
Cognitive linguistics

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This is the first in a series of papers on literature and psychiatry. In this paper, Eynon introduces cognitive linguistics, the study of metaphor, and discusses how an understanding of the conceptual origin of metaphor can assist clinical work. Future papers will consider, among other things, the representation of substance misuse in literature, how dementia is described in fiction and biography, the value of autobiographical narrative to psychiatry and the description of death and dying in English literature.

Cognitive linguistics is a new development in one of the basic sciences of psychiatry. It takes a novel approach to metaphor that is having an impact on philosophy and cognitive neuroscience, offering a perspective on questions about the development of language and the embodiment of mind that may have an impact on psychiatry. Likewise, our expertise in mental pathology may be required for further development in cognitive linguistics (Lakoff, 1997).

Metaphor and metonymy

Cognitive linguistics focuses on the ubiquity of metonymy and metaphor in language (Box 1).

Until relatively recently it was assumed that it must be possible to provide an accurate, objective (i.e. literal) description of reality for the purpose of scientific advancement. For the modernist, metaphors characterised rhetoric, not scientific discourse. They were vague, inessential frills, appropriate for the purposes of politicians and poets, but not for those of scientists (Ortony, 1993).

This perspective put the science of psychodynamics, with its emphasis on metaphor, symbolisation and transference, outside the remit of acceptable scientific discourse (Holmes, 1985).

Traditionally, metaphor was seen as concerning 'live' or 'novel' descriptions, the kind of metaphor

that is found in poetry and rhetoric. Idiomatic expressions were dismissed as 'dead' metaphors; ones that had once been bright and new, but had become worn and dull with overuse.

Metaphor and thought

Since 1980, a growing number of linguists have been attempting to elucidate the ways in which language reflects the manner in which human beings perceive, categorise and conceptualise the world (Lakoff & Johnson, 1980). The results suggest that accurate, objective, literal descriptions may be elusive. According to the linguist George Lakoff (1993), we use our basic bodily understanding of places, movement, forces, paths, objects and containers as sources of information about life, love, mathematics and all other abstract concepts.

Box 1 Metaphor and metonymy

'Metaphor' is a type of figurative language in which one thing is described in terms of some other thing. For example,

'Do not go gentle into that *good night*'

'He had a good *innings*'

'Metonymy' is a type of figurative language in which the name of one thing is replaced with another commonly associated with it. For example,

'And did those *feet* in ancient time
Walk upon England's mountains green?'
'Who is going to *chair* the meeting?'

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Embodiment of mind

Cognitive linguistics suggests that we use metaphor intuitively and unconsciously to understand the mind, emotions and all other abstract concepts. Such metaphors enable us, as embodied beings, to make sense of a concept such as 'mind', which we cannot see with our eyes or grasp with our hands. It allows us to 'take a view' on the debate and to 'get to grips' with the subject. Cognitive linguistics suggests that, without such conventional metaphors, there would be no abstract thought. It also suggests that metaphors may 'privilege' some understandings and exclude others (Schön, 1993). If we do not acknowledge metaphor, it may distort our understanding of the nature of abstract concepts.

Conceptual metaphor

Through field research, Lakoff and his colleagues have collected large numbers of metaphorical expressions (Lakoff & Johnson, 1980; Lakoff, 1987). Analysis has led them to believe that these are derived from a smaller number of conceptual metaphors. Both creative, novel metaphors and 'dead', conventional metaphors are derived from conceptual metaphors. Known also as schemata, these can be thought of as line drawings (Johnson, 1987). Metaphorical expressions take some detail from a schema and colour it in for greater immediate effect. For each of the conceptual metaphors in Box 2, there are many more conventional metaphorical expressions.

Sources and targets

For Lakoff (1993), the locus of metaphor is not in language at all but in the way we conceptualise one mental domain in terms of another. This is what he means by conceptual metaphor and, following his convention, I have written these in CAPITALS. Words given in *italics* are thought of as metaphorical expressions. Conventionally, conceptual metaphors are written: TARGET DOMAIN IS SOURCE DOMAIN. The target is the subject under discussion. The source is the (usually more concrete) concept from which we draw inferences about the target.

