

## Exploring the metaphor-body-psychotherapy relationship

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### **Abstract**

This paper explores the interfaces between two constructs in linguistics and psychotherapy – metaphor, and the human body – as a means of illustrating meaningful exchange between linguistic and mental health research.

Three distinctly well-motivated research strands with underexplored overlaps: i) the theoretical relationship between metaphor and the body, ii) the use and management of metaphors in therapy, and iii) the body as a therapeutic resource complementing verbal interaction, are first described. Taking a practitioner-informed approach called ‘correspondent analysis’, which combines the methods and insights of the metaphor researcher and psychotherapist, a series of session extracts are then analyzed to illustrate the connections between the three strands and what they imply for both metaphor research and therapeutic practice. This culminates in the proposal of a triangle model for the metaphor-body-psychotherapy relationship, with wider implications for applied metaphor research also discussed.

## **Introduction**

The ‘talking cure’ of psychotherapy motivates both linguistic and mental health research, but meaningful exchanges between the two have been impeded by their understandably different assumptions and objectives (Avdi & Georgaca, 2007; Strong, 2016). Linguistic analyses often do not clearly connect with therapeutic processes and outcomes, and thus remain opaque to psychotherapists. Likewise, psychotherapy researchers have little need to discuss their work in relation to linguistic concerns.

This paper attempts a more integrative contribution by exploring the interfaces between two key constructs relevant to both linguistic and psychotherapy theory: metaphor, and the human body. The metaphor-body relationship is a familiar theme in cognitive linguistics research, while in the psychotherapy literature metaphor-based interventions and body-based interventions have been treated as separate. This translates into three distinct strands of inquiry whose overlaps bear underexplored implications – i) the theoretical relationship between metaphor and the body, ii) the use and management of metaphors in therapy, and iii) the body as a therapeutic resource complementing verbal interaction. I begin by reviewing each strand while highlighting the underexplored connections between them, leading to a specific set of research questions to be addressed in the paper. Taking a practitioner-informed

approach I have elsewhere called ‘correspondent analysis’ (Tay, 2016b), I then analyze a series of psychotherapy extracts which illustrate these connections, and conclude by proposing a triangle model of the metaphor-body-psychotherapy relationship and its implications.

### **Metaphor, the body, and psychotherapy**

The relationship between metaphor and the body has been fundamental to contemporary metaphor research in linguistics, psychology, and other related fields. Cognitive linguists who proposed the notion of ‘conceptual metaphors’ on the basis of patterned metaphoric expressions observed that many of these expressions describe the human body and its experiences. Bodily experiences are often directly represented in metaphorical language (e.g. *I hunger for success, he tackled the problem*), or subtly constitute more complex source domain scenarios (e.g. *life is a journey*) (Lakoff & Johnson, 1999). Similar observations have been made in languages other than English (Kövecses, 2005; Yu, 1998). The major upshot of these cross-linguistic observations is that if metaphors are indeed conceptual and tend to denote aspects of bodily experience, then a significant part of human cognition should also be ‘embodied’ in some way. This idea has been empirically verified and extended by cognitive and social psychologists who move beyond linguistic representation to investigate how

metaphor processing evokes online simulations of bodily experiences (Gibbs, 2006), and how various body-related cues can be manipulated to affect socio-psychological judgements and attitudes (Landau, Meier, & Keefer, 2010). The applicative possibilities of embodied metaphor in important social activities have been explored to varying extents. In language learning, for example, conceptual representations of physical forces could be used to explain the abstract grammatical notion of modality, while the use of (metaphorical) gestures constitutes a type of input enhancement to make certain L2 features more salient (Littlemore, 2009). In the case of psychotherapy, discussion of the embodied dimensions of metaphor and their implications have been less forthcoming (Dwairy, 1997; Stott, Mansell, Salkovskis, Lavender, & Cartwright-Hatton, 2010). Besides the practical question of how a bodily perspective on metaphor might contribute to therapeutic processes, it is also of discourse analytic interest to study how embodied sources and/or targets are discursively constructed in therapist-client interaction (Tay, 2014).

This brings us to existing work on the use and management of metaphors in therapy – our second highlighted strand of inquiry. There are many therapeutic paradigms but one common assumption is that client metaphors reflect hard-to-describe views of self, others, and/or situations, while therapist metaphors offer alternative views in a

more vivid and impactful way. A HIV-positive client may for instance say *I feel like there is a large dark cloud hanging over me that will rain AIDS down upon me* (Kopp & Crow, 1998:308), and a therapist may use the analogy of trying to drive a car without gas to explain anorexia (Stott et al., 2010). Useful metaphors are not always linguistic, as in the case of dance (Samaritter, 2009) and film therapy (Sharp, Smith, & Cole, 2002), and some cultures may have particularly valued metaphorical resources such as the Koran for Arabic (Dwairy, 2009), folk sayings for Latino (Zuñiga, 1992), and idioms for Chinese (Tay, 2015) clients. From a more theoretical perspective, therapists have also developed metaphor identification and classification procedures (Carlo, Gelo, Salcuni, & Colli, 2012; Kopp & Eckstein, 2004; Mathieson, Jordan, Carter, & Stubbe, 2015), models of metaphor and therapeutic change (Stott et al., 2010), and established generally positive correlations between aspects of metaphor use and treatment outcome (Gelo & Mergenthaler, 2012; Levitt, Korman, & Angus, 2000). In more applied terms, specific functions of metaphor such as ‘accessing and symbolizing emotions’ and ‘working with client resistance’ have been suggested (Cirillo & Crider, 1995; Lyddon, Clay, & Sparks, 2001), and step-by-step guides for therapists to expand clients’ spontaneous metaphors have been developed (Kopp, 1995; Sims, 2003). Since much of this work focuses on the relationship between metaphor use and client betterment, deliberations on its relation to the body,

be it live bodily sensations of therapy participants or the cognitive linguistic sense of schematic representations of recurrent bodily experience, are thus tangential at best.

