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## Biting into the Bitter Reality: A Metaphorical Exploration of Food Disorders

Mordiendo la amarga realidad: una exploración metafórica de los trastornos

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**ABSTRACT:** This study investigated the metaphorical representation of eating disorders in a bilingual corpus of blogs. The analysis yielded three common metaphors: ED IS A JOURNEY; ED IS A WAR and ED IS A CONTAINER. Two language-specific metaphors emerged: ED IS A LIVING ENTITY in the Spanish subcorpus and ED IS A BODY in the English subcorpus. The journey and war metaphors demonstrated subtle linguistic nuances, with the Spanish speakers emphasizing the disease's challenges and the English speakers emphasizing the prospects for recovery. The specific metaphors ED IS A LIVING ENTITY and ED IS A BODY highlighted cultural variations in agency, with the Spanish speakers portraying themselves as passive sufferers and the English speakers viewing themselves as active agents in the recovery process. This cultural divergence aligns with the distinct value orientations of American and Spanish cultures.

<sup>1</sup> The order of the authors is strictly alphabetical. The first author was in charge of the linguistic analysis of the data. The second author compiled the corpus and planned the study. Both authors wrote and revised the article in equal parts.

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While the limited text corpus precludes definitive conclusions, the findings align with previous research on conceptual metaphors in ED discourse. Further investigation is warranted to establish the figurative potential of different languages and determine whether either language employs more metaphors in the ED communicative domain.

*Key words:* eating disorder, metaphor, bilingual corpus, cultural differences.

**RESUMEN:** Este artículo investiga la representación metafórica de los trastornos de la alimentación (TA) en un corpus bilingüe de blogs. Se han encontrado tres metáforas comunes: TA ES UN VIAJE, TA ES UNA GUERRA y TA ES UN CONTENEDOR. Por otra parte, han surgido dos metáforas lingüísticas específicas: TA ES A UNA ENTIDAD VIVA en el subcorpus español y TA ES UN CUERPO en el subcorpus inglés. Las metáforas del viaje y de la guerra muestran sutiles matices lingüísticos, ya que los hispanohablantes hacen hincapié en los retos de la enfermedad y los angloparlantes en las perspectivas de recuperación. Las metáforas específicas TA ES A UNA ENTIDAD VIVA y TA ES UN CUERPO han puesto de manifiesto variaciones culturales en la agencia, ya que los hispanohablantes se describían a sí mismos como enfermos pasivos mientras que los angloparlantes se veían a sí mismos como agentes activos en el proceso de recuperación. Esta divergencia cultural concuerda con las distintas orientaciones de valores de las culturas estadounidense y española. Aunque el corpus textual limitado impide alcanzar conclusiones definitivas, los resultados son consistentes con investigaciones previas sobre metáforas conceptuales en el discurso relacionado con los TA. Se necesitaría una investigación más amplia para evaluar el potencial figurativo de los dos idiomas y determinar si alguno de ellos emplea más metáforas en el ámbito comunicativo de los TA.

*Palabras clave:* trastornos de la alimentación, metáfora, corpus bilingüe, diferencias culturales.

That is why all the girls in town  
Follow you all around  
Just like me, they long to be  
Close to you  
**The Carpenters**

## 1. INTRODUCTION

Eating Disorders (EDs) are behavioral conditions that can be harmful physically, psychologically and socially. They include types such as anorexia nervosa, bulimia nervosa, binge eating disorder and rumination disorder, among others, with high rates, especially in young women.

Previous quantitative research has been focused primarily on treatment models and diagnosis. In qualitative studies, researchers have paid attention to eating disorder etiology and the recovery process. The metaphorical language used in this domain has not been explored enough, although some papers have highlighted its role as a mechanism

for conveying ideas, thoughts, emotions, attitudes, or values (Charteris-Black, 2004; Skarderud, 2007; Goren-Watts, 2011; Wilson, 2016; Charles, 2021).

Metaphors abound in any linguistic use: general language, oral or written modality, different text types and speakers make use of them with a low degree of awareness. Conceptual metaphors are useful mechanisms in facilitating thought and understanding the world: how human beings frame different experiences and aspects of reality. They allow us to represent a conceptual domain (target domain), in terms of another domain (source domain), which is less abstract and closer to our experience or knowledge (Lakoff and Johnson, 1980; Kövecses, 2002).

From a discourse perspective (Cameron, 2003, 2007), metaphors are seen as multifaceted linguistic devices used not only to convey conceptual content (ideational function) but also to facilitate interaction (interpersonal function). Due to their persuasive function in discourse, metaphors allow us to conduct reasoning in terms of a certain conceptual framework. Several works have shown that metaphors are effective persuasion mechanisms<sup>3</sup>.

Meta-analytic research conducted by Sopory and Dillard (2002) analyzes metaphors' suasive effectiveness over their literal counterparts and identifies that the persuasive impact is maximized «when the audience is familiar with the metaphor target, the metaphor is novel, is used at the start of a message, is single, and nonextended» (Sopory and Dillard, 2002: 413). Burgers et al. (2016) attest to the power of metaphors and other rhetorical tools in persuading an audience, such as hyperbole and irony. Finally, Figueras (2017) analyzes how metaphors work as efficient persuasion devices to sustain the speech act of asking, giving and receiving advice in interactions with a recovery forum for eating disorders.

