Metaphor in Psychotherapy
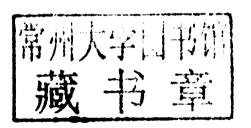
A descriptive and prescriptive analysis

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In collaboration with the Metaphor Lab.

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Introduction

A metaphor renaissance

1.1 From language to cognition, and back

Most people familiar with metaphor theory and research know how its frontiers were radically advanced several decades ago by what was called the Contemporary Theory of Metaphor (CMT) (Lakoff, 1993; Lakoff & Johnson, 1980, 1999). While it seems clear that metaphor, traditionally understood as a comparison between two dissimilar things, must at some level involve some sort of cognitive processing, the most striking message from CMT theorists was that metaphors are primarily cognitive, and only secondarily linguistic. Far from being idiosyncratic tokens of linguistic creativity used in political speeches and poems, the metaphoric expressions we utter are claimed to be a necessary result of our natural tendency to think metaphorically. Classic examples used by CMT theorists include expressions such as *look how far we've come, we're at a dead-end, we're spinning our wheels in this relationship*, and a principally infinite number of other expressions which systematically depict love in terms of embarking on a concrete journey (Lakoff, 1993: 206). Based on the powerful observation that metaphoric expressions seem to be widely and conventionally used across different languages and for a range of different concepts (Abdulmoneim, 2006; Ibarretxe-Antuñano, 2008; Yu, 2009, among others), the most important claim of CMT is that metaphors at the level of language are manifestations of fundamental *conceptual* associations between different conceptual domains. The implications of this claim for the relationship between language and thought have triggered a great deal of interdisciplinary research, particularly in the cognitive and psychological sciences, which remain productive and influential today (Gibbs, 2008). A large part of CMT's appeal has been its bold realignment of the analytic lenses from actual metaphoric tokens of language to acontextual metaphoric schemas of thought. This "cognitive turn" in metaphor scholarship and other relevant cognitive sciences (H. Gardner, 1985) can rightly be described as a paradigm shift in the Kuhnian (1962) sense.

Nevertheless, for those familiar with more traditional characterisations, it is difficult to imagine how the rhetorical, pragmatic, and discursive qualities of metaphor expounded over the ages by Aristotle, I. A. Richards, and John Searle, among others, could thus be rendered irrelevant. Researchers sceptical of CMT's

wholesale attention on the cognitive roots of metaphor often point out a seem-
ing contradiction within its central tenets. If metaphor is indispensable to both
language and thought, as repeatedly claimed in CMT, it is surely important for
theories of metaphor to be grounded upon its manifest characteristics across dif-
ferent *contexts* of communicative and symbolic activity, and to take all the "messy
realities" (Eubanks, 1999: 174) of metaphor in diverse scenarios of actual text and
talk into rightful account. However, many linguistic examples offered by CMT the-
orists as evidence for the cognitive reality of metaphors have been introspectively
generated, appear alien to English language corpora, and are generally insensitive
towards the social, cultural, and interactional qualities which inhere in the act of
using metaphors in real life situations for real life purposes. The following com-
ments, drawn from different sources but convergent upon the same broad point,
are sufficiently illustrative.

> Metaphors... always appear in the context not merely of surrounding words, but
> also of a particular communicative interchange, social situation and cultural set-
> ting. However, few theories have accounted adequately for the role of the social
> and conversational context in recognizing, using and understanding metaphors.
> (Ritchie, 2006: 4)

> What I'm arguing for... is the centrality of the contextual nature of language in
> use; the human and discourse context of language use is inherent in the joint
> construction of discourse goals and in the use of metaphor to achieve these goals.
> Processing metaphorical language takes place in context and draws on the dis-
> course expectations of participants.   (Cameron, 1999b: 25)

> (CMT) is an approach... that understates the variability in the use of metaphors
> while overstating their role in constructing understanding.
> (Strauss & Quinn, 1997: 141)

The proverbial gauntlet thus thrown down proclaims that, for all its valuable in-
sights into our cognitive architecture, theorisation of metaphors as conceptual
structures "in the head" must be complemented by an examination of the motiva-
tions, processes, and consequences of metaphor deployment "out there" in the so-
cial world (Gibbs, 1999b; Zanotto, Cameron, & Cavalcanti, 2008). Such empiri-
cal scrutiny is furthermore not necessarily purely descriptive, but could shed theoreti-
cal light of its own on the nature of metaphor (e.g. Caballero, 2003, 2006; Cameron
& Deignan, 2006; Cameron et al., 2009; Deignan, 2008). Researchers have since
responded accordingly by examining metaphors in subject matters as varied as
economics, politics, art, science, and advertising, in an effort to substantiate, re-
fine, or otherwise refute theoretical claims advanced by the cognitivist paradigm.