This brings us to the third strand of research - the relationship between the body and psychotherapy practice, in particular how a 'bodily perspective' (Leijssen, 2006) or 'body-mind stance' (Nolan, 2012) might improve verbal therapy. It represents in large part a reaction against dualistic Western psychology which focuses on the mind at the expense of somatic factors often claimed to be salient in mental health issues among non-Western cultures (Dwairy & Van Sickle, 1996). Some therapists believe, for instance, that the most pertinent insights into dysfunctional emotional processes can be discerned from bodily sensations, so therapists should invite clients to 'check inside what they are feeling' as they relate their issues (Gendlin, 1996). This is often coupled with breathing, relaxation, and body attuning exercises which give clients greater awareness of their bodily feedback and how this relates to their wider experiences (Eigen, 1977). Another key aspect is the relevance of spontaneous body language such as facial expressions, posture, and gestures, to the therapeutic process. Besides complementing verbal communication, clients' bodily communication should be 'synchronized' with the therapist's as a subtle but powerful means to develop rapport (Cooper, 2001; Davis & Hadiks, 1994). Many therapists also encourage the

expressive use of the body through dance, painting (McNeely, 1987; Samaritter, 2009), and other such arts. These are not only valuable communicative resources in their own right, but help clients who prefer visual, auditory, kinaesthetic, and proprioceptive experience, or those with compromised verbal skills (Leijssen, 2006). The evidence base for the efficacy of such body-oriented therapies is still developing (Röhricht, 2009). From the perspective of metaphor theory, however, a pressing question is how the communicative functions of the body highlighted by the above relate to its symbolic or metaphorical qualities (cf. Koch, Fuchs, Summa, & Müller, 2012), as persistently emphasized within the cognitive linguistics and other related literatures.

We have seen how each research strand focuses on two of the three elements of metaphor, body, and psychotherapy. Figure 1 depicts this in the form of a triangle where each side represents two elements yet to connect with the third. It also anticipates the eventual triangle model (Figure 2) where the connections are made explicit.

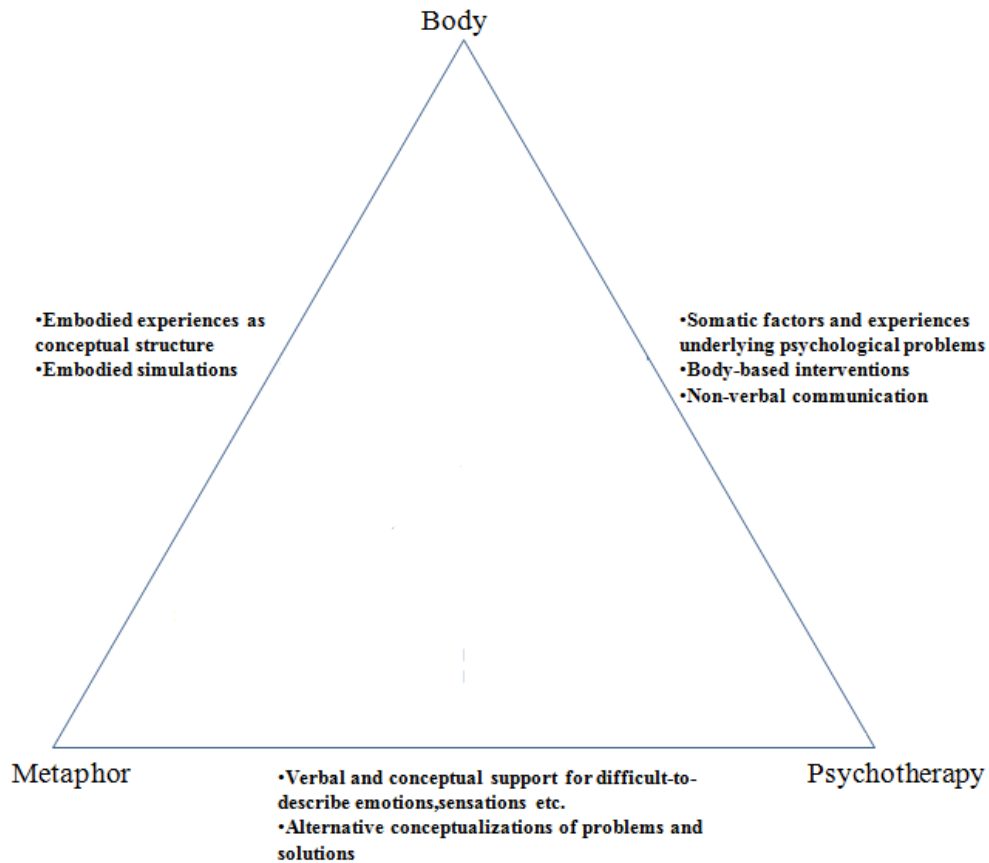


Figure 1. The three independent research strands of body, metaphor, and psychotherapy

The aim of this paper is therefore to adopt an inductive approach – characteristic of much of metaphor-based discourse analysis (Cameron & Maslen, 2010) – to illuminate ways in which the three elements overlap in psychotherapy talk, and their attendant implications for theory and practice. The present analysis is guided by the following questions which emerge from issues raised in the review.



1. What aspects of metaphor might be relevant in a typical body-based intervention?
2. What aspects of body-based intervention might be relevant in a typical application of metaphor in psychotherapy?
3. What therapeutic and discourse analytic implications might be discernable from the use and management of embodied metaphors in psychotherapy?

