.

1.1.1   The Study of Metaphor

It is not uncommon for people to find themselves at a loss of words when trying to communicate emotions and experiences that strike close to their hearts, such as when describing experiences related to love, hate, loss, triumph, and particularly so, health and illness. For instance, Peterson and Sterling (2009) analysed the metaphors used by children suffering from asthma and found that the children used metaphors such as "asthma as a troll", "asthma as a jellyfish",

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"asthma as a cracker" and "asthma as a guardian angel" to describe the illness (p. 97). Schuster, Beune and Stronks' (2011) data revealed that patients suffering from hypertension resort to using metaphorical expressions such as "silent death", "treacherous death", "murderer", "assassin", "something which is sleeping", "time bomb" and "treacherous" (pp. 594-595).

The selection of metaphors and metaphoric expressions used in language is coloured by one's experiences and as such may provide a glimpse into the different ways people with different experiential backgrounds conceive and express their life experiences. As quoted from Kövecses (2010), "metaphorical conceptualization in natural situations occur under two simultaneous pressures: the pressure of embodiment and the pressure of context" (p. 204). He claimed that local culture is what determined the context which can be further characterised by aspects such as physical, social, cultural and discourse to name a few. These aspects often consist of factors such as the setting, topic, audience and medium which are responsible in influencing the metaphorical conceptualisation.

"The use of metaphors to explain or describe disease and illness are influenced by cultural beliefs, values, and the situational context in which the disease or illness occurs" (Lakoff & Johnson, 1980 as cited in Huttlinger et al., 1992, p. 709). Huttlinger et al. (1992) reported that the Navajo people shared their experiences living with diabetes using battle and war metaphors. The Navajo people felt victimised by the illness as words like "captive", "prisoner" and "helpless" were used to describe their feelings and the informants would say "no way to win the war", "How do you fight this disease?" and "What weapons do you use?" (Huttlinger et al., 1992, p. 709). Also, diabetes was viewed as a metaphor as the illness was believed to be resulted from the influence of non-native Americans lifestyle on the Navajo people.

The classification of illness in traditional Thai medicine is often linked to the questions of 'how' and 'why' a person gets inflicted. Similar to other traditional beliefs, Thais acknowledged the animistic side of illnesses. Bamber (1987) commented on the role of metaphor as symbols in relation to illnesses in its ability to reduce the notion of unknown to the familiar. His study found that animals were used as vehicle of thoughts in describing illnesses and the names were selected from animals that are familiar to the Thais in regards to their habitat and edibility. Animals such as crabs, eels, catfish, termites and turtles were used by Thais as part of the classification of *krasai* which means "the condition of emaciation, that is, to a symptom, rather than an illness category" (Bamber, 1987, p. 182). Also, the habits and behaviours of the animals that are well-known to them influenced their metaphorical ideas.

Ohnuki-Tierney (1977) presented the classification of headaches and boils by the indigenous Ainu people which can be divided into two categories where a type of headache or boil was described based on the characteristics of terrestrials beings while another type identifies with the characteristics of

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aquatic animals. The types of headaches found were "bear headaches", "dog headaches", "woodpecker headaches", "musk deer headaches", "octopus headaches", "crab headaches", and "lamprey headaches" while boils were described as "bat boil", "woodpecker boil", "fox boil", "beehive boil", "cormorant boil", "lamprey boil", "crab boil", "octopus boil" and "sea anemone boil" (Ohnuki-Tierney, 1977, pp. 251-253). Based on such findings, it is believed that each language or culture has its own way of seeing things. The way one speech community conceptualises an idea may differ or resemble another speech community.

In this study, the focus is on the use of metaphors of health and illness used by members of an indigenous community in Malaysia when talking about health related experiences. Studies that examine metaphors have generally adapted different stances and different goals. Firstly, some researchers adopt the cognitive approach to study the conceptualisation of metaphorical expressions (Richards, 1936; Lakoff & Johnson, 1980; Kövecses, 2002). Secondly, some studies analyse metaphors to reveal its role as a communicative device (Charteris-Black, 2004; McMullen, 2008; Cameron & Deignan, 2003). Thirdly, there are studies that aim to study the role of metaphor as a figurative language (Glucksberg, 2001; Kirmayer, 1993).