This article aims at identifying and retrieving metaphors to later analyze them under the Conceptual Metaphor Theory (CMT) framework, successfully applied in numerous studies of the use of metaphors in health discourse (Semino and Demjén, 2017). Our corpus-based study offers a qualitative analysis of the use of metaphors on EDs in a bilingual corpus. A reading-and-tagging approach was adopted to determine if a lexical unit is used metaphorically in its specific context. For this purpose, we followed the Metaphor Identification Procedure (Pragglejaz Group, 2007). Metaphors were also qualitatively analyzed by evaluating their use and functions in ED discourse, according to the Critical Metaphor Analysis (CMA).

We have built a bilingual corpus of 84 blogs (49 in Spanish and 35 in English), compiled from different sources, to identify and analyze, from a contrastive perspective, the metaphors used in both languages.

Our research questions are:

1. What are the metaphors employed in the bilingual ED corpus?
2. Do metaphors present cultural differences in each subcorpus?
3. Is English more metaphorical than Spanish in this communicative domain?

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<sup>3</sup> «Since metaphor involves constructing something in terms of something else, the choice of the “something else” (or source domain) affects how the “something” (or target domain) is represented. More specifically, metaphors can be used to persuade, reason, evaluate, explain, theorize, offer new conceptualizations of reality and so on» (Semino, 2008: 31).

This article is developed in four more sections. Section 2 includes a theoretical framework and refers to related work in the field of metaphor and EDs. Section 3 is devoted to describing the corpus that has been compiled and the methodology used to extract and classify metaphors. Next, in Section 4, we provide a metaphor analysis and the results obtained from the most frequent key domains. Finally, in section 5 some concluding remarks are offered.

## 2. THEORETICAL FRAMEWORK

### 2.1. CONCEPTUAL METAPHOR THEORY AND EDs

From the etymological point of view, the term ‘metaphor’ designates the transfer from one word to a different one, considering the components of the etym *metapherein*. For Lakoff and Johnson, metaphor is «pervasive in everyday life, not just in language but thought and action (1980: 3). Linguistic metaphors are possible because there are metaphorical concepts, that is metaphors in our conceptual system, which is «metaphorically structured and defined» (Lakoff and Johnson, 1980: 6).

Conceptual metaphors are defined as systematic sets of correspondences or mappings between two different domains: the target domain is partly structured in terms of the source domain. The metaphor is defined as being based on a similarity between both domains. To know a conceptual metaphor is thus to know a set of mappings between a target domain (A) that is comprehended through a source domain (B). Conceptual metaphors need to be distinguished from metaphorical linguistic expressions. These expressions are the reflection of the conceptual mapping *A is B* in the language. This view of metaphor constitutes the basis of Conceptual Metaphor Theory (CMT) (Lakoff and Johnson, 1980; Lakoff, 1993; Lakoff and Johnson, 1999).

Health discourse is very rich in metaphorical expressions and extensive research have been carried out (Harrington, 2012; Semino and Demjén, 2017; Climent Roca and Coll-Florit, 2023). An illness is usually a target domain because it represents a complex experience that can be mapped onto a simpler source domain. Doctors and researchers usually employ metaphors to make uncommon concepts more understandable to the public, whereas patients and family members use figurative language to describe and share their experiences with illness (Ten Have and Gordijn, 2022).

Some pathologies are usually described by military metaphors or journey metaphors, which are two very different ways to convey the impact and experience of the disease. Using a certain metaphor can trigger positive or negative associations, leading to social rejection or implying therapeutical benefits, respectively (Trad, 1993). In the case of EDs, different studies examine the metaphors provided by patients in their descriptions of the illness process. Mathieson and Hoskins (2005) examined the metaphors of change (e.g., RECOVERY IS A JOURNEY) in the narratives developed by young female patients recovering from an ED and pointed out the importance of congruence between counsellors’ views and patients’ metaphors. Skårderud (2007) studies the bodily concreteness of symptoms in anorexia nervosa. Through a series of research interviews with ten female patients, he examines not only the metaphorical meaning of the anorectic behavior but also the reflective function or capacity of making mental representations. The occurrence of different concretized metaphors (not experienced as indirect but direct

expressions) found in the analysis suggests a reduced symbolic capacity and reflective function in anorexia nervosa due to the established equivalence between bodily and emotional experience.

Finally, regarding the use of metaphors in interactions, we highlight two studies on digital discourse. The first one (Figueras, 2017) analyzes the functions of metaphors employed in an Internet forum created to support people in recovery from an ED. Metaphors traditionally used in medicine are identified: ED IS A CONTAINER, RECOVERY IS A BATTLE, and RECOVERY IS A JOURNEY. In the context of the forum, these metaphors combine the ideational function with interpersonal functions. They are used by members of the group both to share knowledge and to strengthen social relations. The second one (Galíndez et al., 2020) is a qualitative and descriptive study of the cognitive-therapeutic functionality of metaphors about EDs. Metaphors identified in this work are: ANOREXIA IS A SPACE, ANOREXIA IS A PERSON, ANOREXIA IS A PHYSICAL ENTITY and ANOREXIA IS AN ANIMAL.

