

Critical, conceptual, and collaborative perspectives on metaphor and mental health

Dennis Tay

Hong Kong Polytechnic University

1. Metaphor in mental healthcare

A striking difference between physical and mental healthcare (broadly defined) is that processes and outcomes in the latter rely to a large extent on language use. Consider the following extract from the prototypical mental healthcare context of a psychological counseling session.

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 any more. 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.

The extract illustrates a typical exchange structure where clients verbalize their thoughts and feelings, and therapists respond with some kind of evaluative statement. It serves to reflect the basic therapeutic objective of “assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics” (Norcross, 1990:218) in a collaborative manner. The main premise that motivates linguistic research of counseling talk in traditions like conversation (Peräkylä et al., 2011) and discourse analysis (Smoliak & Strong, 2018) is that the content and structure of what is said between the dyad necessarily constitute treatment delivery and processes. This is why psychological counseling is often informally referred to as the ‘talking cure’. Focusing just on content, we further notice in our brief example that in the “struggle to find words that capture difficult-to-describe sensations, emotions, psychological states, and views of self” (McMullen, 1996:251-2), both the client and therapist rely on multiple metaphorical expressions (underlined) to convey what they mean in an adequate way.

This is a testament to one of the most influential tenets of metaphor theory over the past decades – that metaphors help us talk and think about the abstract in terms of the experientially concrete (Lakoff, 1993). This single observation has underpinned a wide range of metaphor studies in mental healthcare, across diverse mental conditions, therapy paradigms, contexts, and even non-verbal mental healthcare resources like art, film, photography, and dance (Ginicola et al., 2012; Samaritter, 2009; Sharp et al., 2002).

2. Current understanding and trends

Research on metaphor and mental health is best conceived as a dialogue between language analysts and mental healthcare researchers/practitioners on the forms, functions, and effects of metaphor use (see Tay, 2017 for an overview). While metaphors have long been highlighted since the early days of Freudian psychoanalytic thought (Freud, 1924), the advent of conceptual metaphor theory has led to renewed contemporary interest and provided a common theoretical vocabulary. This has been most evident in therapeutic circles that are variously described as cognitivist or constructivist; i.e. the acknowledgement that subjective forms of conceptualization, including language use, can influence thoughts and behaviors and shape personal realities (Goncalves & Craine, 1990; Neimeyer & Mahoney, 1995; Stott et al., 2010; Wickman et al., 1999).

A major focus of mental healthcare research is the relationship(s) between the process and outcome of treatment (Orlinsky et al., 2004), linking what happens during the course of therapy to its result. Accordingly, metaphors have been theorized to perform functions like making a point more vivid, introducing new insights, making the therapeutic encounter less intimidating, and facilitating recall of previously discussed content (Cirillo & Crider, 1995; Lyddon et al., 2001; Törneke, 2017). The adroit use of metaphors bears implications for the ‘therapeutic alliance’ – the collaborative relationship between therapist and client, known to be a good predictor of treatment outcomes (Horvath & Luborsky, 1993; Mead & Bower, 2000). Sensitivity towards culturally specific metaphors helps therapists empathize with clients’ worldviews, as shown by examples from the Qur’an (Dwairy, 1999) and Latino *dichos* (Zuñiga, 1992). Systematic protocols for metaphor use have also been designed for clinical and therapist

training purposes alike. Kopp & Craw's (1998) 7-step protocol and Sims' (2003) 6-step model guide therapists to use prompts like "what does the metaphor look like?" and "what connections do you see between [the metaphoric image] and the original situation?" to help clients articulate mappings implied by (unintentional) metaphor use, while Aronov & Brodsky's (2009) 'river model', among others, propose structured analogies to help new therapists appreciate the journey-like qualities of the therapy process. There is no shortage of 'ready-made' metaphors as resources for therapists to use with appropriate clients in multiple situations (Blenkiron, 2010; Stott et al., 2010). A vivid example that comes to mind is to explain anorexia as 'trying to drive a car without petrol' (Stott et al., 2010).

Many studies have empirically demonstrated relationships between patterns of metaphor use with aspects of therapeutic process and change. Levitt, Korman, & Angus (2000) reported gradual transformations of metaphor use in good compared to poor-outcome dyads – specifically, how 'burden' metaphors are gradually described as 'unloaded' as therapy progresses. Sarpavaara & Koski-Jännes (2013) examined clients' use of the CHANGE AS A JOURNEY metaphor, and found that those who construed themselves in a more active role of reaching the destination recovered better than those who did otherwise. Gelo & Mergenthaler (2012) found that client metaphors are associated with moments of therapeutic engagement, and therapist metaphors with moments of reflection. A recent series of studies (Tay, 2020; Tay et al., 2019) demonstrated positive relationships between metaphor use and psychophysiological measures of affective engagement in both face-to-face and picture-based counseling.

The complementary work of language analysts focuses on the characteristics of metaphor and other linguistic elements in therapist-client talk, without necessarily answering questions about their efficacy and effectiveness (McMullen, 2008; Tay, 2013, 2014b). These

characteristics include source and target domains used by specific client groups (Charteris-Black, 2012; McMullen & Conway, 2002), the rhetorical development of metaphorical mappings in extended metaphors (Ferrara, 1994; Needham-Didsbury, 2014; Tay, 2010), and the co-textual elements that accompany and inflect metaphors in different ways (Tay, 2011, 2014a, 2018). Expectedly, this body of work tends to engage more deeply with metaphor theory compared to clinically oriented research. Besides addressing issues of discourse analytic and/or metaphor theoretic concern, it often has the secondary aim of discerning implications for practice.

