Navigating the realities of metaphor and psychotherapy research

Dennis Tay – *Department of English and Communication, The Hong Kong Polytechnic University*

Abstract

The 'real-world' commitment of cognitive linguistics is demonstrated by increasingly extensive collaboration between researchers and industry partners. Yet, there has been little critical reflection on the lessons learnt from these collaborative efforts. Beginning researchers may benefit from in-depth discussion of how various practical realities inform, constrain, or otherwise shape important methodological and/or analytic decisions. This work reflects on long-term collaborative work between a metaphor researcher and psychotherapists, offering practical advice on navigating the latent realities of this type of research. The three foundational components of psychotherapy – the therapist, the client, and the interactional setting itself – are discussed in turn, covering issues like ethically engaging therapists in research design and data analysis, dealing with underexplored variabilities in client responses, and managing the inherent tension between spontaneity and control in an interactional setting like psychotherapy. Some thoughts on how the lessons are transferable to other research contexts are offered.

Funding

Table of contents

1. Introduction

Cognitive Linguistics commits to a usage-based approach to linguistic structure, meaning, acquisition, and change (Barlow & Kemmer, 2002; Evans & Green, 2006). This broadly means that cognitive linguistic theories are based upon observed language use rather than the unobservable mental mechanisms that characterized previous dominant paradigms. At the same time, cognitive linguists are increasingly taking steps to show the practical applicability of their work in contexts ranging from education to advertising and health. Both commitments are related in that they advocate serious engagement with the 'real world' beyond what is inside the heads of linguists and language users. They also imply that insights from cognitive linguistic research should not only aim to benefit the social world, but should themselves be based upon careful consideration of the characteristics and constraints imposed by real world research settings.

This real-world orientation of cognitive linguistics has been demonstrated in many different ways. They range from theoretical discussion of the socio-cultural groundings of cognition and language (Frank, 2008; Geeraerts et al., 2010), to extensive collaboration with practitioners and other stakeholders in different domains of application (Demjén & Semino, 2020; Littlemore & Turner, 2019; Pérez Sobrino et al., 2021). Collaboration with industry and societal partners is an increasingly important avenue to demonstrate innovation, vision, and research impact in the humanities and social sciences. From an educational perspective, such efforts generate a wealth of experience, knowledge and skills that could help less experienced researchers plan similar initiatives. However, there has not been much space dedicated to critical reflection and discussion of these lessons learnt and how they bear implications for basic research assumptions and practices. Practical questions like how to synergize the expertise of linguists and domain experts, or how methodologies and analyses are constrained or enabled by the inherent features of social activities, are seldom posed and answered. The present work aims to exemplify such reflective discussion in a focused context, by drawing upon my engagement with mental health professionals and clients in projects investigating the uses and responses to metaphors in psychotherapy. Metaphor is a mainstay of cognitive linguistics research, implying that a good number of metaphor researchers are trained in linguistics. Research on metaphors in mental healthcare settings has not been as widespread as other domains of social activity like education and advertising. Nevertheless, it is an excellent example of a social activity where different practical realities – the characteristics of therapists, clients, and the spontaneous interactional setting of psychotherapy – have to be carefully navigated by metaphor researchers in order to make the most of opportunities and avoid pitfalls. Before outlining these realities, we first review the major motivations for wanting to understand metaphors in psychotherapy.

1.1 Researching and applying metaphors in psychotherapy

Conceptual Metaphor Theory (CMT) (Lakoff, 1993) is widely recognized as the preeminent theory of metaphor in cognitive linguistics, and continues to be developed in different directions to the present day (Kövecses, 2020; Steen, 2011). The following central claims of CMT will already be familiar to readers who know cognitive linguistics, but will serve as a useful introduction otherwise.