## 2.2. CULTURE AND ED METAPHORS

Eating is an indispensable act for a human being to survive. Nonetheless, it is not only a biological function but also a cultural one. EDs are acknowledged to be complex and multifaceted conditions involving biological, psychological, environmental, and sociocultural factors (Culbert et al., 2015). Traditionally, EDs have been extensively analyzed from biological and psychological standpoints, and a good number of studies follow a sociocultural approach (Martínez et al., 1993; Garner, 1996; Levine and Smolak, 2010). This perspective focuses on the role that society and culture may have in the development of this disorder.

Specifically, Toro (1988, 1996) studies the sociocultural factors related to bulimia and anorexia. These diseases are linked to advanced stages of economic development and high levels of education, such as those found in Western countries. Anorexia also presents a much higher percentage of women affected compared to the number of men. The reason may be an overvaluation of body image, which can lead to a destructive internalization from the psychic point of view. The contemporary aesthetic pattern of thinning culture and the sexual role of the female body also facilitate the development of these pathologies. In her book *The Beauty Myth*, Naomi Wolf (1991) considers hunger, along with work, sex, religion and violence, one of the areas to which women are subjected to the «beauty myth». She relates this culture of thinness to patriarchal structures, which allow social control to be exercised over women under the excuse of disease.

EDs have also been related throughout history to moral and religious meanings and can be understood as a form of asceticism, which advocates penance in the form of fasting (Pinto, 2000). Other authors, such as Bell (1985), show that disorders such as anorexia are viewed in different eras as a mode of feminine self-affirmation. In *Holy Anorexia*, Bell finds analogies in the clinical history of Italian saints, such as Catherine of Siena, and women suffering from EDs. These women who lived in religious congregations in Italy between the X and XIV centuries present behavioral, ingestive,

cognitive and emotional traits like those of anorexia nervosa. Physical mortification may, in this sense, lead to moral elevation. The refusal of food symbolizes the rejection of the body and the self. With this attitude of self-destruction, women refuse their traditional role in the provision of food, and a biological and sociocultural intersection can be established (Pinto, 2000). At the same time, anorexia implies, from this historical perspective, a self-perception inhabited by the body that can be observed in this example:

- (1) Solo me sentía bien si salía todo. Porque me encontraba mal, porque tenía que «sacar» ese malestar, porque no pasaba nada (BLOGES19\_M) [*I only felt good if everything went well. Because I felt bad, because I had to «get it out», because nothing was wrong*].

This feeling can be compared to that of medieval saints talking about an evil force that possessed them. There is a rupture in the mind-body unity through a mental procedure of alienation.

Esthetic patterns and other sociocultural factors affecting EDs, such as family pressure, mass media and social networks, may be subject to cultural variation. Culture appears to be one of the main reasons for differences in metaphorical expressions across languages<sup>4</sup>. Variation may stem from differences in value orientations (Hofstede, 1980) or differences in source domain events, more salient in one culture than in another (Deignan, 2003; Figueras, 2021)

The analysis of cross-linguistic differences regarding ED representations in social discourse can help us better understand how different cultures frame and communicate experiences of different pathologies by shaping beliefs, attitudes and behaviours related to food, body image and health (Cariola, 2021).

### 3. CORPUS METHODOLOGY

Our methodology is inspired by the Pragglejaz Procedure, published in 2007. This method identifies and analyzes metaphors in discourse. It is based on a cognitive theory of metaphor (Conceptual Metaphor Theory), which holds that metaphors are part of our natural way of thinking and speaking. Metaphors allow us to understand and communicate abstract or complex ideas by comparing them to more concrete concepts.

An adapted version of The Pragglejaz Method, consisting of five steps, was followed in this paper:

1. Identification of the metaphor: The first step is to identify the words or expressions that could be metaphorical. This can be done using several criteria, such as incongruity, novelty, repetition, or intensity.

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<sup>4</sup> According to Kövecses (2002), some conceptual metaphors appear to be near-universal: HAPPY IS UP is a shared metaphor in English and Chinese), but others are culture-specific HAPPINESS IS FLOWERS IN THE HEART is found in Chinese, but not in English.

2. Assignment of a source domain: The second step is to assign a source domain to the metaphor. The source domain is the concept or idea that is being compared to the target domain.
3. Assignment of a target domain: The third step is to assign a target domain to the metaphor. The target domain is the concept or idea that is being conceptualized by the metaphor.
4. Identification of the relationship between domains: The next step is to identify the relationship between the source and target domains. This relationship can be one of similarity, analogy, comparison, or contrast.
5. Interpretation of the metaphor: The final step is to interpret the meaning of the metaphor. This must be done considering the context in which the metaphor is used.

The Praggeljaz Method is flexible and can be applied to different text types. It is a well-grounded theoretical method used in a wide range of metaphor research.

Table 1 provides a detailed breakdown of the composition of each sub-corpus. The size in words and lines (sentences) is balanced in both cases, but the length of the blogs is greater in the English texts analyzed.

