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A Comparative Cognitive - Discourse Analysis of Two Literary Extracts by Arab and European Physician-Writers

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ABSTRACT

Physician-writers use language as a basic cognitive tool to encode their professional and imaginative engagement with illness, the body, and human mortality. The aim of the present paper is to identify the conceptual metaphors and cultural schemas on which two physician-writers from different cultural traditions base their encoding of birth-pain. It is a qualitative study that examines the novel Awrāq Shamʿūn al-Miṣrī [The Papers of Shamoun the Egyptian] by the Egyptian writer Ossama Abdul-Raouf Elshazly and the short-story collection Round the Red Lamp: Being Facts and Fancies of Medical Life by the British Writer Sir Arthur Conan Doyle. The analysis draws on Conceptual Metaphor Theory (CMT) and Cultural Linguistics (CL), operationalised through the MIP/MIPVU procedure. Results show that the two authors conceptualise birth-pain in systematically opposed ways. Elshazly's work is based on SUFFERING IS A GENERATIVE WOMB, a metaphor that combines clinical and spiritual components drawn from Islamic theology. In contrast, Doyle uses CHILDBIRTH IS A COMBAT, a metaphor that reflects a secularised, mechanistic European worldview.

Keywords: Physician-writers; Conceptual Metaphor Theory; Cultural Linguistics

تحليل خطاب معرفي مقارن للأعمال الأدبية الصادرة عن أطباء أدباء عرب وأوروبيين

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المُستخلص

تُعد اللغة أداة معرفية أساسية في أيدي الأطباء الأدباء، إذ يوظفونها لتشفير انخراطهم المهني والإبداعي مع المرض، الجسد، والفناء البشري. وتتمثل الفجوة البحثية للدراسة في الكشف عن الاستعارات المفاهيمية والمخططات الثقافية الكامنة وراء تشفير آلام المخاض لدى أطباء أدباء ينتمون إلى تقليدين ثقافيين مختلفين. تهدف الدراسة إلى تبيان كيف يتصور هؤلاء عتبة الولادة من خلال أطر معرفية متعارضة بشكل منهجي. وقد اعْتُمِد المنهج النوعي لتحليل البيانات؛ حيث اختير طبيبان كاتبان وهما: أسامة الشاذلي ممثلاً للتقليد العربي، وآرثر كونان دويل ممثلاً للتقليد البريطاني. ولتفكيك الأطر الكامنة وتوضيحها، طُبِّقت "نظرية الاستعارة المفاهيمية" مع "اللسانيات الثقافية"، وجرى تفعيلها إجرائياً عبر آلية تحديد الاستعارة .(MIP/MIPVU) وتكشف النتائج أن الكاتبين يشفّران العتبة ذاتها عبر استعارات حاكمة ومتعارضة؛ إذ يوظف الشاذلي استعارة (المعاناة رَحِمٌ مُنتِجَة)، وهي استعارة متجذرة لاهوتياً في الجذر (ر–ح–م) في حين يوظف دويل استعارة (الولادة قتال/معركة).وتخلص الدراسة إلى أن هذين الطبيبين الكاتبين يعكسان تكاملاً بين ما هو سريري وروحي في التقليد العربي، وعلمنة قتالية في التقليد الأوروبي.

الكلمات المفتاحية: أطباء أدباء، نظرية الإستعارة المفاهيمية، اللسانيات الثقافية

1. Introduction

Scholars interested in the relationship between medicine and literature have long been interested in the ways in which narrative practices influence, mediate and reflect human cognition. Physician-writers, as a group, occupy a unique epistemic position: they are the writers as well as physicians, in that they are located at the nexus of the empirical clinical observation and imaginative literary representation. The texts they produce are thus necessarily a sensitive place in which to examine the processes whereby cognitive structures and frameworks of illness, body and human suffering are created and negotiated within linguistic, geographical and philosophical traditions (Charon, 2006; Hunter, 1991).