The current study is aligned with the first and second type of studies, which see metaphor in discourses as an important strategy of expression and communication on the part of the speakers, and also as a reflection of the cognitive structuring of experience on matters related to health and illness. The final goal of the study is to obtain insight into the construction of health and illness among members of a community that are connected in their background and life experiences through the specific use of the metaphor.

1.1.2   Context of the Study

On par with the development of technology, Malaysia embraces what modernity has to offer in the hope for the betterment of the people. Despite what modernization has beheld upon the country, there is an existing gap between the lives of the indigenous community and the rest of the population in the country. Nicholas and Baer (2007) stated that "Like indigenous peoples the world over, the Orang Asli[1] are among the most marginalized communities, faring very low in all the social indicators both in absolute terms and relative to the dominant population" (p. 119). Much has been written about the health status and issues surrounding the health of the indigenous people in Malaysia (henceforth referred to as the Orang Asli).

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[1]Orang Asli is the indigenous people of peninsular Malaysia.

One of the factors that hinders the community from improving their health status is poverty. The lack of physical amenities, the issue with remoteness and lack of transportation contribute to the challenges in getting proper health care (Michael & Chuen, 2012). Without a proper transportation, the treatment-seeking behaviour of the Orang Asli is often discouraged and the lack of medical facilities in the village worsens the condition. The Orang Asli were said to be in the 'hardcore poor' category (32.5%) as compared to the national average of 1.4% and furthermore, many Orang Asli households still lack basic facilities such as piped water, toilet, and electricity (Department of Statistics, 1997, p. 47; Zainal Abidin, 2003, as cited in Nicholas, 2010).

Today, diseases such as HIV/AIDS is affecting the Orang Asli as in 2003, 31 cases were reported at the Gombak Hospital meanwhile diseases related to malnutrition are still major problems faced by the Orang Asli (Nicholas & Baer, 2007, p. 125). Substance abuse such as alcoholism and glue sniffing are becoming alarming among the Orang Asli's younger generation. As stated by Dr. Mah Hang Soon, Perak's Health Committee chairman, the community's abuse of susbtance is on the rise as cheap alcohol and glue are easily available (Manjit, 2014). Recently in a news article dated March 27, 2015 by The Rakyat Post, a study by the National Diabetes Institute (NADI) reported that the Orang Asli are more vulnerable to heart disease and stroke due to the adjustment of their lifestyle and food intake. The study also revealed that there is an increase in the rate of pre-diabetes, high blood cholesterol level and obesity among the community (Fong, 2015). Ng (2005) states that the Orang Asli are still dependent on traditional knowledge in relation to their health and they are still deficient in their general knowledge of health due to their established perception of what constitutes 'healthy' or 'unhealthy'.

With the lack of food security as reported by Zalilah and Tham (2002), nutritional and intestinal parasitism affects the women and children more as compared to men (as cited in Nicholas & Baer, 2007). "The disparities in both health status and healthcare provision continue to set the Orang Asli apart from the rest of the population,in direct contrast to the call for assimilation" (Bedford, 2009, p. 26). Upon studying the women from the Temuan and Mah Meri communities in Sepang and Carey Island, Ng et al. (2005) commented on the barriers that hinder the effectiveness of health and nutrition intervention for the betterment of child's health such as "lack of transportation to the health clinics, difficulty in communication with health personnel and lack of culturally sensitive health promotion strategies" (p. 86).

Cultural factors such as conflict between cultures of Orang Asli with the mainstream, refusal to be assimilated, communication breakdown, alienation, seeking traditional treatments were believed to be affecting the community's health status. There are reports that the Orang Asli were stigmatized and alienated by medical staff. For instance, Bedford (2013) detailed that some medical professionals perceived the Orang Asli patients as "noncompliant or uncooperative" when they failed to seek medical treatments earlier or failed to follow the 'appropriate' treatments based on the hospital's guidelines (p. 199).

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Moreover, the leprosy inpatients were being refused treatments by dental clinicians at the hospital and some workers preferred to avoid working at the leprosy patient's ward. As stated by Bedford (2013), one of the nurses questioned her interest in studying the Orang Asli's perception of leprosy as the nurse said that the illness is 'appropriate' for the community considering the status of leprosy which is considered as an 'old' illness and the Orang Asli is the only community in Malaysia who still suffers from it.