**Table 1. Distribution of data in both subcorpora**

ENGLISH			SPANISH		
Word	Lines	Documents	Words	Lines	Documents
585632	34785	70	704031	34107	224

The Spanish narratives were extracted from general blogs, mainly *Proyecto princesas* and *Cómete el mundo*, which encompass articles on various eating disorders<sup>5</sup>. These blogs are intended for professionals, family members, and individuals affected by the disorder, but our corpus has focused on the testimonials of those who have successfully overcome the disorder and share their experiences navigating the recovery process. The English texts originate primarily from two American sources: *Tabitha Farrar* and *The Emily Program*. These sources exhibit a more clinical and commercial orientation, primarily offering treatment services<sup>6</sup>. In line with the Spanish blogs, our focus has been on testimonials rather than resources designed to assist professionals and family members.

From an ethical standpoint, obtaining consent to utilize the data for this study is not mandatory as all the information is readily accessible in the public domain, residing in publicly accessible blogs. Additionally, we do not replicate the entirety of the texts, but

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<sup>5</sup> <https://cometeelmundotca.es/>  
<https://proyectoprincesas.com/>

<sup>6</sup> <https://tabithafarrar.com/>  
<https://emilyprogram.com/>

merely a small selective portion, adhering to the principles governing fair use and quotation rights.

Our approach to the disease stages deviates from the established clinical classifications. We base our annotation on three distinct phases within the ED narrative, which we have termed the First Stage, the Second Stage, and the Third Stage. This classification is of a discursive and communicative nature, reflecting the patients' subjective understanding of their illness trajectory. Notably, the analyzed narratives primarily focus on the second and third stages. More commonly, the blogs provide a chronological account of all three stages within a single text (mixed texts). We have not encountered any narratives that exclusively address the First Stage, as patients are often in a state of denial or shock that impedes their recognition of the disorder. During recovery or the struggle towards recovery, patients are compelled to share their experiences through blogging, often with the intention of aiding others.

#### **4. DISCUSSION: METAPHOR ANALYSIS AND RESULTS IN THE CORPUS *DIGITENDER-ED***

The qualitative analysis of the main metaphors in the corpus *DIGITENDER-ED* has revealed some similarities but also significant differences in the representation of EDs in the two languages of the subcorpora. A larger corpus would be necessary to analyze the metaphors used throughout the ED process further.

The blogs' main metaphors describing experiences with EDs are shown in the next two sections. First, section 4.1 analyzes the common metaphors identified in both languages. Secondly, in section 4.2, we address metaphors specific to one of the languages.

The examples of metaphors in the corpus are labeled indicating the blog to which they belong (*BLOGES* for the Spanish blog and *BLOGEN* for the English blog), the text number and the stage in which they were classified (2 for the second stage, 3 for the third or M for the mixed texts). Thus, *BLOGEN5\_S2* is the label corresponding to the English blog, text number 5, classified in the second stage.

##### **4.1. COMMON METAPHORS FOR DESCRIBING EDS IN THE CORPUS *DIGITENDER-ED***

Three main conceptual domains are common in the corpus, appearing in the Spanish and English subcorpora. ED is represented as a *JOURNEY*, a *WAR* and a *CONTAINER*. Journey and war metaphors are conventional mechanisms frequently used in health discourse, not only used to conceptualize physical illness but also mental conditions (Semino, 2008; Coll-Florit et al., 2021).

As Coll-Florit et al. point out, war and journey metaphors can be empowering or disempowering for patients:

«...travel scenarios are empowering when the patient is in charge of the journey, but not otherwise; and, in turn, war scenarios trigger a sense of threat and fear when the disease is the enemy, thus they are demotivational when patients are reduced to battlefields, but may also provoke solidarity or may be a way of attracting attention, changing beliefs and taking action» (Coll-Florit et al., 2021: 99).



### ED IS A JOURNEY

The conceptualization through this pervasive source domain shows the difficulties of the process (Campbell and Longhurst, 2013; Figueras, 2021). Recovery is represented as a forward movement throughout the long and hard process of the disease. In this way, finding some difficulties, stumbles, and falls that do not impede reaching the final stage is logical.

- (2) El proceso, o el camino, como yo lo llamo, es largo. Es un **camino** que no es recto. Está lleno de curvas, con piedras que te hacen tropezar. Al principio, cuesta mucho levantarse, mucho. A medida que voy cayendo, sé que iré levantando (sic). (BLOGES13\_M) [*The process, or the road, as I call it, is long. It is a road that is not straight. It is full of curves, with stones that make you stumble. At the beginning, it is hard to get up, very hard. As I fall down, I know that I will get back up again*].
- (3) La **cuesta** es dura, pero si no la subes, te ahogas. (BLOGES37\_M) [*The slope is hard, but if you don't climb it, you drown*].
- (4) Es un largo y duro **camino**, pero se puede salir, siempre recuerda que un tropezón no es caída. Admito que antes no veía el fin del **túnel**, pero acá está. En este momento comienza una nueva **etapa**. (BLOGES42\_M) [*It is a long and hard road, but you can get out, always remember that a stumble is not a fall. I admit that before I did not see the end of the tunnel, but here it is. At this moment a new stage begins*].
- (5) La recuperación es un **camino** difícil, de recaídas, de incompreensión, (...) pero quiero empezar a caminarlo y sé que no estoy sola. Quiero empezar a vivir todo lo que me he estado perdiendo en la media vida que llevo metida en este infierno. (BLOGES48\_M) [*Recovery is a difficult road, of relapses, of misunderstanding, (...) but I want to start walking it and I know I am not alone. I want to start living everything I have been missing in the half life I have been stuck in this hell*].