Does the excursion of metaphor scholarship from language and discourse
to cognition, and back again, represent two successive and contrastive paradigm

shifts? It would perhaps be more appropriate to characterise the present landscape as a renaissance, in that the revived focus on the contextual dimension promises to actively engage the cognitive dimension to yield a more holistic empirical and theoretical understanding of metaphor in language, cognition, and communication (Musolff & Zinken, 2009; Steen, 2011a). As metaphor theory continues to mature on the basis of a deeper *descriptive* understanding of metaphors in actual use, some researchers have begun to speak of adopting a more *prescriptive* perspective traditionally eschewed in much of linguistics and discourse analysis. A prescriptive, or practical approach, invites us to consider how theoretical advancements can lead to more adroit and judicious use of metaphors in the many discursively constituted activities in the "real world" (Low, Todd, Deignan, & Cameron, 2010). With a case study of the real world discourse context of psychotherapy, I hope that this book can convince readers of the relevance and exigency of understanding metaphors both descriptively and prescriptively.

1.2 Metaphors in psychotherapy

A Google image search of the term 'psychotherapy' seems to suggest a popular stereotype of distressed, couch-ridden individuals being hypnotised or treated in mysterious ways. Far closer to the truth is that psychotherapy is an evidence based mental health resource (Lambert & Ogles, 2004) widely practiced in many contemporary societies, involving naturalistic verbal communication between therapists and patients.[1] Also dubbed the "talking cure", psychotherapy is more formally defined by Meltzoff and Kornreich (1970: 4) as

> the informed and planful application of techniques derived from established psychological principles… with the intention of assisting individuals to modify such personal characteristics as feelings, values, attitudes, and behaviours which are judged by the therapist to be maladaptive or maladjustive.

The clinical use and management of metaphors has long interested therapists (Barlow, Pollio, & Fine, 1977; Kopp, 1995; Siegelman, 1990; Stott, Mansell, Salkovskis, Lavender, & Cartwright-Hatton, 2010), with Arlow (1979) going to the extent of claiming that psychotherapy is an inherently metaphoric enterprise. In recent years, increasing attention has been paid not only to the general use of

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1. Psychotherapy practitioners are referred to as *psychotherapists, therapists,* or *counsellors.* Individuals seeking treatment are referred to as *clients* or *patients,* the latter term being more common in hospitals and other medical settings. I will use the terms *therapist* and *patient* throughout this book.

metaphors in counselling, but in dealing with specific issues such as self esteem and career management (Amundson, 2010; Inkson, 2006). Psychotherapy represents an exemplary context where both discursive and cognitivist approaches to metaphor are eminently relevant. As a source of spontaneous talk conducted under specific (clinical) circumstances, it provides the exact type of data which highlights "the centrality of the contextual nature of language in use" (Cameron, 1999b: 25). At the same time, therapeutic interest in metaphor has been amplified by the cognitivist claim that metaphoric expressions reflect metaphoric ways of thinking about the many abstract concepts in our physical, emotional, and social worlds (Lakoff & Johnson, 1980). The possibility that our conceptual systems are metaphorically structured holds obvious implications for therapeutic schools of thought which attribute psychological problems to how we conceptualise our life situations, such as the influential Cognitive Behavioural Therapy (CBT) paradigm (J. Beck, 1995). It is also noteworthy how theories of psychotherapy and metaphor have both been influenced by the broader philosophical tenets of *constructivism*, which assert that language in use reflects our subjective construal of reality, rather than an objectively existent world of immutable objects, attributes and relations (Lakoff, 1987; Mahoney, 1988; Neimeyer & Mahoney, 1995; Taylor & MacLaury, 1995).