- metaphorical expressions pervade everyday language
- clusters of related metaphorical expressions reflect coherent metaphorical thought patterns
- metaphorical thought patterns can shape our attitudes and behaviors

The claim that metaphorical expressions pervade everyday language is a radical one. It departs from the traditional and more intuitive view that metaphors deviate from 'normal' language to serve ornamental

functions (Grice, 1975). CMT theorists point out that mundane expressions like *I am in love* and *she is moving up the ranks* are in fact subtly and irreducibly metaphorical. In *I am in love*, the feeling of love is described as being physically 'in' some implied container. Likewise, in *she is moving up the ranks*, the notion of achievement is described as physical upward movement. These are metaphorical because barring exceptional circumstances, lovers are not actually in containers and achievers are not actually moving upwards. They are furthermore irreducible in that it is difficult to think of natural but non-metaphorical ways to replace them. The remarkable fact is that similar expressions exist across different languages and cultures (Kövecses, 2005; Yu, 1998), and also manifest in non-verbal forms of communication (Forceville & Urios-Aparisi, 2009) – imagine, for example, a cartoon depicting someone with a briefcase climbing up a 'corporate ladder'. Besides, these are not isolated or one-off examples because speakers can readily conjure up a near-infinite number of creative expressions that reflect and extend the same metaphorical links. Someone *moving up the ranks* may *stumble and fall* and require someone else to *pull her up* again, and when we *fall out of love* we know not to *dig such a deep hole* for ourselves the next time. Such meaningfully patterned expressions point to an underlying cognitive mechanism where more abstract ideas (e.g., love, achievement) are made sense of in terms of more concrete physical experiences (e.g., space, movement), and logical inferences made on that basis. Numerous other examples exist including depicting desire in terms of hunger, anger in terms of heat, and so on (Lakoff & Johnson, 1999). These cognitive mechanisms are called 'conceptual metaphors', each consisting of a 'target domain' (the thing that is conceptualized) that is systematically mapped onto a 'source domain' (the thing used to conceptualize the target). Much debate centres around whether conceptual metaphors are psychologically real and coherent thought patterns, or just superficial generalizations of language (Gibbs, 1996; Glucksberg, 2003). Lastly, perhaps the most intriguing and controversial CMT claim is that conceptual metaphors have the power to shape our attitudes and behaviors. Ways of thinking and acting that cohere with certain metaphors are more likely to be seen as natural or acceptable, which might further sanction them as guides for future action (Lakoff & Johnson, 1980). For example, English speakers conventionally describe arguments as metaphorical warfare (*he shot down my arguments; this is a crossfire session*). This could naturalize physical aggression as a way to settle disputes, and metaphors could thus be exploited as strategies to construct one social reality over another (Musolff, 2012). Framing studies have indeed shown that metaphorically couched policies on immigration and healthcare exert significant effects on audience evaluations in ways that are consistent with the source domains (Boeynaems et al., 2017).

The three claims above establish a far-reaching inferential chain linking language to thought and social action. Despite criticisms of circularity, reductionism, and insensitivity to socio-cultural realities (M. Anderson, 2003; McGlone, 2007; Murphy, 1997; Quinn, 1991), CMT has been an indispensable underlying theoretical framework in many applications of metaphor research for the benefit of social activities like education, advertising, and health (Low et al., 2010). One area that is claimed to resonate particularly well with CMT's conceptual and behavioural claims is the mental health practice of psychotherapy (Wickman et al., 1999). A popular definition of psychotherapy is the

> …application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable (Norcross, 1990).

Metaphors have interested therapists throughout the history of the practice, though not always in their linguistic form. They play a significant role in Sigmund Freud's influential theory of dreams where the content of dreams are thought to symbolize unconscious motivations and desires (Edelson, 1983). The

relevance of CMT for many therapists is even more apparent because it shares their key concern with the relationship between language, thought, and human behavior. Therapists and clients use words to describe issues, explain concepts, and build a therapeutic alliance during their encounters. Language in fact almost fully constitutes treatment delivery and processes, which gives psychotherapy its nickname 'the talking cure'. Furthermore, potentially problematic "behaviors, cognitions, emotions, and/or other personal characteristics" are often difficult to describe in literal terms, so people rely on metaphors and other figurative devices to express them (McMullen, 2008). This has been observed in traditional face-to-face and more innovative forms of mental e-health alike (Tay, 2015). Consider the following exchange with noteworthy metaphorical expressions underlined:

Client: I'm super, super sensitive the last four or five days. I haven't been around people much, and it's kind of purposeful, I think. I just don't want to be around them because I don't really feel like talking and because, well, they are something other than - it's fun to talk to them when I've got my act together, but when I don't, it's like it takes my mind away from what I'm doing. And I've had enough trouble, I don't want to lose track of it anymore. But I was noticing on the way home that, from one song on the radio to the next, my mood shifts, sometimes almost 180 degrees. And it's like, the way I am right now, just the slightest little thing can change my emotions. It's like a feather in a rapid stream, which I don't like. I hate the instability of it. And yet, there doesn't seem to be any way I can solidify my emotions. Because the more I concentrate on them, the more likely I am to force them to move rapidly in one direction or another.