In examples (2-4), the patient describes the difficulties encountered when starting the recovery process. The curves and stones in the road lengthen this process. However, the patient gets up and moves on when a fall occurs. The conventional spatial orientation metaphor appears clearly. UP is positive and DOWN is negative. In the description of the experience, the willingness to move forward with the help of other people is shown (5), which implies the influence of the environment in overcoming the disease. This influence of relatives and friends is common in a culture such as Spanish, which tends towards collectivist values.

In English blogs, as examples (6-9) show, the same conceptual domain is used with a slight difference in the metaphorical narrative. The disease is also represented as a journey whose final stage is recovery, as explicitly stated in (6), but patients do not foreground the difficulties of the process. On the contrary, from a more optimistic and empowered perspective, they communicate the progress and achievements that allow

them to overcome the disease. The use of the word *journey* in (7) and especially in (9), with the collocation *embark on a journey*, represents the responsible and firm decision to start the process of change and self-improvement that has recovery as its ultimate goal (Campbell and Longhurst, 2013).

- (6) These are the realizations that I have made thus far after reading and thinking much. I am sure I will have many more on this **road** to recovery. For now I just eat and rest. (BLOGEN9\_S2)
- (7) Understanding committing to change was a very long **journey** for me... What worked for me was learning that to participate in the fear that my brain was suggesting was a choice. It didn't feel like a choice, but it was a choice. (BLOGEN5\_S2)
- (8) And in only a few months, I have **come so much farther** in recovery than I did in the many years I was in quasi recovery. (BLOGEN13\_S3)
- (9) Are you ready to embark on a **journey** towards a healthier and happier you? Let me share with you the holistic approach to nutrition that helped me overcome my struggles with an eating disorder. (BLOGEN15\_S3)

### ED IS A WAR

Military language can frame disease by referring not only to danger but also to control and discipline (Ten Have and Gordijn, 2022: 577). ED is personified as an enemy to be defeated or is experienced as a battle to be fought (Hodgkin, 1985; Campbell and Longhurst, 2013; Semino, 2008; Semino and Demjén 2017; Flusberg et al., 2018; Figueras, 2021).

This highly conventional metaphor provides a sense of agency in the recovery process and, as we saw in the journey metaphor, an awareness that the battle or war may be lost to a strong enemy.

Although the military metaphor is employed in both subcorpora, the perspective adopted is slightly different. The linguistic terms offer different connotations and nuances. The military representation is clear: ED is a battle or a fight to be won (10-11), in which a lot of effort is needed to defeat your opponent (11). In this narrative, the patient is an opponent, a soldier, and may pay a high price for victory. This is what the patient wonders with the rhetorical question «What was left of my life?» (12).

- (10) ¡Este pulso lo gano yo! ¡Ganaré a la anorexia! (BLOGES41\_M) [*I'll win this battle! I'll beat anorexia!*]
- (11) Cada vez que tengo el plato delante es una **batalla** para mí. Sobre todo, en las cenas. (BLOGES4\_S2) [*Every time I have the plate in front of me, it's a battle for me. Especially at dinner.*]

- (12) Después de tantos años conviviendo con el monstruo de la anorexia, ¿qué quedaba de mi vida? Hoy 14 años después de la gran **lucha**, tengo el alta...con el tiempo conseguí ir rompiendo barreras. (BLOGEES14\_M)  
[After so many years living with the monster of anorexia, what was left of my life? Today, 14 years after the great struggle, I have been discharged...with time I managed to break down barriers.]

In the Spanish subcorpus there is a violent confrontation between the sufferer and the illness reflected in the use of the term *fight*. The framing in English is slightly different due to the use of the word *struggle*. In her analysis of ED metaphors in the American and Spanish Press, Figueras (2021: 14) states that the concept of *struggle* in the narrative context of EDs «includes those taxing efforts to “manage” the set of typical behaviors associated with the disorder, such as decisions about food intake». We can observe this imagery in (13) and (14). The term *struggle* also offers the sense of overcoming a difficulty. The patient is perceived as an agent with the willpower to deal with a problem: the disorder (15).

- (13) I myself have been **struggling** to give myself permission to eat, particularly on days that I don't attend the programme (currently attend 3 days a week). (BLOGEN8\_S2)
- (14) When I then make myself eat it anyways, I feel like I messed up and feel super guilty. I am just confused because if I do not eat the cake, then I am worried **I am giving in** to my eating disorder and if I do eat the cake **I am also giving in** to my eating disorder because I self-sabotaged and deprived myself possibly of food that I really wanted... (BLOGEN21\_M)
- (15) Are you ready to embark on a journey towards a healthier and happier you? Let me share with you the holistic approach to nutrition that helped me overcome my **struggles** with an eating disorder. (BLOGEN15\_S3)

### ED IS A CONTAINER

Another spatial metaphor and the same linguistic term are used to conceptualize the disease in English and Spanish (Coll-Florit et al., 2021, Figueras 2021). In (16-17), ED is represented as a rapid and increasing succession of events despite the help provided by others (16).