The physician-writer has been a significant figure in Arabic and European thought. The Arabic tradition of the physician-writer, which stems from classical medical scholarship (Ibn Sīnā, Al-Rāzī) and is carried on into the modern novel, is characterised by a protracted dialogue between medical knowledge and literary narrative. In Europe, literature has likewise engaged with disease, the body, and the boundaries of biomedicine, from the Hippocratic corpus through the Enlightenment to the present-day narrative-medicine movement. However, comparative scholarship bringing Arab and European physician-writers together under a single analytical lens remains meagre: literary studies tend to work at either the micro- or the macro-level, analysing individual writers within one tradition, or assuming, without empirical testing, that ‘Arab’ and ‘European’ constitute two uniform ‘groups’.

The present paper responds to this by comparing two physician-writers at the same biological and existential point, the point of birth, and then examining the encoding of the suffering, the agentiality, and the meaning of the point of birth in the two conceptual metaphor and cultural

schema sets. The two writers are Ossama Abdul-Raouf Elshazly (b. 1974), Professor of Orthopaedic Surgery at Ain Shams University, Cairo, Egypt, and author of the novel *Awrāq Shamʿūn al-Miṣrī*; Sir Arthur Conan Doyle (1859–1930) was a British physician and author. Trained in general medicine at the Edinburgh University Medical School (from 1876) and later in ophthalmology, he brought his clinical formation to bear on the medical short-story collection *Round the Red Lamp* (1894).

The paper raises three research questions:
(1) What conceptual metaphors do Elshazly and Doyle use to encode the threshold of birth in the extracts selected?
(2) What are the influences of cultural, religious and historical backgrounds on the Arabic Islamic and Victorian British encodings?
(3) What are some of the similarities and differences along the lines of mortality orientation, rational-spiritual orientation, individual-collective orientation, and the encoding of suffering between the two writers?
The analysis sets out to examine whether Elshazly represents birth as theologically generative, in the sense of a womb that brings forth new life, while Doyle represents it as a battle against an adversary in a secular universe.

2. Literature Review

2.1 The Relationship between Literature and Medicine

Literature and medicine are inseparable and can be traced back to their common roots in Antiquity, where the Hippocratic case histories were written as a series of narrative texts that prefigured later literary prose works, such as the works of Herodotus (Lloyd, 1983; Hunter, 1991). In the Arabic tradition, the relationship was similarly fundamental: Ibn Sīnā (980–1037) was a physician, philosopher, and writer, and such composite figures as the *ḥakīm* remain an important feature of modern Arabic literature written by physicians (al-Khalili, 1946; Goodman, 1992). The division of medicine as a natural science from literature as a humanistic subject is relatively recent, as it resulted from the institutionalisation of medicine as a laboratory science in which the patient is brought into the picture as a secondary object of knowledge (Foucault, 1973; Porter, 1997). Despite this, the link remained, for example, that of the physician-writer (Chekhov, Doyle, Sacks), which has returned across generations, making it a structural rather than an incidental link (Coope, 1997).

Theoretically, the connection has been most powerfully expressed in the field of narrative medicine. A first perspective concerns the structure of medical knowledge: Charon (2006) has argued that medicine is inherently narrative, Hunter (1991) has demonstrated that the case history draws on the conventions of the realistic novel, and Kleinman (1988) has shown that the patient's illness narrative is a culturally constructed cognitive structure whose neglect leads to clinical error. A second perspective, building on Foucault (1973), holds that medical language does not merely describe the body but constructs it: metaphors such as the body as machine and illness as enemy are not rhetorical embellishments but cognitive tools that shape perception. A third perspective

holds that literary reading develops the perspective-taking needed for clinical empathy (Halpern, 2001; Bleakley, 2015). This scholarship demonstrates how literature and medicine are linked at the levels of both narrative and language. It also, however, reveals a methodological shortcoming. Literary criticism asserts these links impressionistically, and while the clinical use of literature has proved practically useful, it has been criticised as lacking theoretical depth (Woods, 2011).

