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Taking Centre Stage: The Metaphorical Representation of Post Concussion Syndrome in  
*Impact: Women Writing after Concussion*



**Abstract**

Over the past few decades, it has slowly become clear that concussions are not as innocent as people initially assumed. When symptoms of a concussion do not resolve in the months or years after sustaining the injury, the injury is called Post Concussion Syndrome (PCS). Women suffer from PCS more often and they take longer to recover than men. Therefore, authors E. D. Morin and Jane Cawthorne, who both have PCS, collected the stories of 21 female writers on their experience with PCS in their book *Impact: Women Writing after Concussion*.

In this paper, I analyse the use of metaphors to describe PCS in *Impact: Women Writing after Concussion*. Following Anita Wohlmann's argument that metaphor analysis alone does not consider the "temporal unfolding and narrative embeddedness of metaphors", I combined metaphor analysis and narrative analysis to create a deeper understanding of the meaning of the illness narratives (38). In the first chapter, I discuss how two authors reuse and adjust the commonly used shipwreck metaphor to represent PCS. Because of the heterogeneous nature of PCS symptoms, the metaphors can differ significantly between authors. Therefore, in the second chapter I will compare the metaphors of different authors in the book to analyse the various ways in which they describe their illness experience. By doing this, I will argue for the importance of a great range of illness narratives on PCS.

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## Introduction

Over the past few decades, it has slowly become clear that concussions are not as innocent as people initially assumed. Research has mostly focused on male athletes who suffered multiple concussions that caused permanent damage. Even though women get concussions more often than men and they take longer to recover, there is still little knowledge on how concussions affect the female brain (Perez 211). There is also no conclusive way to determine whether someone has a concussion, as they do not show up on brain scans. As a consequence, concussions are often dismissed and women do not get the correct treatments, or any treatments at all.

Concussions are mild traumatic brain injuries that can cause physical, cognitive, emotional, and behavioural symptoms (Ryan and Warden 310). When symptoms of a concussion do not resolve in the months or years after sustaining the injury, the injury is called Post Concussion Syndrome (PCS) (Ryan and Warden 310). Authors E. D. Morin and Jane Cawthorne both experienced a concussion and its lingering effects. They collected the stories of 21 female writers on their experience with PCS in their book *Impact: Women Writing after Concussion* as they “wanted to take centre stage, as we must, since medicine continually leaves us in the wings” (XII). The book offers various stories to show how diverse the symptoms and outcomes of concussions can be. Almost a century ago, Virginia Woolf wrote that it is strange that illness has not “taken its place with love, battle, and jealousy among the prime themes of literature” as illness is such a common occurrence in life, a statement that is still true today (3). Woolf also argued that one of the problems of illness as a subject in literature is “the poverty of language” (6). There are no words to specifically describe a personal illness experience, which means that ill people have to invent their own way of telling their narrative. Ill people need a second language to express what medicine ignores (Frank, *Metaphors* 183). One way of doing this is through metaphors.

Therefore, in this paper I will analyse how metaphors are used to describe the experience of women living with PCS in the book *Impact: Women Writing after Concussion*.

## Theoretical Framework and Literature Review

In *The Illness Narratives* (2020), Arthur Kleinman explains that there is an important distinction between disease and illness. Illness is how ill people and their social network “perceive, live with, and respond to symptoms and disability” (2). Kleinman emphasises that illness is not just a personal experience, but that it is communicative, transactional, and social (200). In contrast, disease refers to what practitioners see through their theoretical lens while solely focusing on the biological problems and symptoms, and how these can be healed (3). This medical or scientific perspective ignores the problem of suffering (26). Kleinman’s view on illness is related to the political/relational model of disability that Alison Kafer describes in *Feminist, Queer, Crip* (2013). Kafer’s political/relational model places the problem of disability not with the individual who has a disability, but in the environment and social patterns that “exclude or stigmatize particular kinds of bodies, minds, and ways of being” (6). This model opposes the medical/individual model, which emphasises that disability is a problem only affecting individual people and which positions disability as a purely medical problem that should be treated (4-5). By positioning illness and disability as a social experience, both Kleinman and Kafer emphasise the importance of listening to illness narratives.

Listening to illness narratives is especially important due to the stigma surrounding ill people. In her book *Illness as Metaphor* (1978), Susan Sontag explains that in the nineteenth century, the notion that a disease is a punishment for the patient’s character was abandoned for the notion that the disease expresses character (41). Furthermore, if the physical causes of a disease are not understood, physicians often favour a psychological explanation, which undermines the reality of a disease (56). This psychological explanation also puts the blame on ill people, as it suggests that they have caused the disease themselves and therefore deserve it. In *The Invisible Kingdom* (2022), Meghan O’Rourke argues that this is especially

problematic for women who seek care. The stereotype of the “sickly woman whose disease is strictly psychological” is still prevalent today (103). Medical research is performed almost exclusively on cisgender men and male animals, and often women also receive worse treatments than men by physicians (105-106). The treatment is worse because women often suffer more from the side effects of pharmaceutical drugs that have only been tested on men, and physicians are also less likely to give women the medical treatment they need (105-106). The central issue, however, is that women’s reports of their symptoms are not taken seriously and are often disregarded as a “gendered expression of a subjective emotional issue” (107). This idea emerged in the nineteenth century when male physicians started to diagnose women with hysteria but were unable to cure them (109-110). It was thought that ‘brain work’ would drain energy from the uterus, which caused the symptoms of hysteria (110). This idea became mainstream due to Sigmund Freud, who argued that hysterical symptoms were caused by an expression of trauma or repressed libidinal urges (110). Miranda Fricker explains that “when prejudice causes a hearer to give a deflated level of credibility to a speaker’s word, a distinctive sort of injustice is done - a testimonial injustice” (164). These sources are relevant because they suggest that women with PCS suffer from testimonial injustice for two reasons: their symptoms are often dismissed as anxiety or a character flaw, due to a lack of understanding of the physical causes of PCS, and because they are female.