Within psychotherapy research, therapists and patients have been observed and encouraged to use metaphors for a variety of reasons. Metaphors facilitate rapport building between therapists and patients, the conceptualisation and communication of abstract emotional states, and the discussion of patients' issues in less direct and hence less distressing ways (Lyddon, Clay, & Sparks, 2001). The use of metaphors in psychotherapy and the general conceptualisation of suffering are in fact believed to be necessary, given the inherent difficulty involved in arriving at intersubjective, literal descriptions of the latter (Kirmayer, 1992; McMullen, 1996; Radley & Chamberlain, 2001; Semino, 2010). It has been suggested that metaphor use, motivated by the complexities inherent in psychotherapy, can be treated as a "common factor" (J. Frank, 1971, 1982) which transcends the theoretical assumptions of different therapeutic systems and schools of thought.[2] This is envisioned to help bring these systems closer together in their common quest for the betterment of human lives (Kopp, 1995; Wickman, Daniels, White, & Fesmire, 1999).

It seems obvious that the subject of metaphor in psychotherapy ought to have brought about close collaboration between linguists and therapists. However, the differing descriptive and prescriptive concerns of linguists and therapists position the two groups on different philosophical starting points (Chaika, 2000), with the

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2.   These include cognitive-behavioural therapy, interpersonal therapy, relational therapy, and psychodynamic therapy (just to name a few), from which many sub-varieties have further evolved (Prochaska & Norcross, 2009).

consequence that "the two literatures have grown without significant coordination" (McCurry & Hayes, 1992: 764). Linguists typically do not assert that certain ways of using language are better than others, while it is the primary task of therapists to improve the "talking cure" to achieve better treatment outcomes. An example of the descriptivist caution against venturing into prescriptive grounds can be seen from Silverman (1997: 212), who remarked in his conversational analysis of AIDS counselling discourse that as a non-counsellor, "it is not for me to take a position on the therapeutic … implications of the practices I have identified". In similar spirit, apart from the obligatory citation of seminal publications, therapists with an avowed interest in metaphor have seemed relatively indifferent towards developments in the provinces of metaphor theory (i.e. psycholinguistics, cognitive science, and discourse analysis). One possible reason is the belief that such developments do not directly address the clinical efficacy of metaphor, or are not readily translatable to practical advice on how to use and manage metaphors in the clinic (Ahammed, 2010: 249). However, as Teasdale (1993: 342) sensibly reminds us, progress in psychotherapy runs the risk of "grind(ing) to a halt" if therapists continue to marginalise or overlook research findings in the domains of inquiry closely related to their practice, especially the linguistic and cognitive sciences. Prominent psychologists Anderson and Goolishian (1988) once described therapists as "master conversational artists" who are simultaneously participants and managers of the therapeutic conversation. If therapists are indeed masters of dialogue and caretakers of the mind, and metaphor is a phenomenon which straddles language, thought, and communication, there is surely much room for metaphor researchers to contribute meaningfully towards the psychotherapeutic enterprise, even if the exact mechanism(s) connecting metaphor use and therapeutic breakthroughs are still some distance away from being discovered and fully explicated (Stott et al., 2010).

1.3 Towards a descriptive and prescriptive analysis: Aims and outline

The primary aim of this book is to examine the characteristics of metaphors in psychotherapeutic discourse from the perspective of several key theoretical aspects in metaphor research. It is closely followed by the secondary aim of suggesting how these aspects of metaphor theory, seldom explicitly discussed in psychotherapy research, can be applied to enhance the clinical use and management of metaphors. These complementary aims, as a response to the aforementioned calls for metaphor research to be more practically relevant, find in psychotherapy a robust, exigent, and exciting domain of investigation.

It should be clear how the primary and secondary aims respectively constitute the avowed descriptive and prescriptive analyses of this book. For this reason, I will refer to them as the *descriptive aim* and *prescriptive aim* throughout the book. Each chapter, focusing on a particular theoretical aspect in metaphor research, will first address the descriptive aim by discussing how the characteristics of metaphors in psychotherapeutic discourse provide theoretically relevant insights. This will be followed by the prescriptive aim, where I attempt to suggest how these various aspects of metaphor theory can inform the therapeutic use and management of metaphors.

A brief outline of the chapters follows. Chapter 2 elaborates my main claim that analysing metaphors in psychotherapy potentially benefits both metaphor theory and psychotherapeutic practice. I first characterise the nature of psychotherapeutic discourse along several key contextual dimensions, or *layers of context*, such as the individual patient's life history, the theoretical assumptions of the therapist, and the linguistic co-text of therapeutic talk. I explain how these layers of context influence the characteristics of metaphors deployed by therapists and patients, thus making therapeutic talk a rich source of data for theoretical concerns within the province of metaphor research. I then explain how aspects of metaphor theory could in turn address perceptible gaps in the therapeutic literature on metaphor, and potentially contribute to psychotherapeutic practice.