2.2 Comparative Cognitive Discourse Analysis of Literary Works

It is precisely this methodological void, the impressionistic and theoretically under-developed treatment of the link between literature and medicine identified in the preceding section, that comparative cognitive discourse analysis can be expected to fill. Conceptual Metaphor Theory (CMT; Lakoff & Johnson, 1980) has shown that abstract domains such as disease, illness, the body, and death are organised by systems of metaphorical mappings that create systematic entailments for thinking and acting. Metaphors thus serve as powerful cognitive tools that operate across every day and political discourse alike (Alzamili & Alghezzy, 2022).

Sontag's (1978) discovery of a dominant schema, the ILLNESS IS WAR, in Western biomedical discourse had already revealed that structuring has ideological consequences, and Semino's (2008) work had shown that the warfare schema, though dominant, is routinely resisted in Western biomedical discourse via alternative source domains, a finding that was experimentally corroborated by Flusberg, Matlock, and Thibodeau (2018), who revealed that patients' treatment preferences are measurably different when illness is metaphorically framed as a war.

Building on this, Cultural Linguistics (CL; Palmer, 1996; Sharifian, 2011) has demonstrated that conceptual metaphors are not only a product of universal embodied experiences, but a product of culturally specific schemas that limit the source domains that are deemed natural in a particular cultural tradition. This is essential if there is to be any comparison, as it demonstrates that the difference between an Arabic physician-writer and a European is not in literary style, but in the manner of thought. For example, in the Arabic Islamic tradition, the body is metaphorically represented as *amānah* (a divine trust to be returned at death), thus generating metaphors of illness as an experience of *ibtilāʾ* (divine trial met by *ṣabr*) instead of as failure or as a military defeat (Nasr, 1987; Rahman, 1987). Combined with the worldview-dimension analysis of Kövecses (2005) and Sharifian (2011), comparative cognitive discourse analysis can be used to precisely identify, map and compare the conceptual metaphors and cultural schemas of physician-writers from different traditions, and with a level of cross-culturally generalizable precision that earlier humanistic approaches were unable to achieve. This context is important for the present paper because it presents a way to analyze the situation of Arab and European physician-writers.

3. Methodology

3.1 Theoretical Framework

This paper combines a general cognitive theory with a culturally oriented framework. CMT (Lakoff & Johnson, 1980) explains how abstract domains such as illness and death are structured by metaphorical mappings from more concrete domains of experience in the human mind. CL

(Sharifian, 2016), by contrast, theorises the notion of 'cultural schemas' - shared cognitive structures that shape a community's understanding of core social concepts such as kinship, religion, illness, and death - and thereby accounts for how such conceptualisations vary across cultures.

Together, CMT and CL constitute a robust theoretical framework that enables a more complete analysis than either could achieve alone. In the analysis, CMT is applied first, to identify the metaphorical mappings at work in each extract; CL is then applied to trace those mappings to the cultural schemas that motivate them. In combination, the two permit comparison across linguistic and cultural traditions, revealing convergences (shared metaphorical mappings) and divergences (culture-specific schemas) in the ways in which the same human experience is encoded by different authors.

3.2 Metaphor Identification Procedure (MIP/MIPVU)

For the systematic and replicable identification of metaphorical language, rather than impressionistic, the study applies the Metaphor Identification Procedure (MIP) developed by the Pragglejaz Group (2007), which was refined into MIPVU by Steen, and colleagues (2010). The procedure is: Given an extract with more than one lexical unit, compare two meanings for each lexical unit, one being the basic meaning (most concrete, physically grounded, and historically earliest meaning) and the other being the contextual meaning (the meaning the lexical unit carries in the given extract). When the meaning in context is not the same as the basic meaning, but it can be understood based on the basic meaning, the unit is considered to be used metaphorically. The procedure then empowers each instance of metaphor to be anchored in a lexico-semantic test.