Illness stories are also important to the person telling them. In *The Wounded Storyteller* (2013), Arthur Frank explains that serious illness is a “loss of the ‘destination and map’ that had previously guided the ill person’s life” (1). Illness calls for stories in two ways. Telling stories can repair the damage that illness has done, and ill people have to tell their illness stories to medical workers and people close to them (53). Illness can turn ill people into a narrative wreck because of the difference between their authentic story and the one that people expect to hear from them (55). Furthermore, ill people lose their sense of temporality,

as “its present is not what the past was supposed to lead up to, and the future is scarcely thinkable” (55). A disease thus interrupts a life (56). Therefore, the illness narrative has two tasks; to restore this interruption and be open about the fact that these interruptions will continue (59). In *Metaphors of Pain* (2011), Arthur Frank further explains that illness narratives can provide a pedagogy of expressive possibility (182). Ill people need to create their own language to express what medicine ignores. Illness narratives are the result of finding their own language.

One way of expressing a personal illness experience is through metaphors. In her book *Illness as Metaphor*, Susan Sontag argued that “illness is not a metaphor, and that the most truthful way of regarding illness - and the healthiest way of being ill - is one most purified of, most resistant to, metaphoric thinking” (3). Metaphors of illness can carry a certain stigma that condemns the patient with that illness, who consequently suffers from the negative stereotype. However, in her recent book *Metaphor in Illness Writing* (2022), Anita Wohlmann argues that “metaphors are never inherently harmful, stigmatising or prescriptive” (1). She argues that the meaning of metaphors can shift, that metaphors can “help fill gaps in language” and that they can help us open up our thinking (27-28). This paper will mainly focus on metaphors. However, I will discuss a few similes that are relevant. Both metaphors and similes compare two dissimilar things, but a simile adds a ‘like’ or ‘as’ to what would otherwise be a metaphor (Wohlmann 180). According to Julie Carlson, a simile makes the comparative gesture transparent (qtd. in Wohlmann 180). Similes can also be used when we know that the corresponding metaphor is false or the comparison is so absurd that it is apparent to others (Wohlmann 180-181). However, discussion of whether there is a difference between the two remains. When the difference is relevant, I will discuss it in my analysis.



Metaphor analysis alone does not consider the “temporal unfolding and narrative embeddedness of metaphors - factors that are instrumental in how metaphors are used, reused, and creatively misused across time” (Wohlmann 38). By combining metaphor analysis and narrative analysis, we can create a deeper understanding of the meaning of illness narratives. Biebuyck and Martens further expand on the combination of metaphor and narrative analysis by distinguishing between the primary ‘epinarrative’ of the literary text and the ‘paranarrative’ (Wohlmann 46). The paranarrative is a supplementary narrative that is produced by interconnected figures of speech, such as metaphors (Martens and Biebuyck 250). The paranarrative relies on both the epinarrative and the interpretation of the reader to reorder the information in the storyworld (Martens and Biebuyck 250). Wohlmann argues that by paying attention to metaphors and narrative, we can create a productive framework that produces insights into how a metaphor can be intertwined into experiences of illness, writing style, and a text’s theme (50-51).

### **Research Question**

The discovery that concussions can cause long-term damage and symptoms is relatively new. Hence, there has not been any research on illness narratives on Post Concussion Syndrome. Because PCS is more common and more severe for women, it is especially important to focus on female voices (Morin and Cawthorne XII; Perez 211). Therefore, my research question is: How are metaphors used to represent Post Concussion Syndrome in the book *Impact: Women Writing after Concussion*?

The first sub-question, discussed in Chapter 1, is: How do the authors reuse and adjust the commonly used shipwreck metaphor to represent Post Concussion Syndrome? The next sub-question, discussed in Chapter 2, is: What metaphors do the authors use to describe

specific symptoms of Post Concussion Syndrome and how do the metaphors of these authors differ from each other?

### **Methodology**

To analyse the metaphors in *Impact: Women Writing after Concussion* I will use the methodologies of close reading and metaphor analysis as proposed by Anita Wohlmann in *Metaphor in Illness Writing*. Close reading is often used in Narrative Medicine because it enables close attention to details of language and plot (Wohlmann 16). This close attention to detail allows for a deeper understanding of the text and its metaphors. Wohlmann identifies five steps to analyse a metaphor, which can be done in a non-linear order:

1. to identify an expression as a metaphor
2. to name the salient features of a metaphor
3. to evaluate a metaphor
4. to analyse the context of a metaphor
5. to activate the generative potential of a metaphor. (162)

A metaphor can be identified if the relationship between the source and target domain is one of comparison (163). In cognitive metaphor theory, the target domain is the subject matter and the source domain is the metaphorical concept that is used to refer to the target (Wohlmann 10). Distinguishing the source from the target domain allows us to discover hidden aspects and elements that are implicitly used (Wohlmann 35). Once I have identified the metaphors, I will describe their salient features. The salient features of the source domain and target domain that overlap can then be compared, which explains the relationship

between both domains. These feature mappings can differ over time, as new features can be activated (Wohlmann 167).