### **Data and method**

The present examples come from a transcribed dataset of 30 hours of talk involving two therapist-client dyads at a Chinese university counseling center. Details of the present study were not known at the time of therapy. In terms of therapeutic paradigm, object relations (Cashdan, 1988) and expressive arts therapy (Malchiodi, 2003) were respectively used. These paradigms and (as we shall see) the clients' issues are common in therapeutic contexts around the world, so the therapeutic processes motivating the metaphor phenomena to be discussed are not likely to be unique to the Chinese context.

The key methodological steps include identification of ‘metaphor-related’ and ‘body-related’ phenomena from the transcripts, followed by a superimposition of the two to derive and further analyze specific instances where they co-occur. Both steps are taken in collaboration with the actual therapists involved to exemplify a practitioner-informed approach I have called ‘correspondent analysis’ (Tay, 2016b). Translations are provided for all examples and extracts shown, with names omitted.

#### *Metaphor-related phenomena*

This refers to any textual evidence of something being described and potentially conceptualized in terms of something else (Semino, 2008). Metaphorically used language constitutes the bulk of such evidence, and was identified with the discourse dynamics approach (Cameron & Maslen, 2010) which is based on contrast and comparison between the basic and contextual meanings of linguistic units. Example 1 illustrates this at the lexical level. The basic meaning of 源泉 (fountainhead) contrasts with the abstract contextual meaning of a certain ‘bursting’ emotional quality, and is used to make this abstract quality more concrete.

Example 1: 我的内心就是一个源泉 [My feelings are a fountainhead]

Besides manifesting at the lexical level, metaphors can also be found at higher levels of linguistic organization, as seen in Example 2.

Example 2: 现在如果给(咨询者)一个很精美的盒子。非常精美的一个盒子，这个盒子你可以想想他多漂亮有多漂亮。如果你把和姥姥之间的记忆放到这个盒子，你会放进去吗? [Now, if I give (client's name) an exquisite box, a very exquisite box, you can imagine it to be as pretty as you want. If you could put your memories of grandmother into the box, would you?]

Here, the metaphor extends over the entire utterance as the therapist imagines a scenario where 姥姥之间的记忆 (memories of grandmother) are metaphorically described as objects which can be placed into 一个盒子 (a box). Since the present study does not discriminate between metaphor units in terms of text span, the entire utterance and its subsequent elaboration is identified as an instance of metaphor-related phenomena.

It is worth pointing out that in psychotherapy talk, there are other types of metaphor-related phenomena which may not manifest as metaphorically used language and thus

evade standard identification procedures. One example is the role-playing technique of thinking and speaking as if one were someone else, which would almost invariably involve some mapping of emotions, attitudes etc. from one situation to another, even if the language were perfectly literal. Another example is the common experience of transference (Grant & Crawley, 2002) where clients subconsciously project past situations into present situations without necessarily using any metaphorical language. While the extracts analyzed in this paper all do involve metaphorical language, these examples testify to the richness and complexity of metaphor in psychotherapy discourse.

#### *Body-related phenomena*

This refers to moments where the therapist observes or guides the client through therapeutically relevant bodily activities like breathing and relaxation exercises.

While these are not inherently verbal in nature, significant moments are almost always accompanied by verbal guidance and/or discussion, which provides useful but admittedly non-exhaustive cues for identification. In Example 3 below, the client is guided in a breathing exercise to explore the link between bodily sensations and affect.

Example 3: 来感觉一下啊。把这种感觉记住。被陪伴的感觉。被理解的感觉。呼吸，把这种感觉记下来，在身体上记下来 [Let's feel it. Remember this feeling. The feeling of being accompanied. The feeling of being understood. Breathe, remember this feeling, remember it on your body]

The two therapists involved in the dataset were requested to identify transcript extracts where this and other similar activities occurred. For each identified extract, they also provided expert commentary on the unfolding therapy. These procedures formalized a useful practitioner-informed approach to real world metaphor research. The commentary may not always directly relate to metaphor but provides valuable input for the next step where metaphor-related and body-related phenomena are superimposed for further analysis.

#### *Superimposition of metaphor and body-related phenomena*

The independently made observations and identification of these two types of phenomena on the same dataset were then combined to derive a smaller number of

extracts where both metaphor and bodily activity co-occur in the context of key therapeutic moments. Three of these extracts will be analyzed in greater detail, incorporating the perspectives of both the metaphor researcher and the psychotherapist. Each extract addresses one of the previously mentioned research questions, probing the relevance of the respective overlooked third factor in the metaphor-body-psychotherapy relationship. It should be noted that, because of the emphasis on metaphors which most directly illustrate this relationship, not all examples of metaphor will be analyzed.

### **Extract 1: Uncovering the metaphoric potential of body-based interventions**

1. T: 你现在成姥姥的角色，然后来陪伴自己。嗯。好委屈，好这种，伤心的，嗯。还有点点生气的 [You are now role-playing as your grandmother, to accompany yourself. Yes, you feel wronged, you feel this sadness, yes, and a little angry]

2. C: 然后就会想到在他们家，然后还有我们两个，她坐她床上，我坐我床上，然后坐在床上，对面说这些话 [I will think of their place, and the two of us, she sits on her bed and I sit on mine, and we talk face-to-face]

3. T: 嗯，很好 [Okay, very good]

4. C: 现在就是，看着她就和这种状态一样。也还是她，活着的时候跟她说的  
的那种状态 [Now, looking at her, it's similar to that condition. It's still her,  
that condition while she was alive and we were talking]