3.3 The Three-Stage Analytical Procedure

In this paper, the Two Theoretical Frameworks are operationalised as a 3-step analytical process for each extract, and the MIP/MIPVU procedure is operationalised as the 3-step analytical process, as well.

Stage 1 — Metaphor Identification: The basic meaning of each important lexical unit is identified, and its meaning in the context is then recorded; the status of the unit as a metaphor is then determined, along with its CMT type (structural, ontological, or orientational).

Stage 2 — Source/Target Domain Mapping: The domain of the metaphorically used expressions is classified under their conceptual metaphors and the correspondences between the source and target domains are systematically mapped.

Stage 3 — Cultural Schema Identification: The culturally transmitted schemas (Sharifian, 2011) that are activated by the extract are identified, and their sources are distinguished and provided (Quranic, classical Arabic literary, Christian-chivalric and secular Anglo-humanist).

3.4 The Selected Extracts

These two extracts have been selected and for each writer the choice has been made in order to have the threshold of birth encoded and the figure of the physician at that threshold.

3.4.1 Background of Elshazly's Novel *Awrāq Shamʿūn al-Miṣrī*

Awrāq Shamʿūn al-Miṣrī is a 633-page novel that was published in 2021 by Dar al-Riwaq in Cario, and is described as the salvaged private notes of a Jew named Shamoun ibn Zakhary, who lived through the travails of the Sin Wilderness in Egypt. In this perspective the book discusses the idea of collective wandering and pastlessness (Tĩh) and makes comparisons with the current society in Egypt. In this narrative, the author, Elshazly, has a unique and threefold perspective as an orthopedic surgeon who has experience with skeletal breakdown and healing, as a scholar who is devoted to Quranic commentary and the history of Egyptians and Islam, and as an academic who practices and teaches. Each of these aspects contributes to an Islamic literary voice that is all distinctly Egyptian, one that cuts through the fractures in the structure of community, history and faith with surgical precision.

3.4.2 Background of Doyle's Short-Story Collection *'Round the Red Lamp'*

Round the Red Lamp: Being Facts and Fancies of Medical Life is a collection of fifteen short stories published in October 1894 by Methuen & Co., London; the edition used in this study is Project Gutenberg eBook 423. The title refers to the red lamp that traditionally marked the general practitioner's premises in England, and Doyle's prefatory note defends medical fiction as "the alterative and tonic - bitter to the taste but bracing in the result." In his preface, he states the purpose of the collection: "The purpose of this collection is to illustrate the darker side, for it is that which is principally presented to the surgeon or physician." From this collection, the extract analysed here is '*The Curse of Eve*'. It depicts the threshold of birth from the helpless perspective of the waiting husband rather than the attending physician, foregrounding the emotional and moral burden of the clinical encounter. Doyle revised the story before its publication in book form: in the earlier version the mother dies, whereas in the book version she survives.

4. Data Analysis

4.1 Extract One: Elshazly's *Awrāq Shamʿūn 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 عزيزا لدينا، أو قريبا كانت بيننا وبينه مشاهدات وحياة.كانت الفجيعة عظيمة، بكى أبي وأمي على وفاة (سولاف) بكاء صادقا مرا، وشاركتهما عمتي (باتشيفا) الحزن رغم ما كان بينها وبين (سولاف) من نكد ومشاحنات، وشعرتُ رغم صغري أن الأقدار قد تقسو أحيانًا على بعض البشر، فتمنحهم السعادة في وعاء من الكدر، وذلك لعلم نجهله وحكمة لا نستقيها، وكانت (باتيا) الصغيرة هي تلك السعادة التي منحناها من رحم الألم، والمعزي الذي سبق إلينا بالعزاء قبل أن يبدأ الحداد. (الشاذلي، ٢٠٢١، ص. ٩٥)