Then I will evaluate the metaphor with the three criteria identified by Wohlmann (167). ‘In/adequacy’ looks at whether the metaphor works well or fails. ‘Function’ focuses on whether the metaphor functions as an explanation, description, or prescription. ‘Effect’ focuses on whether the metaphor empowers or disempowers, if it clarifies or obscures something, or if it expresses someone’s affective state. Metaphors often fall into multiple of these categories at the same time (170). Therefore, it is useful to consider the context. The historical context of the metaphor explains a culture’s way of thinking and it shows how metaphors can acquire new meanings in new historical contexts (170). The cultural context can reveal a culture’s norms and values (171). Finally, narrative context can reveal a broader understanding of the metaphor (173). Because of the scope of this paper, I will mainly focus on the narrative context. The final step, to activate the generative potential of metaphors, will be to take the information from all the previous steps together and look at the potential meanings of the metaphor.

The terminology of source and target domain is taken from cognitive metaphor theory, described by George Lakoff and Mark Johnson in *Metaphors We Live By* (1980) (Wohlmann 10). According to Lakoff and Johnson, metaphors are not only pervasive in our everyday language but also in our thought and action (3). They argue that our ordinary conceptual system is “fundamentally metaphorical in nature” and that “human thought processes are largely metaphorical” (3, 6). However, Lakoff and Johnson’s cognitive metaphor theory is criticised in disability studies due to the many references to an assumed natural, universal human body (Wohlmann 11). Furthermore, Marjorie Garber argues that cognitive-inflected approaches could reduce literature to concepts and conceptual metaphors that deny or resist the “creative, transgressive and excitingly unstable power of language”

(qtd. In Wohlmann 11). However, Wohlmann argues that these critiques do not do full justice to the diversity in cognitive metaphor research (11). Cognitive metaphor theory can be useful to analyse metaphors because it allows us to understand complex ideas that are expressed with metaphors and identify recurring themes and patterns in metaphors. This leads to a better understanding of the metaphors, as long as we keep the historical, cultural, and narrative context into consideration, and how these contexts influence the potential meanings of the metaphors (Wohlmann 170; Lakoff and Johnson 142).

## Chapter 1: Paranarratives and the Shipwreck Metaphor

In this chapter, I will discuss the paranarratives of two women who reuse the shipwreck metaphor and how they adjust this metaphor to describe their experience with PCS. The shipwreck metaphor is often used in illness narratives to describe the consequences of being ill (Frank, *Wounded Storyteller* 54). As Wohlmann explains, reusing a metaphor might be more beneficial than inventing new metaphors because it is resource-efficient, comes more naturally to people, and the metaphor is often easier to comprehend for others because it is familiar (190). Both authors keep expanding the shipwreck metaphor, which creates a paranarrative alongside their story. I will analyse how the metaphors that shape the paranarrative influence the information in the narrative and its meaning (Biebuyck and Martens 250).

### *Narrative Wreckage: From the Love Boat to a Shipwreck*

Author Shelley Pacholok has one of the most evident paranarratives in her story. Pacholok was cycling when she was hit by a truck. A few weeks after returning home from the hospital, she is enrolled in a neurology rehabilitation program. She describes her rehabilitation team:

I covertly dub the rehab team The Love Boat Crew, after the 1980s television series with lighthearted high seas adventures, always a happy ending. The neuropsychologist, with his fit frame and wardrobe worthy of captain's table dinners, steers the ship. The cruise director is played by the occupational therapist. She is smiley, organized, and an efficiency expert. The ship's purser is the rehab assistant. The physiotherapist is the ship doctor. I'm the guest actor - a temporary cruise passenger soon to be transformed and returned to her normal life. (66)

*The Love Boat* is an American romantic comedy-drama that revolves around the love problems of passengers on the ship (Schwichtenberg 301). The crewmembers, played by the same set of actors, help the passengers, played by guest stars, to resolve their love problems (Schwichtenberg 301). Whereas the Love Boat crew provides help for issues with love, her rehabilitation team provides Pacholok help with her brain injury. The salient feature that the source and target domain thus have in common is providing help for personal problems. In the last sentence, Pacholok suggests that as soon as her brain is healed, she can leave her rehabilitation team behind, just like the guests on *The Love Boat* leave the ship once their love problems are over. The salient feature that the target and source domain thus have in common is that they both need help with temporary problems. The metaphor clarifies Pacholok's idea that her symptoms will quickly resolve. People often think that the symptoms of a concussion will quickly disappear because this is regularly the case, but certainly not always (Merz et al. 160). Pacholok's metaphor thus reveals the common misconception that concussions cannot have long-term consequences. However, some aspects of the metaphor are less effective. *The Love Boat* is a luxury cruise ship where passengers voluntarily go on board for their holiday. Pacholok goes to a rehabilitation program after sustaining a brain injury because she has to. Unlike the passengers on the cruise ship, she does not get the opportunity to enjoy a holiday, as she has to work hard to get better and get through the day despite her symptoms. *The Love Boat* is also a comedy focused on drama and romance. Pacholok's revalidation is not comedic or romantic, her story is mostly dramatic.

Throughout the story, it becomes clear that Pacholok's symptoms do not resolve. She is unable to return to work and "In a Love Boat meeting, the captain and the cruise director suggest part-time, at least until I get my sea legs" (68). Having sea legs means "a person's ability to keep their balance while walking on a moving ship and to not be ill" ("Sea legs").

An important feature of seasickness is that it is temporary and goes away once a person leaves the ship. However, the brain injury is not something Pacholok can walk away from, and it is most likely not temporary. This metaphor shows again that Pacholok is in denial about the severity of her symptoms and how long they can last.