5. T: 来感觉一下啊。把这种感觉记住。被陪伴的感觉。被理解的感觉。  
呼吸，把这种感觉记下来，在身体上记下来 [Let's feel it. Remember this  
feeling. The feeling of being accompanied. The feeling of being understood.  
Breathe, mark these feelings on your body]

6. C: 就比如..... [It's like...]

7. T: 放一放，停止下来。我们现在先感受那种被陪伴和被理解的感觉。  
呼吸，把这个感觉带到心里。吸气。然后把这种被陪伴、理解的感觉带进  
去。当这种感觉带进去的时候，这个小女孩很悲伤。嗯，还觉得委屈  
[Relax, stop. Let's first experience the feeling of being accompanied and  
understood. Breathe, bring this feeling into your heart. Breathe in. Then, bring

this feeling of being accompanied and understood inside. When this feeling is inside, this little girl is sad. Yes, and she feels wronged]

8. C: 现在不觉得委屈 [I don't feel wronged now]

9. T: 现在什么感觉? [How do you feel now?]

10. C: 现在就觉得我姥姥在, 在这然后, 嗯, 跟她说, 她跟我说, 就和第一天跟(咨询师)交流的时候, 那个时候就是, 一问我然后就直接哭出来, 然后这种。就, 哭过之后就会觉得很舒服 [Now I feel my grandmother is here, and we are talking, just like the first day I met you, when I started crying immediately. And then, it felt good after I cried]

11. T: 舒服的感觉, 满意的感觉, 满足的感觉, 是吗? [A comfortable, satisfied, contented feeling, right?]

12. C: 嗯 [Yes]

13. T: 嗯, 好把这种感觉吸进去。理解, 陪伴, 舒服还有满意的感觉。呼



吸，吸一口气，深深地吸口气，带到心里。把委屈，悲伤，难过，慢慢地吐出来。当这种被陪伴，被理解，还有舒服，满足的感觉，通过呼吸慢慢地带到心里。通过呼吸。通过血液，流到全身。把难过，悲伤，被忽视的感觉，慢慢地随着呼气，吐出来。保持呼与吸之间的平衡。现在身体的感觉是什么样的呢？ [Good, breathe these feelings in. The feeling of understanding, accompaniment, comfort, and satisfaction. Breathe, take a deep breath, take them to your heart. Slowly spit out the feelings of being wronged, of sadness. When these feelings of being accompanied, being understood, comfort and satisfaction are slowly brought to your heart, let them flow through your blood, to your whole body. Slowly breathe out and spit out the feeling of sadness, of being ignored. Maintain the balance between breathing in and out. How does your body feel now?]

14. C: 心里感觉.....那么平静下来 [I feel...calmer]

The client in Extract 1 was a student who sought therapy to address interpersonal conflicts over recent incidents which made her feel “wronged” by her dormitory mates (Line 1). The therapist described her as having a strong sense of abandonment

stemming from the early childhood loss of her grandmother. The objective in this extract was a role-playing activity to let the client imagine sharing her problems with her grandmother, increase her awareness of the bodily sensations which would accompany the conjured feelings of being accompanied and understood (Line 5), and potentially routinize this as an exercise she could perform on her own.

The body-based intervention starts from Line 5 when the therapist asks the client to take deliberate breaths while recalling positive feelings of interacting with her grandmother, and to “mark” these feelings on her body. As Leijssen (2006:130) suggests, “when a client imagines a situation and surrenders into the spontaneous sensations that come into the body, strong affective memories can be triggered”. To that end her instructions in subsequent lines become more explicit. In Line 7 the client is asked to “bring this feeling” into her heart and contemplate when the feeling is “inside”. In Line 13 the activity extends to “breathing out” the client’s negative emotions through vivid description of a circulatory system where positive feelings enter the body, “flow” through it, and expel negative ones. Throughout this guided process the therapist monitors the client’s response (Line 9, 11, 13) which appear to be mostly positive (Line 10, 12, 14).

This standard body-based intervention is not itself metaphorical since much of the prescribed breathing activity and its ostensible affective associations are experienced as described. It is however difficult for a metaphor researcher to overlook the subtle transition from a literal use of “breathe” in Line 5, to metaphorical uses from Line 7 onwards where the therapist asks the client to breathe in positive feelings, “take” them to her heart, let them “flow” along the blood stream to her whole body, and breathe out negative ones. By Line 13 the therapist has constructed a fully-fledged metaphorical scenario where replacing negative feelings with positive ones is described in terms of the aforementioned circulatory system. The added description of “spitting out” is distinctly metaphorical as no actual spitting occurred, and was used to convey a greater degree of forcefulness in the client’s handling of her negative feelings. In cognitivist terms, the therapist’s verbal instruction draws upon a system of conceptual metaphors such as EMOTIONAL EXPERIENCING IS BREATHING/SPITTING, EMOTION IS AIR, and EMOTIONAL BALANCE IS RESPIRATION. These metaphors offer interesting inferential possibilities for the client to construe the nature of her emotions and how to handle them – not unlike the standard functions of a typical verbally communicated metaphor like ANOREXIA IS DRIVING A CAR WITHOUT GAS (Stott et al., 2010).

This example suggests that the therapist's verbal guidance, which helps inexperienced clients through the body-based intervention, could provide more than a blueprint for moment-by-moment bodily and emotional experiencing. If adroitly designed, it also offers a supplementary cognitive resource which could be useful even after the intervention ends. Such a resource is likely to be metaphorical in nature since it grounds abstract emotional experiencing upon concrete bodily experiencing, using the latter as a framework to organize the former. Because of its embodied nature, clients are also likely to find the inferential possibilities easy to grasp. Therapists who are skillful in noticing which (aspects of) 'live' bodily activities could be (re)introduced as more schematic source domains, as per metaphor theory, might therefore be in a better position to extend the therapeutic mileage of body-based interventions.