- (16) You're on a downward **spiral** and too dizzy to and scared to leap off even though you see softness and arms to catch you all the way round. We have to trust ourselves and jump! (BLOGEN4\_S2)
- (17) En lo que entras en una **espiral** bastante jodida en la que la enfermedad va más allá de coger peso o adelgazar, si no (sic) que se toma una forma de vida con hábitos nocivos para la salud. (BLOGES49\_M) [When you enter

*a pretty fucked up spiral in which the disease goes beyond gaining weight or losing weight, but it becomes a way of life with habits that are harmful to your health].*

Illness is represented in both supcorpora as a location enclosing the patient and difficult to escape from. The source domain can be a trap, a prison, a pit or a hell. The spatial metaphor ED IS A CONTAINER helps to shape this representation, as shown in examples (18-21) from the English subcorpus:

- (18) I have been caught in the anorexic **trap** since I was 14. I'm now 54.  
(BLOGEN34\_M)
- (19) Therapy helped me see things differently, admit that I did need help and recognize that I never want to be back in that painful **place** again.  
(BLOGEN23\_M)
- (20) And often, during recovery. As I saw and felt things change, as I daily, hourly, did the opposite of what my eating disorder wanted me to do — and felt how easy it actually was to do that. As I walked though the walls that my head had constructed around me and discovered that they were never really walls in the first place. They were doors I could have pushed open at any time. When I realised that I had only been **trapped** in my eating disorder because I had been too afraid to even try and not be trapped...  
(BLOGEN14\_S3)
- (21) I developed anorexia on my own, I had to **let go** on my own.  
(BLOGEN10\_S2)

It is important to note that in examples (19-21), the patient seems to show some agency in dealing with the ED and assuming responsibility for the recovery process.

Although the agency is not clearly predicated on the subjects, the conceptualization of the disorder is similar in Spanish. The disease is described as a prison in which the patient is imprisoned (22) and also represented as a living organism (ED IS A PLANT) that takes root and establishes itself permanently.

In examples (23-26), the metaphor ED IS A CONTAINER is used in conjunction with the conventional orientational metaphor UP IS POSITIVE, DOWN IS NEGATIVE, which in health discourse becomes HEALTHY IS UP, SICKNESS AND DEATH IS DOWN (Lakoff and Johnson, 1980).

As shown in the examples below, the illness is perceived as a prison or an abyss (22), a pit where the patient never touches the bottom and keeps going down (23-25) or a hell from which she cannot get out (26). This conceptualization is also identified by Galíndez et al. (2020).

- (22) Esta terrible enfermedad tan juzgada y malentendida me mantiene prisionera en una **cárcel**, que ha extendido sus **raíces** sobre mi mente haciendo que mi vida solo cobre sentido si se basa en medir calorías, en contar gramos, en calcular y planificar todo con exactitud con el fin de que mi físico se mantenga al borde del **abismo**. (BLOGES3\_S2) [*This terrible disease so judged and misunderstood keeps me prisoner in a jail, which has spread its roots over my mind that my life only makes sense if it is based on measuring calories, counting grams, calculating and planning everything with accuracy in order to keep my body on the edge of the abyss.*]
- (23) Poco a poco fui entrando en un **pozo** profundo, negro, sin luz, sin aire... Que iba asfixiándome más y más. Era hora de cambiar, llevaba 11 años **prisionera** en aquel pozo, tenía que agarrarme con todas mis fuerzas a esas cuerdas que la vida me lanzaba, porque sin darme cuenta, había dejado de vivir todo este tiempo. (BLOGES30\_M) [*Little by little I was entering a deep, black well, without light, without air... That was suffocating me more and more. It was time to change, I had been a prisoner in that well for 11 years, I had to hold on with all my strength to those ropes that life was throwing me, because without realizing it, I had stopped living all this time.*]
- (24) Es así como **caí** en lo que es la bulimia nerviosa, desde donde hace 5 años estoy instalada. (BLOGES18\_M) [*That's how I fell into bulimia nervosa, where I've been living for 5 years.*]
- (25) Esperas **tocar fondo**, pero siempre hay un fondo más bajo donde **caer**. Y cuanto más abajo estás, menos escuchas a la gente que te quiere, más te alejas. (BLOGES39\_M) [*You hope to hit bottom, but there's always a lower bottom to fall to. And the lower you are, the less you listen to the people who love you, the further away you get.*]
- (26) Quiero empezar a vivir todo lo que me he estado perdiendo en la media vida que llevo metida en este **infierno**. (BLOGES48\_M) [*I want to start living everything I've been missing in the half-life I've been stuck in this hellhole.*]

In example (22), the subject both refers to her experience and describes the social consideration of the disease as «so judged and misunderstood». In her narrative, we get a glimpse of the influence of the environment on people suffering from an ED and how the illness is conceptualized according to the relationship between the individual and the group. In this case, we can sense the stigma that the ED can entail. However, the group influence can play a positive role in overcoming the disease, as shown in examples (5) and (25). According to Hofstede's cultural dimensions (1980, 2011), Spanish society

tends to show traits of collectivism valuing social relationships and community cohesion. This orientation could help us understand those narratives including references to social influence.

#### 4.2. SPECIFIC METAPHORS FOR DESCRIBING EDS IN THE ENGLISH CORPUS AND THE SPANISH SUBCORPUS

Two distinct metaphorical constructs have emerged from the DIGITENDER-ED corpus, each exhibiting a remarkable linguistic distribution within the Spanish and English subcorpora. Specifically, the Spanish bloggers consistently employ the metaphor ED IS A LIVING ENTITY, while their English counterparts predominantly favor ED IS A BODY.