Therapist: Now there's something frightening about being so vulnerable to being affected by outside things. Like talking to somebody else, or a song shifting you.

It would be quite challenging for the client to express his complicated feelings in purely literal terms without losing some nuances in meaning or at least sounding awkward. 'A feather in a rapid stream', for example, seems difficult to translate into concise non-metaphorical language. The therapist likewise chooses to build upon the client's metaphor in his response by acknowledging how being 'shifted' by a song shows his vulnerability. Major paradigms like cognitive-behavioral therapy (CBT) (Beck, 1976) and others influenced by constructivist philosophy (Neimeyer & Mahoney, 1995) are further aligned with CMT on the idea that such metaphors are not mere linguistic descriptions, but reflect active construal of clients' subjective realities. CMT exponents might for instance claim that even a somewhat conventional expression like 'outside things', which is metaphorical because it describes a state of affairs in terms of a physical location, has the potential to be exploited for therapeutically relevant purposes like providing a coherent frame to discuss the client' state of affairs. In general, metaphors can provide important clues on the client cognitions that are deigned to underlie their mental and behavioral issues (Tay, 2017b). Some major theoretical developments in CMT continue to bear relevance for therapists. The 'discourse dynamics' approach (Cameron & Maslen, 2010), for example, argues that conceptual metaphors are not fixed structures tied to specific words, but are dynamically unfold across complex interactional sequences of the type often seen in psychotherapy. Deliberate Metaphor Theory (DMT) (Steen, 2011) is another development which focuses on when, how, and why speakers explicitly draw their listeners' attention to the use of conceptual metaphors – psychotherapy being a prime example where this is common (Tay, 2016a). Compare, for instance, 'I am a feather in a rapid stream' versus 'I often imagine I am a feather in a rapid stream'.

The above considerations have led to a blossoming of research on the use and management of metaphors in psychotherapy. Therapists have identified key functions of metaphors including

relationship building, accessing and symbolizing client emotions, uncovering and challenging clients' tacit assumptions, working with client resistance, and introducing new frames of reference (Cirillo & Crider, 1995; Lyddon et al., 2001). Linguists, on the other hand, have documented the characteristics of metaphors in psychotherapy and their implications for linguistic theory (Ferrara, 1994; Tay, 2013). While some believe therapists should prepare metaphors to explain things to clients (Blenkiron, 2010; Stott et al., 2010) others advocate working with spontaneous client metaphors like the example above, with guidelines to develop them collaboratively (Kopp & Craw, 1998; Sims, 2003; Tay, 2012). Therapists working with culturally diverse populations further point out the benefits of using culture-specific resources like religious scriptures as a source for inspiring metaphors (Dwairy, 1999). The influence of metaphors on treatment processes and outcomes has also been observed in more empirical ways. Creative metaphors are linked with deeper reflection and engagement (Gelo & Mergenthaler, 2012), and good outcomes are associated with the ability to transform negative metaphors (e.g. 'carrying the burden') into positive ones ('unloading the burden') as sessions progressed (Levitt et al., 2000; Sarpavaara & Koski-Jännes, 2013).

It seems then that psychotherapy is an excellent context for applied metaphor research, which requires meaningful collaboration between linguists and mental health practitioners. Many therapists have tended to understand metaphors differently than linguists (Edelson, 1983; Lankton & Lankton, 1983) as a psychological rather than linguistic or cognitive phenomenon. It is encouraging to witness the increasing recognition and use of linguistic theories and methods in the psychotherapy literature, including fundamentals like metaphor identification (Mathieson et al., 2015b; Spong, 2010; Törneke, 2017; Wickman et al., 1999). Concrete collaborative outcomes between linguists and therapists are also increasing, one example being a recent special issue in *Metaphor and the Social World* on metaphor in mental healthcare (Tay, 2020b). It is high time to share with less experienced linguists that researching metaphors in psychotherapy, or anywhere else, involves much more than simply superimposing existing theoretical know-how to a new setting. We must also consider how stakeholders' knowledge, expectations, variabilities, and the opportunities and constraints inherent in real-world settings, influence our decisions as metaphor researchers. In a nutshell, we must "expand (our) theoretical perspectives to account for empirical data" (Gibbs, 2010, p. 3). The following sub-section moves beyond the specific case of metaphor in therapy to provide a broad overview of how contemporary collaborative research is conceptualized. It situates our specific case as just one example of the many opportunities and challenges open to language and metaphor researchers. We will return thereafter to a focused discussion of the psychotherapy context, represented by its three foundational components: the therapist, the client, and the interactional setting between them.