On the other hand, Nicholas (2010) commented on the blame-shifting that surrounds the health matters of the Orang Asli. In one of the incidences, authorities concluded that the death of four Orang Asli children in April 2004 was attributed to the unhygienic practices of the community (Othman, 2004 as cited in Nicholas, 2010). In the aftermath of the tragedy, the government suggested that the community be resettled to enable them to provide better health amenities for the community. After some time, it was found that rota-virus infection took the lives of the poor children despite the earlier conclusion made about the Orang Asli.

In the olden days, strong attachment to their cultural beliefs was one of the factors that hindered minority groups such as the Orang Asli to adapt to modern medicine. Kleinman (1973) in Nicholas and Baer (2007) noted that the Orang Asli's approach towards understanding illness is culture specific which leads to the important role of shaman or healer within the community. Like any other communities, the Orang Asli make use of what they have such as relying on the local shaman or medicine men before receiving any assistance from government officials. Due to the established relationship between the locals and their medicine men, Wolff (1965) believed that "the intimate ties created between the patient and the healer in a traditional framework reinforce a strong sense of socio-medical reciprocity that government officials or western-trained doctors are rarely able to replicate" (as cited in Nicholas & Baer, 2007, p. 120).

Although there is a growth of clinics and hospitals which are reachable within their means, some villagers are still unable to gain access to the medical facilities due to geographical boundaries. Both the government and private sectors are contributing to the betterment of the health status of the Orang Asli. However, there are still a lot to be done. It appears to suggest that the Orang Asli are people who health providers have little knowledge of, therefore difficult to reach out to, and that a better understanding of the sensitivities of the Orang Asli community would facilitate better communication between them and healthcare providers.

1.2   Statement of the Problem

From the literature on the health of the Orang Asli, it is apparent that no study has attempted to delve into how the Orang Asli perceive, regard, or in other words, conceive of health and illness, from the member's point of view. While

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much research on the health of the Orang Asli has indicated 'alienation', 'lack of understanding', 'miscommunication' and such, all pointing towards the importance of appreciating the different ways of thinking and talking among a group of people seen to be 'different', none of the studies found sought to shed light on what exactly these 'differences' are, and even whether these 'differences' actually exist.

Being 'different' is seen on the surface basis as opposed to the underlying basis as it is a matter of degree of what constitutes being 'normal' or 'different' from the rest of the population. For example, when the Orang Asli referred to supernatural forces led by the shaman for further treatments upon going to the government clinic or hospital, they are considered as 'backward' when in fact some of them could not afford further check up or being treated by specialist if the illness persists. On the other hand, city folks who resorted to their religion as their final option upon the failed treatments when meeting specialists or receiving treatments overseas are perceived as 'normal'. The difference between the Orang Asli and city folks is that, some city folks could afford paying expensive medical bills while the Orang Asli could not.

Studies done in the past revealed that analysing the metaphors used by a discourse community could improve a certain aspect of their lives. Detailing health experiences which are vivid and intensely experienced can be daunting as the processes of describing them are taxing. Golden et al. (2012) further elaborated that studying the metaphors used by patients when describing illnesses such as asthma, osteoporosis, fibromyalgia, cancer and multiple sclerosis have provided useful insight for health researchers and practitioners by understanding the patient's understandings and experiences of health conditions. Studying the Orang Asli's metaphor could provide important information about their health experiences which could be translated into better intercultural communication between the community and health care providers.

The use of metaphor as a vehicle of expression for one's thought reveals the cognitive as well as the communicative aspects of metaphor in everyday language. One may seem to use metaphor naturally, however, there is a platform that enables an individual to use it and this platform is the target and source domain that are manifested in our conceptual system based on our daily experiences. Furthermore, the communicative goals that surround the usage of metaphor introduce the notion that people use metaphor to communicate something specific to the listeners. The current study aimed to explore how the indigenous community (the Semai[2] people in Peninsular Malaysia) expresses their perceptions and experiences of health and illness through the use of metaphor.