##### ED IS A LIVING ENTITY

In their metaphorical narrative, the patients resort to another pervasive ontological metaphor to describe the ED in Spanish as a being dissociated from its own self.<sup>7</sup> The illness is personified as a friend from whom the sufferer cannot detach herself and whose friendship is not desired (27-28). Galíndez et al. (2020) also identifies negative qualities in the conceptualization of anorexia in terms of a person. It may be conceived of as a thief who steals everything you own. In (29) the conceptualization leads us to the metaphor of control. The disease dominates the patient, who is shown as an apparently passive subject who cannot exercise any kind of control.

- (27) **Amiga**, estoy intentando despedirme de ti comiendo... pero cuanto más avanzo, más te enganchas a mí. (BLOGES1\_S2) [*My friend, I'm trying to say goodbye to you by eating... but the further I go, the more you get hooked on me.*]
- (28) Es como una «**amiga**», «**conocida**», **un familiar** que vuelve a entrar en tu vida sin haberlo llamado. BLOGES21\_M) [*It is like a «friend», an «acquaintance», a relative who re-enters your life without having called you.*]
- (29) Tienes una enfermedad que **te acompaña** desde hace tiempo y que te hace mucho daño... Se va apoderando de ti y no te deja vivir tu vida. (BLOGES6\_S3) [*You have a disease that has been with you for a long time and that hurts you a lot... It is taking you over and does not let you live your life.*]

These metaphors of the friend or the unwanted guest turn out to be quite creative and unconventional compared to the common metaphors of both subcorpora (Kövecses, 2002).

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<sup>7</sup> The examples below seem to show a fragmented entity, described by Lakoff and Johnson as the scattered self-metaphor (Lakoff and Johnson, 1999) and related to mental disorders such as depression (Coll-Florit et al., 2021).

In the following examples (30-32) we observe that this being manifests itself in the form of an inner voice that makes all the decisions. The image offered by the patient as a mere puppet in the hands of the disease is very significant.

- (30) No sabía qué hacer para **acallar** mi cabeza, no sabía qué estaba pasando, pero sabía que no era yo, que las decisiones no las estaba tomando yo. (BLOGES10\_M) [*I didn't know what to do to quiet my head, I didn't know what was going on, but I knew it wasn't me, that the decisions weren't being made by me.*]
- (31) Era tan potente esa **voz**, que parecía su **títere**, y la Irene verdadera estaba cada vez más y más muerta. (BLOGES30\_M) [*That voice was so powerful that it sounded like her puppet, and the real Irene was becoming more and more dead.*]
- (32) Un día, de repente, apareció en mi cabeza una **voz** diciéndome que, si hacía lo que ella decía, me ayudaría y me haría feliz de nuevo. Esa voz...era la anorexia...Esa pequeña voz **controlaba** lo que hacía, decía, comía. (BLOGES15\_M) [*One day, all of a sudden, a voice appeared in my head telling me that if I did what it said, it would help me and make me happy again. That voice...it was the anorexia...That little voice controlled what I did, what I said, what I ate.*]

This personified eating disorder can be envisioned as a malevolent force (monster) that forms alliances with other such entities, such as bulimia, to solidify its dominion (33). This metaphorical embodiment is extended metonymically, portraying the disorder as the sharp claws of a predatory animal capable of inflicting harm and ensnaring its target (Galíndez et al., 2020), as evident in (34). Moreover, this living entity metaphor intertwines in (35) with another domain: THE MIND IS A CONTAINER, where the disorder resides as a malevolent tenant, a LIVING ENTITY (demon).

- (33) Parece que **el monstruo** de la anorexia se había enfadado conmigo por haberle dado la espalda y mandó a su compañera la bulimia como castigo, para quitarme ese control y sumirme en ese descontrol que tanto miedo me daba. (BLOGEES9\_M) [*It seems that the anorexia monster was angry with me for having turned my back on him and sent his bulimia partner as a punishment, to take away my control and plunge me into that lack of control that I was so afraid of.*]
- (34) Sin darse cuenta, estaba cayendo en las incomprensidas garras de la «anorexia inversa». (BLOGES35\_M) [*Without realizing it, she was falling into the misunderstood clutches of «reverse anorexia».*]

- (35) Solo tenía fuerzas para seguir «alimentando» al **demonio** que seguía en mi cabeza. (BLOGES43\_M) [*I only had the strength to continue «feeding» the demon that was still in my head.*]

### ED IS A BODY

A notable metaphorical construct, THE DISEASE IS A BODY, emerges exclusively in the English subcorpus. This metaphor reflects a distinct narrative pattern, where individuals describe a separation between their conscious self and the body-mind (*brain*) that governs their decisions, with the ability of suggesting, wanting or believing on its own (36-38). This dissociation contrasts with the metaphorical portrayal of the self in the Spanish subcorpus. If the eating disorder is conceptualized as an issue rooted in the brain, then reprogramming it could potentially provide a solution (39). This mechanistic metaphor is further underscored by the associated domain: THE MIND IS A MACHINE. Within this framework, the dissociated self perceives greater control over the mind, compared to the perceived dominance of the eating disorder entity (monster).