Chapter 3 addresses the first theoretical concern, the nature of the *ideational resources* people use to construct metaphoric source-target associations, otherwise discussed as the *motivation* (Lakoff, 1987; Radden & Panther, 2004) of metaphors. Motivation refers to the grounds upon which a source concept is associated with a target concept to produce a felicitous metaphor. While there has been considerable debate over whether source-target associations are primarily motivated by embodied, socio-cultural, or individual experience (Kövecses, 2010b), my case study of four near-consecutive psychotherapeutic sessions illustrates how therapist and patient creatively exploit these ideational resources in a functionally complementary way to define and elaborate a therapeutic problem-solution framework.

Chapter 4 examines the *rhetorical extension* of metaphors by therapists and patients. It is largely based upon Wee's (2005a) framework of *metaphor types*, which exemplifies a seldom seen methodological interaction between psycholinguistic and discourse analytic approaches to metaphor. The framework recasts psycholinguistic models of metaphor processing as different rhetorical strategies of metaphor production, based on whether one is attempting to highlight correspondences between source and target concepts (Lakoff, 1993), or superordinate categories scoping over both (Glucksberg & McGlone, 1999). I show how Wee's implicit assumption that there is a one-to-one match between particular strategies and particular discourse objectives needs to be revised in light of psychotherapeutic examples, in which

rapidly shifting discourse circumstances are better accounted for in terms of correspondingly dynamic (Cameron et al., 2009) shifts in metaphor types.

Whereas Chapter 3 suggests that metaphors are extended and elaborated in therapeutically useful ways, and Chapter 4 shows the dynamic nature of this elaboration, Chapters 5 and 6 highlight the phenomena of metaphor *variability* and *variation*. I distinguish between variability and variation in that the former describes switching between different sources and targets within a unit of discourse, while the latter describes how highly conventional conceptual metaphors such as LIFE IS A JOURNEY can have variant instantiations across different languages and discourse communities (Kövecses, 2005). For the former case, I analyse examples of how switches are motivated by therapeutically relevant functions, such as to conceptualise a problematic target issue with multiple, complementary sources. In the latter case, I examine the varying instantiations of the conceptual metaphor THERAPY IS A JOURNEY as it is used across the text and talk of theoretical psychotherapy models, therapist pedagogy, and actual therapy sessions.

Chapter 7 provides a different perspective as it investigates the co-textual elements surrounding metaphors, rather than metaphoric expressions themselves. I focus specifically on examples where discourse markers such as *you know* and *I mean* (Fraser, 1999; Schiffrin, 2001) occur at strategic junctures within extended metaphors in therapeutic talk, such as the explicit statement of a cross-domain mapping, or a superordinate category (cf. Chapter 4). Discourse markers may therefore play an important role in the signalling (Cameron & Deignan, 2003; Goatly, 1997) of extended metaphors, as they draw attention not to metaphoricity per se, but to key junctures of their development in therapeutic talk.

As mentioned, the latter halves of Chapters 3–7 will also discuss how respective insights gleaned from the undertaken discourse analytic approach (i.e. the *descriptive aim*) bear points of application for the use and management of metaphors in psychotherapy (i.e. the *prescriptive aim*). These points of application extend over a considerable range, from practical enhancements to existing "metaphor therapy" (Kopp, 1995) protocols to the process of obtaining clinical feedback (Claiborn & Goodyear, 2005) in the construction of metaphorically constituted theoretical models of psychotherapy. Chapter 8 concludes the book with (i) a synthesised summary of the analyses under both the *descriptive* and *prescriptive aims*; (ii) a highlighting of emergent themes regarding metaphors in psychotherapy which would not have been visible from the perspective of individual, modular chapters, and (iii) suggestions of future directions which capitalise on the present findings, both for metaphor research and psychotherapeutic practice.