### **Extract 2: Metaphor elaboration transiting to body-based intervention**

In Extract 1 we saw how the potential to introduce a metaphor-based intervention as a cognitive resource might arise from a standard body-based intervention. Extract 2 below illustrates the converse and equally overlooked possibility; i.e. how an initial metaphor is elaborated to a point of experiential relevance, which facilitates a natural transition to a body-based intervention.

1.C: 可能是做事情什么都太不成熟了。就比如跟小树似的，还是一棵小幼苗。但别人可能都是参天大树。但是我就是个小幼苗 [Maybe everything I do is quite immature. Like a small tree, or a seedling. Maybe everyone else is a big tree but I'm just a seedling]

2.T: 嗯，你觉得幼苗是什么样子的？在你看来 [Okay. What do you think the seedling is like?]

3.C: 幼苗，在我看来就是跟那些大树比，总之就是比较脆弱，在我看来就是 [The seedling, I think when compared to those big trees, is more fragile, I think so]

4.T: 那你这个幼苗的周围是什么样子的？ [So what are the surroundings like for this seedling?]

5.C: 周围有可能会觉得人家都是树，就我自己是幼苗 [Maybe everyone around me is a big tree, and I'm the only seedling]

6.T: 都有什么样的树呢，在你的周围？周围的环境都是什么样的呢，如果你来描述的话 [What kinds of trees are around you? How would you describe the surroundings?]

7.C: 周围我感觉，可能各种那个树都挺高的。然后都活得挺好的 [I feel that all the trees around me are quite tall. And all living well]

8. T: 那你站出来来看这棵幼苗的时候什么感觉？ [So how do you feel when you stand out to look at this seedling?]

9. C: 啊，就感觉比较，脆弱，比较弱小。就这种感觉 [Ah, I feel rather fragile and weak, that's the feeling]

10. T: 这个幼苗有多高，有、有多粗？ [How tall is the seedling, how thick?]

11. C: 就感觉跟个盆栽似的。很小 [It feels like a small potted plant, very small]

12. T: 那你能把它呈现出来吗, 在纸上, 简单地呈现出来。那有笔 [Can you show it? On paper, show it in a simple way. There's a pen there]

The extract begins with the client metaphorically describing her immaturity as being a “small tree, or a seedling” among other “big trees” (Line 1). In subsequent turns, the therapist invites her to elaborate the appearance (Line 2, 10) and surroundings (Line 4, 6) of this spontaneous metaphor, as the client emphasizes her fragility and weakness relative to others (Line 3, 7, 9, 11). This technique is much in line with Kopp and associates’ (Kopp & Craw, 1998; Kopp & Eckstein, 2004) suggestion for therapists to help extend an initial metaphorical depiction of the client’s ‘self’, until it becomes a scenario which captures the self’s relationships with other people, situations, the environment etc. In accordance with many other types of metaphor-based interventions, the therapist focuses mostly on conceptual representation. The client is encouraged to “stand out” (Line 8) and describe the metaphor analytically, and eventually asked to draw the scenario on paper (Line 12) to facilitate further analysis and discussion.

Lines 1-12 were followed by many subsequent turns, omitted due to space constraints,

where the therapist and client used the drawing as a reference to extend the metaphor scenario. The client described the desire of the seedling to reach out for the sunlight and grow, to have better fertilizer, but that it could look forward to its growth potential unlike the other tall trees which have reached their prime. Interestingly, the client also remarked that she would rather be a seedling in a pot than a small tree out in the wild among the other trees, and interpreted this as her desire for support from family members. The embodied metaphorical notion of ‘support’ marks the window of opportunity to transit from a metaphor-based to a body-based intervention, as illustrated from Line 13 onwards.

13. T: 这个树苗呆在这个盆子里感觉怎么样呢？ [How does the seedling feel lingering in this pot?]

14. C: 可能会觉得比较舒服 [Quite comfortable maybe]

15. T: 如果你去感觉一下是什么样的呢？我们就像呆在那个盆子里。呼吸，让自己成为树苗，就是呆在那个盆子里。然后去感受 [What if you try feeling it? As if we are lingering in the pot. Breathe, let yourself become



the seedling. Feel what it is like to linger in the pot]

16. C: 一开始会感觉比较舒服跟惬意，但是最终还是要挣脱那个盆子，  
得长大了 [At first it feels rather comfortable, but at last I must free myself  
from the pot and grow up]

17. T: 我们就先在盆子里呆着。我们去享受着，先是亲情，嗯。对我们的  
温暖。和对我们的包容，还有对我们的爱。如果我们就让自己呆在这个  
盆子里先。只是现在去感受，自己呆在这个盆子里然后保持自己的呼吸  
[Let's linger in the pot first. Let's enjoy, firstly, the warmth, acceptance, and  
love of our family. If we let ourselves remain in the pot first, and just feel it  
and maintain our breathing]

18. C: 就是这个比较温暖 [It feels rather warm]

19. T: 我知道，那你就去感受这一块。呼吸，去感受，你就呆在那里 [I  
know, so just feel it. Breathe and feel it, linger inside]

20. C: 就是，记住这种感觉 [So, to remember this feeling]

21. T: 嗯，也是让身体去记住这种感觉。嗯。把自己呆在类似于一个盆子的里面那一个感觉。这盆子土壤是比较温柔的。呼吸。什么感受呢？现在是在是？感觉是什么呢？ [Yes, mark the feeling on your body. The feeling of lingering in a pot. The soil is warm. Breathe, how do you feel now?]