Death... a short word of few letters, easy to utter, yet capable of shaking the soul and shattering one's peace. I marvelled that we do not feel nor remember it until it snatches away a beloved one, or a relative with whom we shared life and memories. The tragedy was immense; my father and mother wept for (Sulaf) with sincere, bitter tears. My aunt (Batchiva) shared their grief despite the strife and bickering that had existed between her and (Sulaf). Despite my youth, I felt that fate can sometimes be harsh, granting happiness in a vessel of sorrow—for reasons we do not know and

wisdom we cannot grasp. Little (Batya) was that happiness granted to us from the womb of pain, the consoler who reached us even before the mourning began. (p. 95)

4.1.1 Stage One: Metaphor Identification

If we use MIP to formulate the word من رحم الألم, the following analysis results. The basic meaning of the lexical unit *rahim* (رحم) is the *female reproductive organ*, in which human life is conceived and is born. Its meaning in this context is figurative: metaphorical 'place' out of which a non-human entity (Batya as consolation, as restoration) is born. The lexical unit *alam* (ألم) means pain, which is a physical or emotional suffering and a contextual meaning is to facilitate the creation of new life from a place of pain. The unit *wuhibat* (وُهبت, "was bestowed") refers to the schema of a divine gift (*hiba*): Batya is not just born, but bestowed, a passive construction involves a Giver. All of the units are designated as metaphorically used; the dominating CMT type is ontological-structural.

4.1.2 Stage Two: Source/Target Domain Mapping

In this stage, the source and target domain are mapped. There are two conceptual metaphors that emerge as governing. The first is SUFFERING IS A GENERATIVE WOMB. The source domain is the *rahim*, the womb, the organ of the body that is the source of the birth of new life and the nourishment of life, but it is also the source of pain. The object of the target domain is human suffering as a generative space. When the womb bears and nurtures new life, it is accompanied by pain; when the womb releases new life, it is accompanied by pain; when pain in the womb is for purpose and not for any other reason, so is suffering in the womb for purpose and not for any other reason.

The second governing metaphor is DIVINE MERCY IS WOMB-MERCY. This metaphor rests on the triliteral root *r-ḥ-m*, from which derive *raḥim* (womb), *raḥma* (mercy, compassion), and *al-Raḥmān* (the Compassionate, one of the Ninety-Nine Names of God). The opening verse of the Qurʾan reads *bismillāhi al-Raḥmāni al-Raḥīm*, "In the name of Allah, Most Gracious, Most Merciful" (Ali, 1934/2004, 1:1). The connection 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. In a *ḥadīth qudsī* recorded in *Sunan Abī Dāwūd* (no. 1694), God declares: "I am Compassionate, 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;" the version in *Jāmiʿ al-Tirmidhī* (no. 1907) adds that God created the *raḥim* and derived its name from His own; and a parallel tradition in *Ṣaḥīḥ al-Bukhārī* (no. 5988) describes the womb as a *shijna*, a branch, of al-Raḥmān. The three consonants thus designate the organ of generation in the body, the moral attribute of compassion, and the divine attribute itself. All three layers are activated in Elshazly's metaphor: the anatomical (birth, the physical *raḥim*), the metaphorical (the suffering as the matrix of blessing), and the theological (the suffering as the matrix of God's *raḥma* in the world). The three registers - clinical, metaphorical, theological - meet in three Arabic words

4.1.3 Stage Three: Cultural Schema Identification

Three cultural schemas of the Islamic tradition are activated. The first is the *r-ḥ-m* schema of womb and divine mercy, in which the two are not merely associated but cognate at the level of the consonantal root, as established above (Ali, 1934/2004, 1:1; *Sunan Abī Dāwūd*, no. 1694). The second is *ibtilāʾ* (ابتلاء, divine trial): suffering is not random but part of a meaningful divine order - an ordeal that has a purpose, though that purpose may not be evident at the time; the Qurʾan announces that believers will be tested "with something of fear and hunger" (Ali, 1934/2004, 2:155), and that death and life were created "He may try which of you is best in deed" (Ali, 1934/2004, 67:2). The third is *hiba* (هبة, divine gift), signalled by the passive construction *wuhibat* 'was bestowed': Batya is not merely the outcome of a biological process but the gift of an unnamed yet identifiable Giver, who restored - at least in part - what suffering had taken away. The Qurʾan uses this same root for the granting of children: "He bestows (children) male or female according to His Will (and Plan) or He bestows both males and females, and He leaves barren whom he will" (Ali, 1934/2004, 42:49; cf. 3:38). The three schemas reinforce one another - indeed, the Qurʾanic prayer "grant us mercy from Thine own Presence; for thou art the Granter" (Ali, 1934/2004, 3:8) joins gift and mercy in a single verse: trial produces the gift in the womb of mercy.