1.4 Remarks on methodology and data

This book is qualitative in orientation and is not an exhaustive characterisation of metaphor in the psychotherapy genre, which would require both qualitative and quantitative analyses. There will be no ready answers to questions such as the frequency of occurrence of different source and/or target concepts, or the percentage of metaphor use by therapists versus patients. I shall elaborate towards the end of the book, in Section 8.4.1, the complementary value of a quantitative approach for the present research questions. For now, I would like to invoke the distinction between a *genre study* and a *genre-based study* to justify the present qualitative emphasis. Genre studies are broadly speaking concerned with exhaustive descriptions of specific phenomena within the genre, while genre-based studies use data from some selected genre to illustrate wider issues which are not necessarily tied to it. Genre studies of metaphor (e.g. Charteris-Black, 2000; Koller, 2004) attempt to understand how the dominant topic(s) and purpose(s) of a discourse genre (e.g. business, political discourse) determine the type, frequency, and functions of metaphors therein, across an ideally representative sample of text and/or talk. This book, which can be considered a genre-based study, takes instead aspects of metaphor theory as its point of departure, and investigates how particular instances of metaphor use in therapeutic talk affirm, extend, or challenge existing theoretical understanding. There is therefore no suggestion that the analysed instances constitute a representative sample of the psychotherapy genre. It also follows that my recommendations under the *prescriptive aim* of this book will remain speculative at this point of time. As with any other discourse genre where metaphor research bears prescriptive implications, the extent to which recommendations made by metaphor researchers eventually translate to practical gains will depend on the extent of follow-up testing and feedback from practitioners of that genre (i.e. psychotherapists).

In terms of selecting appropriate therapy transcripts to be analysed, then, I will adopt an approach halfway between what Deignan (2008: 282) described as *corpus based* and *corpus driven*. In their prototypical forms, corpus based research analyse material preselected from the corpus in order to test preconceived hypotheses, while corpus driven research begins with no assumptions about what would be found. This book is corpus based in that it begins by broadly establishing the contextual parameters which are assumed to shape metaphors in therapeutic talk (Chapter 2), but is also corpus driven in that a clearer understanding of these contextual elements can only emerge upon deep examination of the transcripts, which in turn reveals new areas of analytic interest.

1.4.1 Data sources and transcription conventions

Although linguists and psychotherapists have collaborated in areas such as phonetic transcription (Pittenger, Hockett, & Danehy, 1960) and kinesic behaviour (body language) analysis (Scheflen, 1973), linguistic analyses of psychotherapeutic talk have not been as forthcoming. One major impediment against any analysis of psychotherapeutic discourse is the issue of consent from both therapists and patients. Psychotherapy sessions are after all a time when highly sensitive issues are discussed, and not many people would be comfortable with the publication of such contents even under the promise of anonymity. Some patients who are in a vulnerable state at the beginning of therapy, and/or wish to express gratefulness towards their therapists may initially provide consent, but come to regret their decision at a later stage. Many therapists also regard it as a matter of personal responsibility to safeguard the privacy of their patients. Unless therapists themselves double up as researchers (Crowe & Luty, 2005; Lewis, 1995) or research collaborators (Ferrara, 1991, 1994), the confidential nature of psychotherapy further renders it difficult to conduct any sort of direct ethnographic research. In the small number of ethnographic studies which have been conducted in several outpatient clinics in America and Europe (Bloor, McKeganey, & Fonkert, 1988; Gubrium, 1992), researchers' observations of therapeutic proceedings have been limited to "the background of ongoing talk and interaction" (Gubrium, 1992: 245). Consequently, although we might expect many people today to have some generic awareness of what psychotherapy is about, very few would be familiar with what is actually being said in therapy, or how "talking to a stranger can be beneficial to mental health" (Ferrara, 1994: 3).

Resources are however far from completely unavailable to those not directly involved with psychotherapy. Since the 1970s, a growing number of psychotherapists have been consistently recording and transcribing their clinical interactions with patients, which provides non-clinicians with a valuable glimpse into therapeutic processes. This expanding archive of data, known as *Counselling and Psychotherapy Transcripts, Client Narratives, and Reference Works,* is published online by Alexander Street Press (www.alexanderstreet.com). It currently contains more than 2,000 transcripts of actual sessions organised into pertinent categories such as the year of therapy, the therapeutic school of thought, the diagnosed psychological condition(s), and the various therapy-patient pairs involved. The transcripts "adhere to the American Psychological Association's ethics guidelines for use and anonymity", and are selected "under the direction of an editorial board of distinguished practitioners and academics".[3] It is hoped that the present work will

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3. From www.alexanderstreet.com. Apart from transcripts of actual sessions, the website also contains other resources such as textbooks, letters, autobiographies, and video re-enactments

raise the awareness of linguists, discourse analysts, and other interested researchers towards this useful resource. The electronic nature of these transcripts should also facilitate the building of corpora for researching other aspects of psychotherapeutic discourse (Baker, 2006).