22. C: 就还是觉得挺温馨的那种。就是会可能会想着，哎，能一直这样吗 [It still feels heartwarming. But I might be thinking, can I keep remaining like this?]

From Line 13, the therapist focuses on the client's insight that the pot which physically supports the seedling represents her desire for emotional support. The ostensible underlying conceptual metaphor, EMOTIONAL SUPPORT IS PHYSICAL SUPPORT, provides an entry point to other related embodied metaphors of emotion which can be 'enacted' via standard techniques of body-based intervention. The therapist asks the client to "feel what it is like to linger in the pot" (Line 15), "enjoy the warmth, acceptance, and love" (Line 17), and integrates these imagined bodily experiences with breathing exercises. Importantly, by asking the client to "linger in the pot first" (Line 17), she subtly shifts the focus away from the client's continued

attempt to elaborate the metaphor – to “free myself from the pot and grow up” (Line 16). It could be argued that the coherent transition from the prior metaphor elaboration to the breathing exercise, two seemingly distinct types of intervention, is facilitated by the reducibility of the metaphor scenario to more specific couplings of subjective and sensorimotor experiences – an important premise in conceptual metaphor theory (Grady, 1997; Lakoff & Johnson, 1999). Therefore, the standard instruction to “mark the feeling on your body” (Line 21) is relatable not just the breathing exercise, but an intuitive extension to the embodied metaphor scenario where the fictive seedling feels comfort (Line 14,16) and warmth (Line 18,21). The therapeutic implications are converse of, and complementary to those highlighted in the analysis of Extract 1. Just as metaphor theory would help therapists identify which ‘live’ bodily activities could be reintroduced as source domains, it should help in decomposing conceptual metaphors to their embodied groundings, with elements which have the potential to be enacted by way of standard body-based interventions.

### **Extract 3: Discursive inflections of embodied metaphors**

Extract 3 will illustrate some recognized implications of embodied metaphors for the therapeutic process, as well as how unique characteristics of the psychotherapy context throw up interesting analytic perspectives for the metaphor discourse analyst.

The client sought therapy for severe academic and relationship difficulties, exhibiting symptoms of Borderline Personality Disorder such as extreme emotional reactions and impulsive behavior. He was sexually abused as a child multiple times by a male relative, and in this extract he discusses his feelings of chronic shame and accompanying sensations of abdominal bloating.

1. T: 我很害怕啊。别人用那个眼光看我足够让我感到羞愧和自责，会感到会杀了我 [I'm frightened. The way others look at me is enough to make me shameful and guilty, like they'll kill me]
  
2. C: 好像在我脸上烙了个印。烙了个印说同性恋者。说你的节操吧都被毁了 [Like they're branding my face. With a stamp that says 'homosexual'. It says your moral integrity is ruined]
  
3. T: 他毁了我的节操 [He ruined my moral integrity]
  
4. C: 别人会说，你凭什么拥有道德啊。你就是最下贱的。好像光天化日之下我走在那个街道上，好像我走在的就是一座死城啊，周围什么都没有，

我自己在那里低着头在走。也那样走着，不知道前面是什么。前面是悬崖还是什么都不知道 [Others will say, what right to morals do you have? You are the cheapest of all. It's like I'm walking on the streets in broad daylight in a dead town, there's nothing around me and I'm walking alone hanging my head. Just walking, not knowing what's ahead. If there's a cliff ahead or whatever]

5. T: 我感到羞愧 [I feel ashamed]

6. C: 是，我感觉羞愧 [Yes, I feel ashamed]

7. T: 我感觉羞愧。他们那些瞪我的眼睛。吐唾沫的那个眼睛，那个做法让我感到羞愧 [I feel ashamed. Those eyes staring at me, spitting at me, that makes me ashamed]

(Several turns between Line 7 and 8 are omitted. The client recounts his many childhood sexual abuses and the subsequent development of sexual desire for the abuser)

8. T: 我感到羞愧。说出来，不藏在腹部 [I feel ashamed. Say it, don't hide it in

your abdomen]

9. C: 我感到羞愧 [I feel ashamed]

10. T: 不让那个腹部胀，而那个小弟弟失去活力 [Don't allow your abdomen to bloat, your penis to lose its energy]

11. C: 我感到羞愧。是啊 [I feel ashamed. Yes]

12. T: 把这个感受说出来。我感到羞愧。腹部的羞愧。腹部，腹部，感觉呼应他，呼应这句话 [Speak out the feeling. I feel ashamed. My abdomen feels ashamed. Abdomen, abdomen, respond to it, respond to what it says]

13. C: 我感觉羞愧。我感觉很羞愧 [I feel ashamed. I feel very ashamed]

14. T: 我的腹部，我不用我的腹部来承载这种羞愧，我只是让这个腹部来感受，来说出来。让腹部把他说出来。我感到羞愧 [My abdomen, I don't need my abdomen to carry this shame. I just want my abdomen to feel it, to speak it out. Let my abdomen speak it out. I feel ashamed]

15. C: 腹部啊你说出来那种羞愧 [Abdomen, speak it out, that shame]

16. T: 专注那个感受。那个肚子，肚胀里面那个羞愧的感觉是怎么？我们注意再集中一下 [Focus on that feeling. What does that shame in the bloated abdomen feel like? Let's focus our attention]