Beneath these schemas lies a further architectural element of Elshazly's vision: the fusion of the clinical and the spiritual. The metaphor arises from clinical reality: Elshazly is a physician trained in orthopaedic surgery, the medicine of structural rupture, of the body that breaks and renews, and he understands professionally that the body's worst ruptures can be the precursors of its most important renewals. The metaphor *min raḥim al-alam* (من رحم الألم, 'from the womb of pain') is not, therefore, a theological abstraction but a physiologically grounded claim, closely coupled to the theological *r-ḥ-m* complex. There is no separation between the clinical and the spiritual: they are aspects of a single vision.

4.2 Extract Two: Doyle's *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)

4.2.1 Stage One: Metaphor Identification

The application of MIP to the extract identifies five metaphorically used lexical units: ‘sick at heart’, ‘numb’, ‘enemy’, ‘prize’ (in ‘the most precious of prizes’), and ‘single combat’. Each unit is then examined systematically by comparing its basic and contextual meanings (Pragglejaz Group, 2007).

In ‘sick at heart’, the basic meaning of ‘sick’ is physical illness or nausea; its contextual meaning is emotional anguish located in the heart, so that dread and grief are conceptualised as a sickness of the affective organ. The basic meaning of ‘numb’ is the loss of physical sensation caused by cold or injury; its contextual meaning is the emotional deadening produced by prolonged strain. The basic meaning of ‘enemy’ is a hostile adversary, one who seeks to harm another; its contextual meaning is death, or mortal danger, conceived as such an adversary. The basic meaning of ‘prize’ is the object of value won in a competition; its contextual meaning is the lives of the mother and child, understood as what is at stake in the contest. Finally, the basic meaning of ‘single combat’ is a duel fought between two individuals; its contextual meaning is the doctor’s protracted medical struggle against death, his ‘grim opponent’. In each case, the contextual meaning contrasts with, yet can be understood in comparison with, the basic meaning; all five units are therefore marked as metaphorically used.

4.2.2 Stage Two: Source/Target Domain Mapping

Three conceptual metaphors emerge from the mapping stage. The first is CHILDBIRTH IS A COMBAT, with the physician cast as the combatant, a childbirth-specific realisation of the military conceptualisation of illness and medicine that is well documented in Western medical discourse (Sontag, 1978; Semino, 2008; Flusberg et al., 2018). The correspondences are systematic: death is the foe; the doctor is the combatant; the lives of the mother and child are ‘the most precious of prizes’; the labour of attending the birth ‘for hours on end’ is the protracted striving of the fight; the doctor’s ‘fighting look’ is the combatant’s demeanour; and his physical exhaustion (‘fagged out’) is the combatant’s battle-fatigue. Most importantly, the woman who gives birth is not a party to this battle: she is upstairs, unseen; the battle is waged between the doctor and death, and she is the prize for which they contend. Her body is not the agent of the struggle but its site.

The second governing metaphor is EMOTIONAL SUFFERING IS PHYSICAL AFFLICTION OF THE BODY. Johnson is littered with clinical-somatic terms: "sick at heart," "nerves... numbed," "half-conscious state. The waiting husband's grief and fear are expressed using the exact diagnostic language of physical illness: the doctor-writer's clinical perspective on emotional illness.