Pacholok then describes the trouble caused by her brain injury as storms on the sea. She writes that “there is no forecast, no warning system, no evacuation map for the fatigue tsunamis. Before the hallways swell with lunch-time traffic, the waves gather, build, rise, and crest. Breaker after plunging breaker peaks, curls, and pitches me across the bow” (71). She admits that “the Love Boat crew warned of stormy seas. Six months before I returned to campus, the captain pointed to black clouds on the horizon” (71). Furthermore, “the fatigue tsunamis require a change in itinerary. There are more Love Boat meetings. There is compromise. Throttle back, extend the cruise - teach one class instead of two next semester. Disaster averted” (72). At work, Pacholok is pressured to increase her workload despite being unable to keep up with the current workload. She writes that “the captain’s warnings of stormy seas are now hurricane alerts. But, like climate-change deniers, I don’t listen to that weather channel” (73). All these metaphors show that the symptoms caused by going back to work, come unexpected to her. Like a tsunami that appears unexpected and destroys everything in its way, her symptoms surprise her and take her over completely, causing her to be unable to work. Hurricanes can be predicted beforehand and although her neuropsychologist warns her of symptoms, she ignores the warning just like some “climate-change deniers” ignore weather predictions. Although these extreme weather conditions might only continue for days or weeks, they leave damage behind that might not be reparable. Pacholok’s metaphors focus on the immediate danger of the weather conditions. She thus centres on the immediate and most severe symptoms, but not on the lasting damage afterwards. Furthermore, she was warned about “black clouds on the horizon”, which

indicates that her rehabilitation team predicted that her symptoms would increase when she would return to work. This cloud metaphor has some limits because a cloud can bring anticipated rain “or vanish as quickly as it came, leaving the earth dry” (Wohlmann 169). By referring to these symptoms as a black cloud, the metaphor implies that there is still a chance that the symptoms will disappear, just like a black cloud can go away instead of causing rain. The cloud metaphor thus obscures the severity of her situation.

Throughout the story, Pacholok’s metaphors slowly transform. Whereas she first describes herself as a temporary cruise passenger, she later describes herself as a broken ship once she realises that the consequences of the brain injury are not temporary. She describes herself as “vulnerable as a ship with a broken mast” (69). The salient features of a mast are that they are on top of the ship, provide a place for look-out, and carry the sails of the ship to allow the wind to propel the ship. Just like the mast with its sails, the brain is on top of her body and functions as the part of her body that controls what she does and which way she is going. Pacholok adapted the shipwreck metaphor to specify that the part of the ship that resembles her brain is broken. When things keep going wrong at work, she then writes “in stormy seas there is no room for this extra cargo. My hull cracks, and the ocean rushes in” (75). She asks her revalidation team for help, as “The shrieking alarm of a capsizing ship blasts in my ears” (76) and she is “drowning” (76). Unlike a ship with a broken mast, a ship with a broken hull or a capsizing ship is unable to stay afloat on the water. Ships that are lost in the ocean are often only recoverable from shallow water “and then with exceptional luck and perseverance” as there are few environments “more hostile to man than the deep ocean” (NAVSEA 1-1). If Pacholok’s symptoms do not get any better, her situation will be as desperate as a ship sunken in the ocean that can only be recovered through a lot of time and effort. Because it is not always worth the time and effort, shipwrecks are often not salvaged. Pacholok might be afraid that she will be left behind and that no one will be able to help her



recover. The urgency of her situation thus becomes clear through the transformation of her metaphors. The source domain changed from being a passenger on a cruise ship to being a ship that is so broken that it no longer stays afloat. There is no Love Boat crew to solve her problems anymore. The effect of the metaphors is more disempowering as the narrative continues. Her affective state changes from hopeful that the effects of the concussion are temporary, to desperate as she realises that the symptoms are too severe for her to function at work. The metaphors function as an explanation for how desperate she feels.

These metaphors thus show the narrative wreckage caused by her illness. The brain injury interrupted the narrative of her life and caused narrative chaos (Frank, *Wounded Storyteller* 54). As Arthur Frank explains “Almost every illness story I have read carries some sense of being shipwrecked by the storm of disease, and many use this metaphor explicitly. Extending this metaphor describes storytelling as repair work on the wreck” (*Wounded Storyteller* 54). By telling her story, Pacholok is repairing some of the wreckage caused by her illness. However, she ends her story with “This is an ending for some shitty shipwreck story - a story I don’t want to tell” (77). The story ends with her admitting that she does not know if she will get better. Her illness story is thus “wrecked because its present is not what the past was supposed to lead up to, and the future is scarcely thinkable” (Frank, *Wounded Storyteller* 55). Furthermore, Frank explains that chaos narratives are stories that can only be lived, and not told, as they are anti-narratives (*Wounded Storyteller* 98). The plot of a chaos narrative “imagines life never getting better” (*Wounded Storyteller* 97). Although Pacholok’s story is not a chaos narrative, as she managed to write down her story in a cohesive manner, the ending of her story does reflect the chaos of living with an illness. The story ends without a solution or cure in sight and she admits she is unable to keep working as a professor. Pacholok’s desperation to get back to work might be aggravated by the cultural pressure in Western societies for women to maintain both a traditional family life and pursue

a career (Kleinman 100). She attempts to present herself as a “morally competent actor” at work; however, the lack of visible symptoms of a concussion causes misunderstandings in her abilities (Bury 274). Her earlier metaphors, however, indicate that she was hoping her story would become a restitution narrative. Frank explains that restitution narratives focus on telling a story of someone who was healthy, became sick, and was healed again (*Wounded Storyteller* 77). Although this is the culturally preferred narrative, because it works well with the expectation that there is a remedy for every suffering, Pacholok describes the more uncomfortable chaos of illness to show that sometimes, there is no remedy (Frank, *Wounded Storyteller* 83).