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[2]One of the ethnic communities within the Orang Asli population.

1.3   Objectives of the Study

This study sought to discover the connection between language, cognition and in investigating the social meaning-making on health and illness, two phenomena that are part of the human condition. A specific linguistic structure, the metaphor is focused on as a resource for the expression of meaning.

The objectives of this study are:
•   To identify the use of health and illness metaphors by the Semai people in Perak when talking about their experiences dealing with health and illness.
•   To analyse the structure of the metaphors based on the themes, source domains and target domains.
•   To examine the metaphor variation in terms of universal and culture specific characteristics of the metaphors.
•   To examine the influence of the community's wider socio-cultural practices on the health and illness metaphors use in the oral discourses.

1.4   Research Questions

In order to reach the objectives, these were the questions that needed to be answered:

1.   What metaphors can be identified and discerned in the oral discourses of the Semai people when narrating their experiences and perceptions associated with health and illness?
2.   What are the dominant metaphorical themes, and the source and target domains used in the conceptualisation of metaphor?
3.   What aspects of the metaphors used by the Semais are culture-specific or universal?
4.   How does the use of metaphors represent the ways of thinking about health and illness among the Semai people?

1.5   Theoretical Framework

The theoretical stance taken in this study was based on Conceptual Metaphor Theory by Lakoff and Johnson (1980). Along with CMT, metaphor variation by Kövecses (2005), and Charteris-Black (2004) pragmatic approach to analysing metaphor were referred to. Lakoff and Johnson's (1980) theory introduced the cognitive aspect into metaphor studies with the claim that metaphor exists in our daily life beyond language use because our thoughts and actions are capable of influencing the metaphors that we use. The conceptual system is responsible for our everyday reasoning and it structures our perception and realities of the world.

When a person talks about cancer in terms of war, it is not merely linguistic choices but a representation of their conceptual system. The knowledge about war is used to fill the gaps on the knowledge about cancer. The existing gap on cancer creates a space for the concept of war to fit in, thus, enables the person to represent his or her ideas despite the lack of certainty about cancer. This grey area known as the target domain corresponds with the source domain that is manifested with metaphorical expressions. The source domain normally derived from an individual's experience is used to understand the complex reality of the target domain. Through the mapping of the source domain onto the target domain, we could explain and understand the abstract property of the target domain that is unfamiliar to us (Lakoff & Johnson, 1980).

In this study, the CMT formed the basis to the understanding of metaphor relating to health and illness. By using this approach, the source and target domains that formed the conceptual metaphors found in this study enabled the labelling and categorization of the metaphors into the themes and categories that they belonged to. The metaphors were labelled according to their respective categories such as Health Metaphor, and Illness Metaphor. The target domains were mostly responsible for the categorization of the metaphors. This particular theory sets the direction for this study by providing the means to the understanding of people's conceptualisation of ideas based on their knowledge and experiences.

Besides, this study looked into Kövecses's (2005) discussion on the issue of metaphor variation that points out on both universality and variation that exist within metaphor. The variations according to him are prevalent across languages and cultures. One of the main factors that leads to the conceptualisation of universal metaphor is contributed by universal experiences such as bodily experience. For example, when a person is having a fever, the body temperature rises and such bodily experience is common across all mankind. Universal aspects of the human body are one of the sources for metaphorical conceptualisation which often contribute to universal metaphors used by speakers of different languages and cultures.

On the other hand, metaphor variation as proposed by Kövecses (2005) occurs cross-culturally and within culture. Firstly, cross-cultural variation comes from culture specific metaphors that are unique compared to universal metaphor. When a speaker of a particular language speaks of a concept differently than the others, such metaphors are known to be culture specific. At a specific level, these metaphors rise when the speaker uses different set of source domains to talk about a particular target domain or using an entirely different set of source and target domains all together. However, several factors could influence within culture variation such as "social, regional, ethnic, style, subcultural, diachronic, and individual dimensions" (Kövecses, 2008, p. 58).

Human experiences are diverse thus creating a wide selection of options for metaphorical conceptualisation. This study also looked at the possible

universal and culture specific metaphors found in the data. The significance of looking at these metaphors is to highlight the similarity or differences in the way people conceptualize and communicate their ideas. This particular interest is far from the attempt to label groups into specific categories based on any social or political reference but placed emphasis on the aspect of acknowledging the participants as part of a discourse community.