THE BODY IS A TEXT TO BE READ is the third governing metaphor. The doctor's look is broken down word for word by Johnson. "The stern, drawn face, the hair on end, the beads of perspiration, the fighting look, the sadness. In the usual clinical-gaze relationship, the reader is the physician and the body is the text; in Doyle's case, it's the other way round.

4.2.3 Stage Three: Cultural Schema Identification

Three cultural schemas are activated. The first, dominant in Western medical and cultural discourse, is ILLNESS IS WAR (Sontag, 1978), in which sickness is an enemy intent on harm and medicine is the combat waged against it. In Doyle's realisation, the schema takes a specifically Christian-chivalric colouring: the physician appears as a warrior-knight defending the helpless against a malevolent adversary.

A second is 'The Curse of Eve,' it rests on the verse from the King James Bible (1769/n.d.): "in sorrow thou shalt bring forth children" (Genesis 3:16). Importantly, this schema is introduced solely in the title of the story and is not referenced elsewhere in the crisis narration. Johnson posits questions such as, 'Where was the justice of it? ... Why was nature so cruel?' during the crisis, yet no answers are provided. The theological frame is invoked merely to highlight its conspicuous absence within the narrative itself.

In the third schema, the late-Victorian heroic professional schema, the doctor's 'fighting look' and his 'striving' throughout the night are coded to signify his valour, with his 'fierceness' serving as a testament to the struggle. This war metaphor elevates the clinician's stature; at the time, the prevailing alternative encoding of the professional was that of an ordinary operative.

4.3 Findings

When the two analyses are placed side by side, a structural opposition emerges in the worldview dimension. The following table summarises the comparison.

Dimension	Elshazly (Arabic Islamic)	Doyle (European)
Governing metaphor	Suffering Is A Generative Womb; Divine Mercy Is Womb-Mercy.	Childbirth is a Combat; The Physician is a Combatant.
Encoding of pain	Generative — the form that gives birth to a new life.	Adversarial — a danger to be survived; "the hungriest of foes".
Cultural schemas	R-H-M root (rahim / rahmah / al-Rahman); ibtila'; hiba.	ILLNESS IS WAR (Sontag); the Curse of Eve, named but withheld; the heroic professional.
Mortality orientation	Threshold; loss is collected in a new life.	Terminus; death is enemy; close on "the great machine".

Dimension	Elshazly (Arabic Islamic)	Doyle (European)
Rational-spiritual	Fully integrated: clinical and theological are one act of seeing.	Theological frame named in the title and withheld from the telling; completely secular narration.
Individual-collective	The private suffering within the **ummah** schemas of trial and gift.	Three figures sealed off from one another; no sustaining communal frame.
Mastery-harmony	Correct response to that which is not mastered.	Strenuous, bounded, exhausted mastery; physician "fagged out".
Position of the woman	The one who suffers, who has the **rahim** of pain.	Absent from the scene; her life is the "prize" contended for.

The opposition is not random but systematic. Elshazly encodes birth-pain within a generative theological space; Doyle encodes it as a combat in an indifferent secular cosmos. Elshazly fuses the clinical with the religious; Doyle invokes a religious frame in his title '*The Curse of Eve*,' but denies it to his narration. Elshazly's sufferers are held within a sustaining community of meaning; Doyle's figures suffer in isolation. The same event, the dangerous threshold of birth, is thus represented through structurally opposed worldviews.

The central finding of this paper is that the same clinical event, the dangerous threshold of birth, is encoded through two structurally opposed conceptualisations: SUFFERING IS A GENERATIVE WOMB in Elshazly and CHILDBIRTH IS A COMBAT in Doyle. The significance of this opposition lies not in the mere fact of difference but in its systematicity: every level of the analysis - lexical units, conceptual mappings, and cultural schemas - aligns in the same direction. This suggests that the two physician-writers are not making isolated stylistic choices but drawing on coherent, culturally transmitted systems of conceptualisation.