*Borrowed Story: The Aircraft Carrier in a Typhoon*

Clare Lacey describes her experience with a concussion with a similar cluster of metaphors. She sustained her concussion during a roller derby competition. She describes that she “didn’t fall, but the world tilted. I kept skating, but it was akin to standing on the flight deck of an aircraft carrier in the middle of a typhoon. My body continued what it was doing but my mind was overwhelmed by the slashing rain, the screaming wind, and the certainty that at any moment an incoming aircraft would crash on top of me” (79). Lacey’s metaphor is an example of a borrowed story, where the storyteller lacks the ability to tell their narrative and therefore reshapes a borrowed story to tell their own narrative (Frank, *Wounded Storyteller* 197). She borrowed the story of the program JAG, which she watched as a child. In JAG, the main character and former navy pilot Harm had an accident that impaired his vision, causing him to switch careers (Lacey 80). Lacey describes that “Somehow my head injury and Harm’s crash had blended together into a single memory, a merging of narrative arcs” (80). By borrowing the story of a well-known television show, it can be easier for Lacey to express herself. In the metaphor, she describes that her injured brain is destabilised

by the injury, just like an aircraft carrier in a tropical storm. Whereas an aircraft carrier is the most important ship in a combat fleet, Lacey's brain is the most important organ to keep her stable and functioning on the roller derby course (Rubel 13). The metaphor thus functions as a description of how unstable and disoriented she felt immediately after the impact. However, Lacey fails to clarify what she means by the incoming aircraft. The feeling that an aircraft could hit her at any moment could be the fear of another hit to her head by someone in the roller derby competition, or the fear of upcoming symptoms. Although the meaning of the incoming aircraft is unclear, the metaphor does convey that Lacey feels unsafe and threatened by something. The effect is that the metaphor somewhat obscures what she means to convey. As a context-induced metaphor, a novel metaphor created within the context of her own situation, the metaphor works for her but might be less suitable for others to understand and use (Kövecses).

She later writes that she is "Rocked and off balance, wearing roller skates on a wet deck during a theatre-worthy typhoon" (80). In the previous metaphor, she describes that she feels like she is standing on the flight deck of an aircraft carrier in the middle of a typhoon, now she is on skates. Her feeling of being destabilised and disoriented has increased, as skating on wet ground increases the risk of slipping and getting injured. The wet deck itself is also moving in a typhoon, which indicates that Lacey feels like she has no stability in her surroundings after the concussion. The metaphor expresses her disoriented state and clarifies how insecure she feels. When her symptoms persist and people around her keep asking when she will be better, she feels that she "was still lost on an aircraft carrier in the middle of an angry ocean" (90). She also writes that she sometimes feels "the floor rolling again and it is like no time has passed at all, there is an aircraft bearing down on me and all I can do is freeze and wait for it to hit" (93). This last metaphor is an example of an orientational metaphor. George Lakoff and Mark Johnson explain that orientational metaphors give a

metaphor a spatial organisation (14). They write that “having control or force is up; being subject to control or force is down” because “physical size typically correlates with physical strength, and the victor in a fight is typically on top” (15). The aircraft is “bearing down” on her, which means that Lacey feels overpowered by it. Furthermore, an aircraft carrier in a typhoon is unable to keep the aircraft safe and stable on the ocean. The aircraft might represent the responsibilities she has that she is afraid she will not be able to carry due to her symptoms. The source domain and target domain thus remain mostly the same throughout her metaphors. Unlike Pacholok, her feelings regarding her symptoms do not change. She remains unstabilised due to her brain injury, although the feeling becomes less frequent and she is eventually able to pursue a PhD.

Both Pacholok and Lacey create a paranarrative through clusters of metaphors to enhance their stories. They do this by adjusting the more commonly used shipwreck metaphor to their situation. Pacholok uses metaphors that show the common misconception that concussions resolve quickly and she then adjusts the metaphors to express that her situation is getting worse. Lacey uses a borrowed story to create more personal metaphors. By reusing the shipwreck metaphor, their story becomes more comprehensible for readers. Furthermore, the contrast of their stories shows the importance of having multiple illness narratives; it elucidates that there are many differences in symptoms and outcomes of PCS. Whereas Pacholok remains in the chaos of her illness, unable to work as a professor, Lacey manages to return to university and do a PhD despite still having symptoms. Neither Pacholok nor Lacey mentions where their metaphorical ship is heading throughout their narratives, which shows that their futures with PCS are unclear to them.

## Chapter 2: Metaphors Describing Concussion Symptoms

In the previous chapter, I discussed how Pacholok and Lacey reused the shipwreck metaphor to represent their experience with PCS. In this chapter, I will centre on various metaphors used to describe specific symptoms of PCS. Because of the heterogeneous nature of PCS symptoms, the metaphors can differ significantly between authors (Polinder et al. 2). Therefore, in this chapter I will discuss and compare the metaphors of different authors to analyse the various ways in which they describe their illness. By doing this, I will argue for the importance of a great range of illness narratives on PCS.