1.2 The dynamics and ethics of contemporary collaborative research

The limitations of an intuitive 'research-into-practice' model, which partitions knowledge production by researchers from subsequent implementation by industry partners, has led to critical reflection on how collaborative research should be carried out (Nyström et al., 2018). Indeed, today's collaborative landscape between linguists and non-academic stakeholders is more diverse than ever before, and is neither limited to (mental) healthcare contexts, 'practitioners' in the conventional sense, nor the fairly specific type of collaborative dynamic to be featured in this work. There are many examples beyond healthcare where collaborative research is performed and constantly reflected upon. A cursory list includes the traditional domain of language education (Bucholtz, 2021), modern forms of media and advertising (Pérez Sobrino et al., 2021), and forensic sciences (Coulthard, 2010). We will revisit some of these examples in the concluding section of this work.

Martin (2010) details a useful framework to conceptualize the collaborative relationship in terms of five ordered categories, along which we see a trade-off between what he calls 'practitioner engagement' and

'academic independence'. None of these categories are claimed to be superior, but are meant to introduce novice researchers to the lay of the land and guide them towards a collaborative dynamic that best suits their circumstances. The categories are, in increasing levels of engagement and decreasing academic independence, the practitioner as *informant, recipient, endorser, commissioner*, and *co-researcher.* We may briefly consider these categories in the context of linguistics research. Practitioners who are 'mere' informants do not contribute to funding or research design, but mainly perform roles like gatekeeping information. As pointed out below, this reflects the conception of therapists as little more than session transcript providers. The trade-off is minimal threat to academic independence and minimal political or ethical risks. Some of the risks that accompany increased practitioner engagement will be discussed in later sections. Practitioners as recipients have research findings actively disseminated to them through various channels and knowledge transfer activities. These may raise awareness but fail to target current practice or policy agendas because practitioners "become involved only on the academics' terms" (Martin, 2010, p. 214). When the research field itself is still budding, for example in the case of forensic linguistics, this might be the most common collaborative dynamic. Practitioners as endorsers and commissioners have far greater influence in research priorities, directions, and appraisal. The key difference is that endorsers do not pledge funding and therefore have "nothing to lose" in supporting promising research projects (Martin, 2010, p. 215), while commissioners initiate and fund projects to serve their non-academic interests. This gain in influence implicates political and ethical issues that go beyond the research to the collaborative relationship itself, such as authorship, data ownership, interference in the research process, and unclear differences in ethical conventions across cultures (Morris, 2015). The relationship is also likely to become more complex and pluralized in that other stakeholders – patients, community members, and so on – become centrally involved. Collaboration with therapists is a case in point because issues related to clients cannot be overlooked, as shown in this work. As more and more linguists are invited or commissioned to participate in collaborative projects, these issues will be of increasing concern. The final category sees practitioners as co-researchers working closely with researchers throughout the project. This is quite literal in medical contexts where practitioners and even patients may temporarily commit themselves full-time (Marks et al., 2018). While such full-time commitment is less common in linguistics research, it is at this level that we anticipate fully co-creative and co-participatory processes where practitioners and researchers synergize their expertise. The case to be presented in this work is but one instance among other fascinating examples like designing effective marketing strategies (Pérez Sobrino et al., 2021), healthcare promotional materials (Semino et al., 2018), and revitalizing heritage languages in the community (Furbee & Stanley, 2002). All of these diverse areas share the common potential to inspire new collaborative pathways and possibilities. Regardless of the research area(s) and collaborative dynamic envisioned by a researcher, virtually all funding bodies and ethical review boards today expect a transparent account of how roles and responsibilities will be distributed among the team, as well as an evaluation of the potential risks to all involved parties. More specific examples of these will be discussed in later sections. For a more focused discussion of ethics, the following references (Bos, 2020; Israel, 2015) may be especially helpful to guide early researchers.