The Doyle findings confirm, at the micro-level of a single birth scene, the military conceptualisation of medicine that has been documented at the macro-level of Western medical discourse (Sontag, 1978; Semino, 2008; Flusberg et al., 2018). They also add a specific observation to that literature: in Doyle's combat, the labouring woman is displaced from her own story, unseen, unheard, and figured as the prize rather than the agent. This displacement gives concrete narrative form to the danger that critics of the war metaphor have long emphasised: military framings centre the fight and marginalise the patient (Sontag, 1978). The irony of Doyle's title sharpens the point: *'The Curse of Eve'* invokes a biblical frame that the narration itself withholds, marking the secularisation of the medical gaze in late-Victorian fiction.

The Elshazly findings demonstrate that the war schema, however dominant in Western discourse, is not universal. Birth-pain is encoded instead through the *r-ḥ-m* nexus - womb, mercy, and the divine name - a conceptualisation licensed by the foundational texts of the Islamic tradition itself (Qurʾan 1:1; *Sunan Abī Dāwūd*, no. 1694). This supports the central claim of CL that conceptual mappings are selected and elaborated by culturally transmitted schemas (Sharifian, 2016): the cognitive mechanism of metaphor may be shared (Lakoff & Johnson, 1980), but its content is cultural. The physician-writer proves a privileged site for observing this selection, since the same clinical knowledge is available to both authors, yet each encodes it through the schema of his own tradition.

These findings carry practical implications for the medical humanities and narrative medicine. If patients' illness narratives are culturally constructed cognitive structures whose neglect leads to clinical error (Kleinman, 1988), then the schemas documented here are clinically consequential: a patient who understands suffering through the generative-theological frame may experience the imported language of 'fighting' and 'battle' as alien or even harmful. The Arabic corpus, moreover, offers what critics of the military metaphor have called for an existing, culturally grounded alternative in which suffering is meaningful, relational, and mercy-bearing rather than adversarial. The paper also answers the methodological criticism that literature-and-medicine scholarship lacks theoretical depth (Woods, 2011): the three-stage procedure applied here (MIP/MIPVU, CMT, CL) shows that such comparisons can be conducted with explicit, replicable analytical tools.

The limitations of the paper define its future directions. The analysis is qualitative and interpretive, based on two extracts by two authors; its findings are therefore propositions for further research rather than population-level claims. Extending the comparison to other Arab traditions, Iraqi and Sudanese physician-writers in particular, where comparative scholarship remains scarce, and to larger corpora would test whether the generative-theological encoding documented here recurs across the Arabic tradition, and whether the internal divisions of the European tradition follow the secular–religious line observed in Doyle.

5. Conclusion

This paper has made a comparison between the two physician-writers on the encoding of the threshold of birth, using an integrated three-stage method based on CMT, CL and the MIP/MIPVU procedure. Although the two seem to be located in the same bio-cultural space, as both physician and writer, they speak two structurally opposing worldviews: Elshazly's is theological, generative, through pain; Doyle's is the one of a brave man who fights a hungry monster in an indifferent secular world.

The methodological contribution of this paper is to show the consistency of the results of the three-stages procedure in Arabic texts and in some English texts, as well as in Islamic and European cultural traditions. The conceptual contribution is to record, at this point, the systematic antagonism between the Arabic Islamic view that clinical and spiritual are intertwined, and the European view, at least in this writer, the theological presence that is then denied. The message to

the medical humanities is to document the underrepresented culturally-specific conceptual metaphor of birth-pain (SUFFERING IS A GENERATIVE WOMB; من رحم الألم), which is one of the few conceptual metaphors that have been discussed in the literature.

The model employed in the present paper can be expanded to other physician-writer corpora from other cultural and linguistic traditions, to other thresholds of the human experience (illness, dying, recovery, professional formation), and to the diachronic study of how the encoding of these thresholds have changed in one tradition over historical time. The researcher believes that the methodological model presented in the present paper can be used in all such inquiries.

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