Multiple authors describe that their concussion made them feel more childlike. Claire Lacey describes that “A concussed brain is a needy brain, like a toddler having a temper tantrum. Feed me! Rest me! Pay attention! Or else!” (89). The salient features that the source and target domain have in common are that both can be overemotional and need to be attended to immediately to avoid worsening the symptoms or emotions. Jane Cawthorne uses another comparison and writes that her mind “wanders off in all directions like an eight-year-old with an attention disorder” (18). The shared salient feature of the source and target domain is that both struggle to concentrate. Both Lacey and Cawthorne use a simile instead of a metaphor. This emphasises that it is a comparison and that they are not fully like children; they are still grown women. The use of similes shows that the comparison is meant as a figure of speech and not as a literal statement (Wohlmann 181). Apart from these comparisons, Carrie Snyder writes that she “had become like a child, reactionary, aggrieved, mysteriously pained” (43) and Amy Stuart writes that she is “petulant, angry, and tired” (191). All women focus on the negative salient features of being a child; children lack control over their emotions, are impatient, and struggle more to concentrate and communicate what they feel. The similes and statements function as explanations of their feelings and express their affective states.

However, by extending the similes we can activate new meanings in the source domain (Wohlmann 37). Although a child might have these negative salient features, they have time and room to grow. Their brains are still developing and therefore these negative features can improve and disappear. This suggests that the women still hope that they can heal from their brain injury. This more positive view becomes more evident when it is compared to Kinnie Starr's description of how the concussion made her feel. Starr writes that she thought she was losing her mind, "and aging very rapidly, like I was palliative" (103) and she "felt that death was near as a result of me aging a decade every week" (103). The salient feature that the source and target domain share is that both deal with disabling symptoms that progressively get worse. But whereas the symptoms of a palliative get worse because they are dying, Starr's symptoms worsen because she tries to do too much and receives too many prescriptions from doctors, which makes her afraid that she will get addicted to narcotics. The prescriptions might also make her feel worse because it is unclear whether pharmacological interventions can relieve PCS symptoms (Polinder et al. 8). These metaphors explain that getting incorrect medical help or advice, something that happens to people with PCS due to insufficient understanding of its causes, can significantly worsen symptoms and diminish hope (Polinder et al. 1). Whereas Lacey, Cawthorne, Snyder, and Stuart alluded to feeling more childlike, Starr describes the opposite; she feels like she is dying. The metaphor therefore disempowers, shows her desperate affective state, and reveals that Starr has no hope of improvement. All of these metaphors encapsulate how a concussion can make someone feel; like they are lacking control over their thoughts and emotions like a child or like they are progressively getting worse and dying.

Cawthorne's simile already alludes to the disorganised and interrupted thinking that can be caused by a concussion. As Arthur Frank explains, "disease interrupts a life, and illness then means living with perpetual interruption" (*Wounded Storyteller* 56). Cawthorne

refers to this interruption caused by her concussion by writing that everything comes to her “as tangent, a diversion, a footnote” (8). The salient features of these source domains are that they distract and interrupt. A tangent is “an abrupt change of course” or a “digression” (“Tangent”) and a diversion is “the act or an instance of diverging or straying from a course, activity, or use” (“Diversion”). Both terms refer to straying off course, which is fitting because Cawthorne describes that she frequently gets lost and strays off her route since her concussion. Additionally, Cawthorne highlights the salient feature of distraction of a footnote and downplays other features that do not fit her metaphor, such as the footnote being a note of reference at the bottom of a page (Lakoff and Johnson 177). By mentioning a footnote together with “tangent” and “a diversion”, it becomes clear what salient feature of the footnote she refers to; the ability to interrupt. Furthermore, Cawthorne visualises this interruptive thinking in her narrative as well. Throughout her entire narrative, she adds footnotes. Some of these footnotes are in the middle of a sentence, which forces the reader to stop reading mid-sentence, read the footnote, and then return to the narrative. In the narrative, she describes her story, but in the footnotes, she directly addresses the reader to explain that certain thoughts we as a reader might have while reading her story are wrong. On some pages, the footnotes take up more space than the narrative. By doing this, Cawthorne does not restore the interruption of her illness; she gives the reader a small impression of the difficulty of continual interruptions during illness (Frank, *Wounded Storyteller* 59). Non-linearity in a narrative can also show the loss of orientation or utter despair, and it emphasises that it becomes impossible to retain coherence while being ill (Gygax 129). As part of the paratext, the footnotes are a zone of transaction; they enable a better understanding of the text (Genette and Maclean 261-262). The metaphor, in combination with the narrative structure full of footnotes, serves as an explanation for the reader.

Although PCS can cause various symptoms, a symptom that is common for many people is light and noise sensitivity (Shepherd et al. 665). Many writers in the book refer to this symptom at least once in their narrative. Kinnie Starr describes that when she walks into the community restaurant in the small town where she lives, she is “struck by thousands of noises and smells like so many bullets all at once” (102) and “Because the sounds in stores or restaurants or social spaces seemed to all be coming from the same plane and at the same volume, sitting in a bar or restaurant felt like being pummelled” (103-104). The salient features of a bullet are that it is fast, unexpected, and it can kill. Like the bullet, the sounds and smells come at Starr fast and unexpectedly and make her feel overwhelmed. However, the sounds and smells are not able to kill or wound her like bullets would be able to. Bullets leave visible damage that can be seen, and therefore better understood, from the outside. People struggle to recognise the suffering of others unless there is visible evidence, which means that invisible symptoms often go unacknowledged (O’Rourke 188). Lakoff and Johnson explain that we therefore typically conceptualise the nonphysical in terms of the physical; the physical is more clearly delineated (59). By using this metaphor, Starr compares her invisible pain to something people can understand better, which can improve the understanding of her symptoms (Bury 283). In the second metaphor, the target and source domain share the salient features that both cannot be ignored and hurt her. Whereas being hit by a bullet is a more distanced, impersonal attack, being pummelled is a close, personal attack. When she walks into a restaurant, the noises initially seem to attack her from afar like bullets, but when she is sitting down in a social space for a while the attacks become more intense and personal to her. Both metaphors explain that she feels attacked by noises and smells. Starr is not the only one who experiences different sounds, smells, and lights as an assault on her injured brain. Examples from multiple authors in the book are:



- “Couldn’t they turn down the voices on the radio, gone from song to talk? Punch, punch, punch to the head” (Snyder 44).
- “I remember every slant of light like a needle pricking my eyes, a jolt of electric current through my nervous system with any sudden noise” (Smith 56).
- “After we hang up, her voice follows me to bed and keeps punching” (Pacholok 69).
- “If a bus or truck squeaked its breaks, I felt it as a physical assault” (Rebick 113).
- “Beeping noises slap against my skull” (Kienlen 151).
- “After about a week, the roaring assaults of noise and light started to mellow” (Sedivy 264).

Although this is a small impression of metaphors, it shows various ways in which light and noise sensitivity can be described. The underlying theme of all metaphors, however, is that noises and light feel like violent assaults on a concussed brain.

For these women, noise and light equals pain. David Biro explains that the most common metaphorical strategy to communicate pain is describing pain as a weapon (16). People rely on this strategy because it helps to visualise pain more clearly to others (17). It also clarifies the experience by answering “our instinctive need to find a cause for the pain” (17). By personifying the sounds, lights, and smells as attackers, the authors “make sense of phenomena in the world in human terms - terms that we can understand on the basis of our own motivations, goals, actions, and characteristics” (Lakoff and Johnson 34). Similar to Starr, Tracy Wai de Boer writes that “Noise, light, physical sensation, all of it was just pain. Everything around me competed for equal mental weight. There was no background anymore - everything was foreground and turned all the way up” (201). For De Boer, all sensations have become pain themselves because it is all too overwhelming for her injured brain to handle. Both Starr and De Boer explain in their metaphors that all sounds seem to be equally

loud and it is hard to distinguish background noises from foreground noises. This can be an issue for people with PCS; it can be difficult, if not impossible, to separate different noises and sensations that happen at the same time, which means that people with PCS can easily get overstimulated and overwhelmed (Shepherd et al. 666).

Multiple authors also describe how a concussion makes their head feel. Tracy Wai de Boer writes that her “head was a jar filling with water. When I could feel that the “jar” was full, I’d have to stop whatever I was doing and lie down in our darkened bedroom and wait for the water to drain from the jar that was my brain” (201). When a jar is full, it overflows and cannot contain the water. This metaphor explains that this also happens with De Boer’s overstimulated brain; if there are too many noises, lights, or other sensations around her, her brain shuts down and is unable to perform its functions. In a similar metaphor, Carrie Snyder describes she “could ignore a headache” but she “could not avoid the powerfully descending nauseating sensation of my skull being poured full of concrete. Now, the pain had gone. The concrete remained. It wasn’t my head that hurt, it was my brain” (46). The salient features of concrete are that once it sets, it is solid, unyielding, and heavy. The metaphor explains that her head feels heavy and her brain is not cooperating and functioning properly. Whereas concrete is unyielding, water can evaporate and be poured away. This suggests that the heavy and painful feeling never goes away for Snyder, but for De Boer there are moments when the overstimulation is alleviated. Furthermore, both metaphors are based on the conventional metaphor “head is a container” (Lakoff and Johnson 139; Sirait 16). Conventional metaphors “structure the ordinary conceptual system of our culture, which is reflected in our everyday language” (Lakoff and Johnson 139). When people say “my head is full of thoughts”, “my mind is overflowing”, “my mind is flooded with thoughts”, or “a thought comes into my head”, all of these sentences are structured around the metaphor “head is a container”. Snyder and De Boer’s metaphors thus build upon a conventional metaphorical structure, which

makes it easier to comprehend for people. Both describe that their head feels full, but the metaphors they use explain the sensation differently.

Whereas Snyder and De Boer describe that their heads feel full, Julia Nunes feels like her head is empty after the concussion. She writes that:

The blank slate of a concussed brain is the most frightening interior experience I've lived through, so much more fraught than a mere flawed memory. It's a stark and instantaneous reminder of the unreliability of my own mind. As I scan my hundred billion neurons for help, I find no useful data, no stars to guide me. Instead I am confronted with a black hole that leads nowhere. (226)

The salient feature of a blank slate is that it is devoid of information. Although Nunes' metaphor refers to the emptiness in her brain, the metaphor can be extended (Wohlmann 37). A blank slate also refers to a person who is still in their original state and has not been changed by experiences yet. A blank slate can change with new information and experiences in someone's life. This means that there is still hope to fill in the blankness of Nunes's brain. However, she also compares her concussed brain to a black hole. A black hole is a "cosmic body of extremely intense gravity from which nothing, not even light, can escape" ("Black hole"). The metaphor suggests that all information she receives will disappear straight away which makes this metaphor less hopeful. As opposed to a blank slate, a black hole "is anything but empty space. Rather it is a great amount of matter packed into a very small area" ("Black Holes"). Her brain is so overstimulated that it is full like a black hole, but at the same time empty because all information seems to disappear immediately and shuts down her brain. Amy Stuart describes a similar sensation. She writes that her "creative brain flickered, and then it was off. Gone. In the darkness, I could no longer find the switch" (189). She then