17. C: 嗯我去摸 [Okay, let me touch it]

The therapeutic objective in Extract 3 (and beyond) was to provide empathetic support and guide the client to confront the core memories of his abusive experiences, and eventually redirect his feelings of shame and guilt towards the abuser. From Lines 2 to 4 the client uses two spontaneous metaphors to describe these feelings. He describes the way others look at him as branding his face with a 'homosexual' stamp (Line 2), and his general state of shame as walking aimlessly in a dead town, not knowing if there's a cliff or anything else ahead (Line 4). Both these metaphors would under a standard cognitivist analysis be seen as embodied, in that bodily source concepts of physical pain (Line 2), movement and verticality (Line 4) are mapped onto more abstract target emotions. Similar to the metaphors discussed in Extract 2,

they exemplify how “people’s internal bodily states and routine interactions with the physical world constrain their creation of social meaning” (Landau et al, 2010:1062); bodily appearance and posture as signifying moral identity and morale, and so on. The difference with the ‘lingering in the pot’ example in Extract 2, of course, is that it might be less intuitive to use them as transitions to standard body-based interventions. Nevertheless, since the inferential potential of such metaphors tends to be invariant across cultures and contexts, Stott et al. (2010) regard them as useful for minimizing misunderstandings between therapist and client. Such metaphors can furthermore trigger live simulations of the embodied experiences they encode (Gibbs, 2006), which may in turn constitute an important basis for empathetic understanding between therapy participants (Gallese, 2009; Semino, 2010).

The above insights demonstrate how a bodily perspective on metaphor may contribute to therapeutic processes. Equally interesting but often overlooked, however, is how ‘bottom-up’ analysis sensitive to the discursive construction of embodied metaphors under specific psychotherapeutic circumstances might also bring relevant insights.

Consider Line 8 onwards. In Line 8, the client’s shame as previously discussed is reconstrued by the therapist with the embodied CONTAINER metaphor (Johnson, 1987), which presents a ‘problem-solution framework’ where the problem is some entity to



be released from physical captivity (Tay, 2013). The client's shame is a substance 'hidden' in the abdomen to be released by speaking out the traumatic memories.

However, while in many cases the 'problem-solution framework' remains purely on the conceptual level where the source domain inferences affect conceptualization but not actual concrete behavior, here there is a distinct convergence between conceptual inferencing (source) and behavior (target). The client was in fact experiencing actual sensations of abdominal bloating and a more subjective sense of sexual 'energy loss' (Line 10), and these embodied experiences appear to dovetail with the therapist's metaphorical strategy to 'free' the abdomen from 'carrying the shame' (Line 14) by verbalizing and externalizing it. Lines 8-17 represent a critical phase where the therapist simultaneously engages the client with both the source domain scenario of 'coaxing' the abdomen to expel some substance, as well as the target domain scenario of confronting and verbalizing his shame. In Lines 16-17 the boundaries between source and target are further blurred as the client is guided to touch and feel this ostensibly metaphorical shame within his body.

Many researchers have observed similar discursive interactions between metaphorical sources and targets in different contexts. A major claim of conceptual blending theory (Fauconnier & Turner, 2002), for example, is that creative linguistic acts like

metaphor require speakers and hearers to combine inferences from both source and target ‘input spaces’. Situations where pre-existing knowledge of the target exerts pressure on source domain selection have also been discussed in Quinn (1991), Koller (2004), Semino (2008), and Kövecses (2009), among others. However, while many of these works focus on the rhetorical effect of source-target simultaneity in media, advertising, and other related discourses, psychotherapy presents a context to theorize about its more goal-directed application. Because some aspect of the body is often implicated in both the source (in terms of embodied image schemas) and the target (in terms of actual bodily sensations), the complexities of metaphor use and management under such psychotherapeutic conditions – as revealed through turn-by-turn analysis of therapist-client interaction – suggest avenues not just for discourse studies, but more clinically oriented research on the psycho-physiological effects of metaphor use.

### **Towards a model of the metaphor-body-psychotherapy relationship**

Figure 2 depicts a triangle model of the metaphor-body-psychotherapy relationship, on the basis of the above analyses.