Since I am not focusing on how metaphor use relates with any of the existing transcript categories, my approach is to (i) limit the number of analysed transcripts to 20 randomly selected therapist-patient pairs, each ranging from 5 to 20 hourly sessions (yielding a total of 253 transcripts); and (ii) manually examine the transcripts for instances of metaphor use relevant to the theoretical aspects of interest. In the course of examination, some parts of the data pointed towards other unconsidered theoretical aspects, which were then incorporated into the scope of the book. This eventually led to the inclusion of additional illustrative transcripts from Kopp (1995) and Ferrara (1994). I would like to thank the publishers of all the aforementioned sources for their kind permission to use and reproduce the data for this book.

As far as possible, transcription conventions originally used in the data sources have been preserved. Some conventions were added or removed in accordance with the aims and scope of the analysis, and to ensure consistency across all transcripts used. These are detailed with examples below.

Preserved conventions
- Square brackets [] followed by **(ph)** to indicate the transcriber's approximation of an unclear segment of speech
  E.g. Therapist: Yeah, I mean [**it's your around**] **(ph)** reading…
- Round brackets () to indicate paralinguistic cues and other transcriber comments
  E.g. **(laughs), (chuckling), (inaudible), (audio gap)**
- (**PATIENT NAME**) in place of patients' real names to preserve anonymity
  E.g. Patient: I'll start saying, stop it (**PATIENT NAME**), stop it (**PATIENT NAME**).
- Three dots '**…**' to indicate significant pauses
  E.g. Patient: Well**…** I guess that's not right
- Asterisks to indicate potentially offensive material
  E.g. Patient: it's always so **f***ing** calculated, you know
- Hyphens to indicate topic switches within a sentence
  E.g. Patient: Last year, this is really – **no** – can I just tell you?

of selected sessions. All contents are copyrighted and require a paid subscription, although trial subscriptions are available to institutions.

Added conventions
- All participants uniformly referred to as 'therapist' and 'patient', in place of variants such as 'counsellor' and 'client'
- Line numbers before conversational turns for easy in-text referencing

Removed conventions
- Overlaps, interruptions, intonation contours etc., as outlined by Sacks, Schegloff, and Jefferson (1974). The decision to omit these features is not an *a priori* judgement of their non-relevance, but is made on the practical grounds that very few transcripts from the data sources have actually used them. In cases where they are used (e.g. Ferrara, 1994: 139–141), they did not have a significant bearing on the theoretical issues under consideration.

1.4.2   Metaphor identification and description

In this book, I subscribe to an overarching definition of metaphor as "the phenomenon whereby we talk, and potentially, think about something in terms of something else" (Semino, 2008: 1). This definition resembles the standard cognitivist view of metaphor as a conceptualisation device (Lakoff & Johnson, 1980, 1999), where some target domain/concept/entity (e.g. love) is construed in terms of a source counterpart (e.g. journeys). However, germane to the analysis of actual text and talk, it emphasises the manifestation of metaphors at the level of language, and does not commit explicitly to their underlying cognitive reality (cf. Gibbs, 1999a: 42–43).

Semino's definition captures the gist of metaphor and provides a reasonable basis for determining the metaphoricity of text and talk. It will be used to guide the identification of metaphors throughout the book, although each chapter is intended to profile slightly different ways in which metaphors can be characterised and developed. In Chapter 3, I will be concerned with describing a highly imaginative *metaphoric scenario* (Grady, Oakley, & Coulson, 1999) in which target entities (i.e. the patient and his emotional states) are depicted in terms of progressively introduced source entities. Chapters 4 and 7 consider how explicitly stated metaphoric comparisons (e.g. BI-POLAR ILLNESS IS BEING A BALLOON) are elaborated in different ways according to the discourse objective(s) motivating the comparison. Chapter 5 focuses on linguistic expressions which demonstrate the interplay between different source and target concepts, while Chapter 6 postulates a THERAPY IS A JOURNEY conceptual metaphor and analyses its variation across the psychotherapeutic discourse community. On the whole, the analyses will therefore not be hinged upon procedurally ascertaining the (non)-metaphoricity of individual lexical units (Pragglejaz Group, 2007; Steen, Krennmayr, Dorst, Herrmann, & Kaal, 2010), but will instead pay greater attention to the theoretical and clinical implications arising from clear cut cases of metaphor use in therapeutic talk.