writes that “The light isn’t just lowered on my creative brain; it’s darkened completely. It’s gone” (193). The salient feature of a switch is that it can only be on or off, there is no in-between state. Stuart feels like her brain is completely turned off and not functioning anymore. This metaphor is based on the ontological metaphor “the mind is an entity”, specifically “the mind is a machine” (Lakoff and Johnson 27). An ontological metaphor provides a way to see an abstraction, such as ideas, emotions, activities, or events, as something more concrete such as entities or substances (Lakoff and Johnson 25; Sirait 17). “The mind is a machine” metaphor suggests that the mind can turn on and off like a switch and cease to function (Lakoff and Johnson 28). Because the metaphor builds on a more well-known ontological metaphor, it becomes easier to understand for outsiders what Stuart means. Whereas De Boer and Snyder describe the feeling of a concussed brain as having a brain full of water or concrete, Nunes and Stuart describe it as having an empty or shut-off brain. Their feelings thus differ significantly, despite all suffering a concussion.

The metaphors discussed in this chapter show that a wide variety of metaphors with different meanings can all be used to describe the experience with Post Concussion Syndrome. Lacey and Cawthorne use similes to describe the more childlike characteristics they had after a concussion. By using a simile instead of a metaphor, they emphasise that it is a comparison and that they are not fully like children. Although their similes focus on the negative salient features of being a child, their similes also suggest that they still have hope that their symptoms will improve. In contrast, Starr’s metaphor of feeling like she is dying shows the consequences of incorrect medical treatments and advice, something that happens more often for people with PCS due to the insufficient understanding of its causes (Polinder et al. 1). Cawthorne uses the narrative structure of her story together with a metaphor to emphasise the interruption prevalent in illness. Furthermore, many women describe that sounds and noises feel like a violent attack due to their noise and light sensitivity; their

metaphors differ but the feeling that they describe is similar. They conceptualise their invisible symptoms in terms of the physical to create a better understanding. Finally, Wai de Boer, Snyder, Nunes, and Stuart all base their metaphors on the conventional metaphor “head is a container” or the ontological metaphor “mind as an entity”. Doing this makes their metaphors more accessible and more easily understood (Lakoff and Johnson 139). The differences in symptoms and feelings caused by the concussions show the importance of having a wide range of illness narratives on PCS; this allows for a greater understanding of the diverse symptoms.

## Conclusion

In conclusion, the invisibility on the outside and on brain scans, the unknown exact causes of the symptoms, and the great variety of symptoms of Post Concussion Syndrome complicate its understanding (Polinder et al. 1). Through analysing the use of metaphors in illness narratives on PCS, I attempted to create a greater comprehension of the female experience with PCS. Focusing on female narratives of PCS is relevant for a few reasons. Women experience testimonial injustice more often than men (O'Rourke 106-107). Women also suffer from concussions more often and they take longer to recover than men (Perez 211). Furthermore, the discovery that concussion can cause long-term damage and symptoms is relatively new, which means there are few illness narratives about PCS available. The stories in *Impact: Women Writing after Concussion* can contribute to a greater understanding of PCS because it gives 21 women a platform to share their illness narrative.

The women in *Impact: Women Writing after Concussion* use metaphors in various ways to represent the consequences of concussions. Through their metaphors and narratives, the authors all showed how illness interrupted their lives, and by writing about it they managed to restore a part of this interruption (Frank, *Wounded Storyteller* 59). Although Sontag argued that the healthiest way of being ill is one “most purified of, most resistant to, metaphoric thinking” (3), I argued that metaphors can be helpful to express the invisible symptoms of PCS. I discussed how a commonly used metaphor such as the shipwreck metaphor can be reused and adjusted to describe a personal illness experience and that the narrative context can enhance the meaning of a metaphor. Furthermore, I argued that metaphors structured as orientational, conventional, and ontological metaphors can make metaphors easier to understand and compared different metaphors to show the importance of a wide range of representations of PCS. By analysing the different metaphorical representations of PCS together with their narrative context, I uncovered their potential

meanings to create a deeper understanding of PCS (Wohlmann 183). As Lakoff and Johnson argued, metaphors can be the key to an adequate account of understanding (IX).

However, there are some limitations to the analysis in this paper. Analysing the use of metaphors can create a better understanding, but it can also easily override or ignore the needs of another person (Wohlmann 183). As Wohlmann emphasises, we should not overread figurative language, but instead activate several meanings at once and navigate between these meanings (183). Furthermore, the interpretation of metaphors can be personal and culturally specific; metaphors can reveal a culture's norms and values (Wohlmann 172; Lakoff and Johnson 142). These metaphors may work in the Western context, but not in other cultures. This emphasises the need for more diverse representations in PCS narratives. Additionally, we are limited to the stories of those who can tell them (Zimmerman 76). Some people with PCS are never able to tell their illness narrative due to the severity of their symptoms; they need the voice of others to explain what PCS feels like. These broken narratives require someone else's collaboration to tell the story (Frank, *Wounded Storyteller* 201). *Impact: Women Writing after Concussion* includes Adèle Barclay's story, whose sister Elissa committed suicide after a concussion, in combination with her past traumas, made life unbearable. These stories need to be told and heard as well, to fully grasp what PCS can cause.

In future research, different types of figurative language used to represent PCS can be investigated. Furthermore, we can analyse how, besides metaphors, the elements sensory detail, perspective, time, genre, voice, mood, and plot create meaning (Charon et al. 348). Additionally, it is also important to look at different types of narratives and a wide range of media and methods to expand the understanding of PCS (Bolaki 23). Through further research, we might be able to destigmatise Post Concussion Syndrome and better understand those who live with it.

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