Aside from cognitive linguistic, Charteris-Black (2004) placed emphasis on pragmatic when analysing metaphor. The usage of metaphor within a particular discourse context has underlying meanings associated with its communicative goals. When a speaker uses metaphor, the listener is involved in the meaning making process and the rhetorical intentions can only be realized if the listener is able to understand the metaphor. Metaphor has the ability to influence opinions and judgements through its persuasiveness. It is used as an invitation to a shared perception between two parties. Needless to say, it is an interpretive act and shared knowledge is crucial to the understanding of metaphor used in a certain discourse context.

Despite the claim by cognitive linguists that bodily experience is influential in creating metaphor, Charteris-Black (2004) added further that both our social and physical world influence our choices in metaphorical conceptualisation. Studying metaphor as a whole must include the interpretation of the choices made by the user when using it within particular discourse context. Considerations of both social and individual factors are important for a critical analysis of metaphor. Ignoring the pragmatic criteria when analysing metaphor will deter the knowledge behind the reason for using metaphor in a specific discourse setting. The reference to Charteris-Black (2004) approach is to look into the role of metaphors used in the spoken discourse data in this study.

1.6   Significance of the Study

This study highlights the use of metaphors by the Semai when conversing about their health experiences. In relation to the participants and the Semai community, the findings of the study provide some insights, into some aspect of understanding, about how members of the Semai community conceive of health and illness through the analysis of the metaphors they use (A note is made that no generalization of the findings to all members of the community is affected). A closer understanding of the generally marginalised indigenous community is the first step towards any effort to provide better health services to the community.

In relation to the discipline of discourse studies, the study reinforces the importance of discourse theory that has provided the means for examining issues of social importance through the study of language. In this instance, experiences of health and illness were understood at a deeper level through the analysis of metaphor use.

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The study contributes to the growing literature on health and illness metaphors which is gaining much interest not only among linguists, but also among health and therapy providers, counsellors and educators, whereby the metaphor as a means of expression, as well as a means for understanding and catalyst for change, is an important aspect in the helping professions.

Finally, the study contributes towards the understanding of cultural boundaries and universal human experiences through the application of metaphor theory. Metaphor theory is shown to be robust in enabling interpretation of universal and culture specific aspects of experience.

1.7   Scope of the Study

In this section, the discussion on the scope of the study was presented. This study focused on one community only despite the wider Semai population in Peninsular Malaysia. The result from this study may not be generalizable and fit into the wider Semai communities living in other villages or different state altogether. Moreover, not everyone in the village was part of the interview.

Overall, ten interviews were conducted with participation from individuals and few family members. The use of language and expressions can be influenced by the individual's experiential background. Therefore, the way the community from Kampung Sungai Tengah talk about their health experience may differ from other communities (for confidential reason, Kampung Sungai Tengah is the pseudonym of the village).

1.8   Definition of Terms

This section is provided for the benefit of readers who are not familiar with the words or terms used in this study.

a. Conceptual Metaphor Theory – A theory that is used to understand how people make sense of an abstract idea based on a familiar idea.

b. Conceptual metaphor – A result of the correspondence between the source domain and the target domain.

c. Mapping – A process that occurs between the conceptual domains based on the Conceptual Metaphor Theory.

d. Source domain – The conceptual domain that metaphorical expressions are drawn from and identified as one of the components of a conceptual metaphor.

e. Target domain – The conceptual domain that is abstract and identified as one of the components of a conceptual metaphor.

f. Metaphorical linguistic expressions – A result of the correspondence between the conceptual domains.
g. Universal metaphor – A metaphor resulting from the interaction between universal ideas and abstract ideas.

h. Culture specific metaphor – A metaphor resultingfrom the interaction between distinct cultural ideas and abstract ideas.

1.9   Summary

A brief overview of the study was presented to establish an understanding of what this study aimed to achieve. Studying metaphors of health and illness used by members of a community could provide insight into their health experience while revealing the link between language and society. The following chapter focuses on the literature review pertaining to this study.

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