The way ahead is paved with different exciting possibilities, as the present contributions collectively show. The title of this special issue – ‘critical, conceptual, and collaborative perspectives on metaphor and mental health’ – is a broad underlining of some key future directions. Deeper collaboration between metaphor and mental health researcher/practitioners remains at the forefront, serving as a precondition for the rest. This collaboration must extend beyond the logistical level of data and information exchange, and move towards bi-directional consideration of how metaphor theoretic and mental health constructs interface in meaningful ways. It also implies diversifying data sources beyond counseling transcripts to include surveys, interviews, diagnostic tests, focus groups, and the ubiquitous (social) media. Conceptual perspectives refer to innovations that broaden existing conceptions of the therapeutic nature of metaphor, such as new ways to measure metaphor effectiveness and steps to benefit not just clients but (mental) healthcare providers. Lastly, to be critical means to take an important step back and interrogate the subtle and often unchallenged assumption that ‘applying’ metaphor in the social world is somehow most likely to be ‘helpful’. In the mental health context, this means thinking about issues like whether layperson clients appreciate metaphors in the same ways as

theorists do, and whether metaphors are indeed better than non-metaphorical ways to perform similar therapeutic functions.

3. Features and overview of this issue

The seven contributions of this special issue together showcase

- how metaphor and clinical theory/practice interface in substantial ways, across the trajectory from metaphor identification to eventual operationalizations for clinical use
- the use, perceptions, management, and effects of metaphor beyond the traditional counseling transcript, and onto diverse sources and instruments like media discourse, surveys, and interviews from a range of national contexts (e.g. New Zealand, Sweden, China, Italy, UK)
- innovative proposals to incorporate and evaluate metaphors beyond the prototypical therapeutic dyad, as well as critical perspectives on their avowed utility

The first two contributions from active mental health practitioners offer insights on how various aspects of metaphor research have been applied and tested in two respective paradigms:

cognitive behaviour therapy (CBT), and acceptance and commitment therapy (ACT). Fiona Mathieson, Jennifer Jordan, and Maria Stubbe kick off the proceedings with a discussion of four recent empirical studies that explore metaphor use in CBT sessions as well as therapist training, critically reflecting on important reasons for the general absence of such studies and reporting positive metaphor-related gains in important measures like perceived alliance and therapist confidence. Drawing from relational frame theory as a psychological account of human

language, Niklas Törneke follows this with a discussion of three essential strategies for using metaphor in ACT. He emphasizes metaphor as a central and practical tool for helping clients unhook from problematic psychological phenomena, and orient towards important things in their lives. The role of linguistic and metaphoric theorization in facilitating clinical insight is clearly manifest in these papers, reflecting the aforementioned call for deeper collaboration.

The next two contributions showcase the other side of this collaboration – metaphor analyses with discourse analytic points of departure, but which consistently offer particular insights for deliberation. While many such discourse analytic accounts tend to focus on idiosyncratic source domains, both these contributions direct attention to the subtle but pervasive source domain of physical space. Olivia Knapton analyzes the narration of anxiety in television programmes and qualitatively elucidates two distinct conceptualizations of the relationship between self, space, and perceived anxiety relief. In one, the self continually moves through a space experienced as too expansive, and in another, other people/entities move around the self in a space experienced as too small. Yating Yu and Dennis Tay adopt a mixed-method approach towards the use of different image-schematic metaphors (e.g. CONTAINMENT, FORCE, PATH, and VERTICAL ORIENTATION) as resources for conceptualizing the topics of anger, anxiety, and depression in a three-million-word transcript corpus. A significant correlation between image schemas and topics implies the potential utility of image schematic metaphors as a diagnostic tool and to facilitate therapeutic conversations.

The last three contributions begin with a critical look on metaphorical versus non-metaphorical language in performing therapeutic functions, before turning towards exciting innovations and new areas of application. Dennis Tay points out the lack of reflection on the avowed utility of therapeutic metaphors, especially when compared to potential functional

equivalents with literal language. He reports a factor analysis of experimental surveys that elicit participant ratings of metaphorical vs. literal enactments of key therapeutic functions, concluding that while metaphors are indeed generally preferred, there remains important divergences between how therapists and clients actually understand these functions. The special issue concludes with two innovative proposals to incorporate and evaluate metaphors beyond the therapeutic dyad – Federica Ferrari introduces a pioneering approach to measure the ‘transformative’ power of metaphor, addressing persistent questions regarding how metaphors should be exploited for key therapeutic processes like self-exploration, and how attendant effects can be tangibly evaluated. Melissa Johnson Carissimo offers a refreshing perspective of healthcare workers as potential beneficiaries of metaphor use. She introduces Metaphoric Affect Processing (MAP) as a metaphor-based interview technique to enhance wellbeing in hospital settings by facilitating the identification, verbalization and regulation of affect as metaphor. A focused report on the outcomes of a longer-term project reveals how participating nurses learned to use poetic dialogue to explore, share and metaphorically “rewrite” present-moment feelings related to burnout, resulting in increased empathy and reduced stress levels. The encouraging preliminary results reported in both contributions pave the way for ongoing development to benefit larger and more diverse populations.

In summary, it is hoped that this special issue will play a role in consolidating existing understanding, and underlining new perspectives and initiatives in the use of metaphors in mental health contexts. This, in turn, is a small step in advancing the mission of applied metaphor research in the social world.

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Address for correspondence

Department of English

The Hong Kong Polytechnic University

Hung Hom

Kowloon

Hong Kong

Dennis.tay@polyu.edu.hk