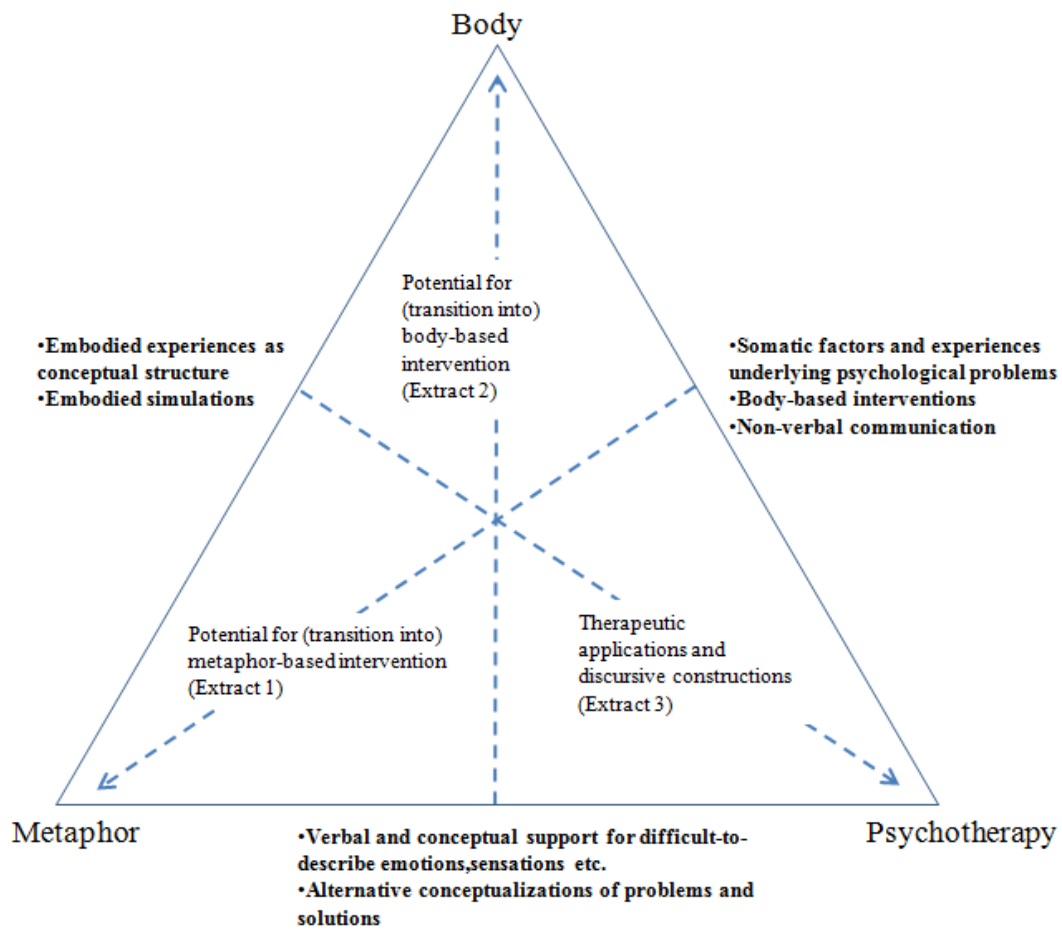


Figure 2. A triangle model of the metaphor-body-psychotherapy relationship

Each side of the triangle represents an independently well-motivated research strand discussed earlier (Figure 1), while the dotted lines represent the interfaces as illustrated in the extracts. Extract 1 addresses the question ‘what aspects of metaphor might be relevant in a typical body-based intervention’ (RQ1). We saw how a ‘literal’ breathing exercise initiated by the therapist transitioned into a metaphor exploration exercise where intuitive embodied metaphors of breathing, spitting etc. provided a

supplementary cognitive resource for the client to make sense of her situation. Extract 2 answers the converse question of ‘what aspects of body-based intervention might be relevant in a typical application of metaphor in psychotherapy’ (RQ2). We witnessed an initial metaphor focusing on conceptual representation of the target situation elaborated to the point where its embodied aspects become salient, which then facilitated a transition from conceptual body-based representation to actual body-based intervention. Extract 3 highlights the ‘therapeutic and discourse analytic implications discernable from the use and management of embodied metaphors in psychotherapy’ (RQ3). By employing a bodily source domain which holds both metaphorical and literal relevance in the specific context of the client’s situation, the therapist illustrates how metaphor use in actual sessions often involve a measure of discursive complexity which goes beyond textbook prescriptions, and require greater ‘bottom-up’ discourse analytic sensitivity to fully understand.

Since we already know so much about embodied metaphors and their critical implications across different discourse and linguistic contexts (e.g. Musolff, 2012; Kövecses, 2015), the present model might not seem to offer anything new at first glance. However, relative to contexts like politics, economics and advertising, it can be argued that psychotherapy (and healthcare in general [Demjén & Semino, 2017]) is

where bodily phenomena are of immediate concern and relevance; i.e. psychotherapy is not just a context in which bodily metaphors are embedded, but where the body is itself a topic and/or resource, independent of whether metaphoricity is involved. It is precisely this characteristic which allows the modeling of metaphor, the body, and psychotherapy as mutually interacting constructs, such that the relationship between any two has immediate implications for the third. Therefore, beyond being a customary analysis of embodied metaphors in a certain discourse context, the model highlights the relative uniqueness of psychotherapy as a site where salient aspects of metaphor theory find particular amplification. In addition, it also contributes a voice to the long-standing debate of whether metaphors in psychotherapy are better initiated by therapists or clients – advocates of the former tend to favor metaphors as tools of intervention (Blenkiron, 2010; Lankton & Lankton, 1983), while the latter regard client-generated metaphors as reflecting the ideals of client agency and empowerment (Kopp, 1995). The present model instead depicts metaphor use as a deeply collaborative process (Tay, 2016a), highlighting cases where therapist-generated metaphors are taken up by the client, and client-generated metaphors turned into purposive bodily-related activities by therapists. It could therefore serve to orient therapists towards this collaborative stance, and sensitize them to useful transition opportunities illustrated by Extracts 1 and 2.

## **Concluding remarks**

It is hoped that the proposed model would motivate follow-up research in several ways. For example, the bi-directionality between metaphor and bodily experience as observed in Extracts 1 and 2 bears important therapeutic implications to be further examined under a psychophysiology framework. The so-called ‘retrojection’ of metaphor, where “discursively objectified body images ... resonate with proprioceptive body awareness and thus come to be felt inside the body” (Kimmel, 2008:99), is of particular significance as a potential marker of affect, arousal, and/or other important emotional responses during psychotherapy. Studies which link physiological reactions (e.g. electro-dermal activity) to therapeutic strategies (e.g. show of empathy) (Marci, Ham, Moran, & Orr, 2007) can be replicated to study the bodily effects of metaphor use, especially for explicit metaphor-based interventions (Kopp & Craw, 1998) where the hypothesized effects remain conceptual in nature. For metaphor discourse analysts, one natural direction would be to test if the model holds for languages other than Chinese, and/or other variables such as type of therapy.

As an outcome of practitioner-informed ‘correspondent’ analysis, the model also invites more critical reflection on how specific dimensions of metaphor theory interface with corresponding dimensions characterizing real world activities, which

often require collaborative input from relevant practitioners. The celebrated ubiquity of metaphor as a common denominator in language and thought has opened many doors to applicative research, but has also had the side effect of obscuring its unique mechanisms and relevancies in each of these ostensible contexts of application. This is an aspect worth paying more attention to, if we wish to enhance the real world impact of metaphor research.

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