- (36) Understanding committing to change was a very long journey for me. 2. What worked for me, was learning that to participate in the fear that **my brain** was suggesting was a choice. It didn't feel like a choice, but it was a **choice**. (BLOGEN5\_S2)

This concept of choice found in (36) has been addressed by Wilson when she points out that «recent controversies have centred on the shift away from addictions as diseases with victims towards the view that they are choices for which addicts must take responsibility» (Wilson, 2016: 223).

- (37) It is very strange because it is as if I wanted to eat all the time, and outside those hours it seems that it was easy for me; but always when facing a meal from my mp it is as if my stomach closed and **my brain** wanted to run away. (BLOGEN7\_S2)
- (38) If **your brain** believes that your weight is important, it is because you (and your environment) have taught it that your weight is important. (BLOGEN6\_S2)
- (39) So that is how I came to understand that my aversion to pleasure was something I had taught **my brain** to do, and something I needed to **rewire**. 32\_M

At other times, the body itself, as a whole, or a sensation or need such as hunger allies with the subject in the recovery process (40-41).



(40) When I decided I actually wanted to recover, I went «all in» because it felt right to be following what **my body** wanted. It's just...logical. Biological. (BLOGEN29\_M)

(41) Once I surrendered to **my hunger** and ceased fighting it, I realized how truly and deeply hungry I was. (BLOGEN35\_M)

Some of the framing differences found both in the common metaphors of the whole corpus and the specific metaphors employed in each language could be related to different cultural orientations that Spanish and American societies hold with respect to Hofstede's individualism/collectivism cultural dimensions (Hofstede, 1980, 2011; Meyer, 2014; Figueras, 2021). Comparatively speaking, Spanish society can be considered more collectivist than American society, according to the different position in the individualism scale: Spain scores 51, whereas the U.S. ranks 91 (Hofstede et al., 2010). As a culture, Spanish society still values group affiliation, although individual rights and achievements are also widely recognized. In our bilingual corpus, the metaphorical narrative used in the Spanish blogs tend to show a certain influence of the social environment and less agency in the subjects. In contrast, the more individualistic orientation of American culture could be favouring a conceptualization of the disorder based more on the patients' independence, autonomy and self-reliance, when dealing with the disease, as some examples indicate. Metaphors in the English blogs seem to convey the idea that individuals are responsible for their own well-being, including their relationship with food and their body image.

Nonetheless, it is important to approach these cultural differences and their implications on the figurative language used in the corpus with a certain sensitivity. Variation frequently appears in individual perspectives, and dynamism constitutes a crucial feature of societal attitudes and trends.

## 5. CONCLUDING REMARKS

This study aimed to identify and analyze the metaphorical representation of EDs in a bilingual corpus of blogs. Through a comprehensive analysis, we addressed the research questions that guided our investigation.

Our analysis revealed five distinct metaphorical constructs employed to describe EDs across both languages: ED IS A JOURNEY, ED IS A WAR, ED IS A CONTAINER, ED IS A LIVING ENTITY, and ED IS A BODY. Among these metaphors, ED IS A JOURNEY, ED IS A WAR and ED IS A CONTAINER emerged as common to both the Spanish and English subcorpora, while ED IS A LIVING ENTITY and ED IS A BODY were language-specific.

A closer examination of the journey and war metaphors revealed subtle linguistic variations in their conceptualization across languages. The journey metaphor, often used to highlight the challenges faced during the ED journey, was employed by Spanish speakers to emphasize the difficulties and hardships, while English speakers tended to focus on the positive aspects and optimistic outlook towards recovery. Similarly, the war metaphor, portraying the struggle against the ED, exhibited distinct nuances in the linguistic terms used: *struggle* in English, and *lucha* (fight) in Spanish, reflecting the varying connotations of these words.

A significant finding was the unique metaphorical domains employed in each subcorpus. Spanish speakers represented their ED metaphorically as living entities, depicting them as overpowering forces that robbed them of control. In contrast, English speakers framed their ED as a malfunctioning body, emphasizing the potential for restoration and healing through reprogramming.

The contrastive analysis of these metaphors seems to reveal a certain cultural variation in the conceptualization of EDs between English and Spanish speakers. The differences could be attributed to the distinct value orientations of their respective cultures, as outlined by Hofstede's (1980) framework. The Spanish language and culture, with their more moderate individualistic tendencies, appear to foster a narrative metaphorical construction that tends to minimize agency and emphasizes, in some way, the powerlessness of the individual in the face of the ED. Conversely, the prevalence of somewhat clearer individualistic values in American culture encourages an agentive stance, leading individuals to perceive themselves as more capable of overcoming the disorder. These findings align with previous contrastive studies on the conceptual metaphors employed in ED discourse (Figueras, 2021).

However, due to the limited number of texts analyzed, it is not possible to draw definitive conclusions regarding the overall cultural variation in ED metaphor usage. Further research incorporating more extensive corpora and intercultural metaphor studies is needed to firmly establish if this variation is purely individual or we are dealing with cultural trends. In the same way, more corpus data will help us explore the figurative potential of these two languages. Our results do not currently allow us to suggest that either language is inherently more metaphorical than the other in the ED communicative domain.

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