1.3 Three foundational components of psychotherapy: therapist, the client, and the interactional setting

Regardless of whether they are also active researchers, therapists are usually a direct point of contact in a collaborative project. A major barrier to collaboration has always been the obvious and important issue of client confidentiality. Therapists are obliged to ensure that what is said in the therapy room stays there. Nevertheless, those open to collaborative research are often willing to take steps to obtain data with

informed consent, or in ways that do not undermine the confidentiality of their clients. This can be seen from the increasing number of well-regulated online databases of transcribed therapy talk for general training and research purposes. An excellent example is the *Counseling and Psychotherapy Transcripts* database published by Alexander Street Press, a growing collection of nearly 4,000 anonymized session transcripts featuring different therapy approaches. The high incidence of unfortunate events in recent years that have disrupted mental well-being on a large scale, such as social unrests and the COVID-19 pandemic, have also led to collaborative projects of various kinds. From personal experience during the 2010 earthquakes in Christchurch, New Zealand, therapists offering free or heavily subsidized services to the community found it easier to obtain informed consent to research their spoken interaction with clients as a gesture of reciprocity. Although therapists perform the obvious and indispensable role of 'data providers', this is fast becoming inadequate in view of growing expectations about what research impact in the humanities entails. The onus is on linguists to convince potential collaborators and funding agencies alike of the value of our intended research. A big part of this comes from finding ways to engage therapists along the research trajectory in ways that go beyond merely providing data.

As a brief example, consider the following (translated) utterance from a female middle aged Chinese client (Tay, 2016c). She had been experiencing severe conflicts with her son and ex-husband. She was frustrated at failing to help her son with his own psychological issues, and angry at her ex-husband for not making a similar effort.

在帮儿子之余, 我要做好我自己。那我现在肯定不会想在我儿子生病当中, 对我父亲, 有我父亲的遗憾。我不想再次出现在我儿子的身上。这也是我为什么让他去北京去治疗。As I help my son, I want to take care of myself. I certainly do not want to feel the regret I have towards my father over my son's illness. I do not want it to appear again on my son. This is why I sent him to Beijing for treatment.

Imagine a linguist analyzing this utterance without input from a therapist. They might rely on i) lexical-level metaphor identification procedures like MIP(VU) (Pragglejaz Group, 2007; Steen et al., 2010) and determine that words like 'towards' and 'appear' are metaphorical, ii) discourse-level procedures like the discourse dynamics approach (Cameron & Maslen, 2010) and determine that phrases like 'appear again on my son' are metaphor vehicle terms, or iii) conceptual-level approaches like CMT and posit something like REGRET IS AN OBJECT as a conceptual metaphor operating in the client's mind. However, it is unclear how any of these approaches would connect with what most therapists would see as the most striking feature, which is that the client is displaying transferential behavior. This means the subconscious tendency to project past relationships and experiences onto present ones as a result of unresolved feelings, attitudes, and behaviors (Grant & Crawley, 2002). Conversely, a therapist working this case might entirely overlook how such behavior leaves behind useful linguistic traces. It was through sustained discussion, intersecting both observations, that brought the insight that transferential behavior could be modeled as the highly generic conceptual metaphor PRESENT IS PAST. Furthermore, the linguistic instantiations of this metaphor go beyond what would be identified as metaphorically used words under linguistic procedures like the aforementioned MIP(VU). An example is the phrase 'I do not want it to appear again…', where the only word clearly related to the PRESENT/PAST domains is 'again', and the bulk of the metaphoricity is carried by the overall context of use. We will be discussing in greater detail this type of collaborative analysis, as well as other forms of meaningful engagement with therapists like collaborative experimental/stimulus design, and therapists as experimental confederates.

We then move our attention from therapists to clients. Given the prior focus on therapist-researcher collaboration, one might expect a corresponding account of client-researcher collaboration, which has emerged as a new trend in medical research contexts. Examples include the use of information

technologies to engage patients in more intimate and diverse ways than as 'participants' or 'subjects' (Hamakawa et al., 2021; Javaid et al., 2016). The situation in psychotherapy is somewhat different, however, as the sensitive nature of mental health issues often precludes comparable levels of client engagement with research. The present emphasis will therefore be placed on an important issue with underexplored implications for how we approach metaphor research in therapy – that of individual variability in client attitudes and responses to metaphors. While it seems obvious that no two clients, therapists, and dyads could ever be exactly alike (Wohl, 1989), theoretical tensions between universality and cultural/individual specificity have long existed in psychotherapy as well as cognitive linguistic and metaphor research. CMT started out with a universalist slant by highlighting the invariant aspects of primary metaphors and image schemas (Grady, 1997; Johnson, 1987; Lakoff & Johnson, 1999), but subsequent work has argued for the importance of acknowledging, as well as explicitly modeling, how individuals vary in their metaphor production and comprehension (Demjén & Semino, 2020; Fuoli & Hart, 2018; Kövecses, 2020). It is of particular importance in psychotherapy since clients' expectations, beliefs, attitudes etc. towards treatment are linked to outcome quality across different paradigms (Greenberg et al., 2006). Furthermore, acknowledgement of client variability manifests the 'patient-centeredness' ideal that is deemed crucial for quality healthcare (Mead & Bower, 2000). Laine and Davidoff (1996) describe patient-centered care as "closely congruent with, and responsive to patients' wants, needs and preferences". Specific to the psychotherapy context, Rogers (1986) advocates the similar view that clients can consciously and rationally decide what works best for themselves, and that therapists should treat different perspectives with empathy and "unconditional positive regard". Different attitudes and responses towards metaphors could thus be seen as an aspect of clients' wants, needs, and preferences. Researchers accustomed to the received wisdom that metaphors 'work' should therefore be prepared for client comments like "this (metaphor) is all psychobabble to me" and "why use metaphors when you can just say things directly?", and the attendant critical implications. We will discuss how variability in responses to metaphor manifests both consciously and unconsciously in different types of data including surveys, psycho-physiological measures, and therapist-client talk. We will also consider methodological and analytical approaches that can model such variability in an explicit way.

After discussing therapists and clients, the final section turns to the constraints imposed, and opportunities afforded by the psychotherapy setting itself. The practice of psychotherapy could be described as a balancing act between spontaneity and control. On the one hand, as defined earlier, it is a type of verbal interaction that is supposed to move "in directions that the participants deem desirable" (Norcross, 1990), which implies a high degree of spontaneity since therapists cannot and should not always predict what clients talk about beforehand. On the other hand, for it to be recognized as an evidence-based healthcare practice, the effectiveness of various techniques and interventions needs to be demonstrated in ways acknowledged by the wider scientific community like randomized controlled trials (Dyer & Joseph, 2006). Existing approaches to metaphor research might sit somewhat uncomfortably between these ends. While spontaneous therapist-client talk lends itself nicely to topics like the interactional and discursive co-construction of metaphors (Cameron & Maslen, 2010), the findings and implications of such studies are less likely to be considered as exemplifying 'evidence-based' research. Conversely, attempts to compare metaphor (versus non-metaphor) use between carefully sampled client groups by regimenting what people say would be an obvious violation of the fundamental definition of psychotherapy. This dilemma will be addressed by discussing examples of plausible 'middle path approaches' in research design and analysis that could maintain the balancing act, such that the findings and implications of metaphor research can still be interpreted in meaningful ways from both sides.

1.4 Aims and objectives of this work
This work aims to both reflect on lessons learnt and impart advice to beginning researchers. It therefore has a more pedagogical orientation than other titles on the use and management of metaphors in

psychotherapy, which understandably focus on techniques and their avowed effectiveness instead. Its two specific objectives are, firstly, to document practical, methodological, and analytical issues that arise from engagement with therapists, clients, and the therapeutic settings they constitute. The second objective is to offer underexplored perspectives and solutions to these issues, which could serve as a guide for researchers invested in similar collaborative work. The discussion stems from just one area of research and is primarily intended for metaphor researchers working within the domain of mental healthcare. Nevertheless, it is hoped that other readers might discover useful general principles that inform their own endeavors in different contexts. Some suggestions are made in this regard in the concluding section by drawing parallels between psychotherapy, education, and advertising.