Novel metaphor

LOVE IS A JOURNEY (We're not *getting anywhere*. This marriage is *in a rut*)

GOOD IS UP (She's way *above* him. They have *high* moral standards)

The idiomatic expressions above, exemplifying two conceptual metaphors, are commonplace, unpoetic and do not, perhaps, strike us as particularly metaphorical. Someone can say 'This marriage is in a rut' and the statement is taken at face value. If someone were to say, 'Even a Massey Ferguson wouldn't have salvaged my marriage', we hear the statement as something new. Metaphorically, an impediment to the continuation of a marriage is an impediment to a journey continuing, such as a rut. On a real journey, you might ask the local farmer to haul your car out of a rut with a tractor. To create a novel metaphor, essential for poetry and humour,

Box 2 Common conceptual metaphors (CAPITALS) and examples of metaphorical expressions (*italics*)

STATES ARE LOCATIONS: I *fell* in love. He *pulled himself up* by his bootstraps. Her finances are *in* a real mess.

ACTIVITIES ARE CONTAINERS: How did Mary *get out of* doing the washing up? He was *in the middle of* writing. She was *absorbed in* a book.

CONTROL IS UP: You need to *get on top of* the problem. He got the *upper* hand. I went *over* his head and spoke to the boss.

KNOWING IS SEEING: Do you *see* what I mean? What is your *view* on that? His judgement was *clouded*.

THE PART IS THE WHOLE: We need some *new blood* in this organisation. The *head* of the company. I'm *getting the 07:17* from Loughborough.

ESSENTIAL IS CENTRAL: The *central* point of the argument. The *heart* of the matter. His *core* contribution. You need to *peel away the layers*.

ATTRIBUTES ARE OBJECTS: He *caught* a terrible cold. She *got* fatter and fatter. He *has* such an awful attitude to women. My mother *has* an awful temper. I don't know where she *gets it from*.

EVENTS ARE ACTIONS: The deceased *passed over*. The child *came into* the world. Dawn *broke*. The party was in full *swing*.

TIME IS MONEY: Can you *spare* me 5 minutes? I *spent* too much time on that. Don't *waste* my time. How much leave can you *afford* to take at Christmas?

THOUGHT IS MATHEMATICAL CALCULATION: It just doesn't *add up*. Give me an *account* of your actions. I don't think that *counts*. What's the *bottom line*?

the speaker has taken an aspect of the Source of the conceptual metaphor that is not usually associated with the target. In doing so, the speaker has made the metaphor explicit and brought it back to life.

Generative metaphor

A generative metaphor is one that enables us to see aspects of reality that the metaphor's production helps to constitute (Schön, 1993). For example, since LOVE IS A JOURNEY we can commit ourselves to *going the distance* with someone. A relationship can *founder* and be *on the rocks*. We might want to *bail out*. The image of a journey privileges the aspects of relationships that are analogous to a journey. It suggests that it is possible to *go our separate ways* and *not look back*. It has less to say about the role of loving relationships in the context of an extended family. The image of two people in a vehicle together not only enables us to think about love but may also prevent us from seeing aspects of love that are outside of the metaphor.

Other theoretical approaches

Lakoff and Johnson's theory of deep conceptual metaphor challenges the view that literal language is primary and that metaphor is a complex, later development. However, theirs is not the only perspective.

Glucksberg (2001), for example, is directly critical of Lakoff and Johnson's theory of cognitive linguistics. His class-inclusion model assumes that, when deciphering metaphors, the listener looks for superordinate categories and qualities that make the target and source similar, unconsciously converting metaphor into simile. His theory is a less radical departure from classical, truth-conditional theories of language and has considerable influence in the field of psycholinguistics.

By contrast, Turner (1996) and Fauconnier (1985) have developed Lakoff and Johnson's ideas further to take account of metaphors that depend on the combination of a number of different frames. They have developed the idea of conceptual blends, proposing that language develops by 'parable' and by the 'blending' of mental spaces. Their theories provide elegant approaches to more complex literary and poetic language.

Bridging the gap

As pragmatic clinicians, it is probably less important for us to ask which of these models will eventually

be proved true. What is more relevant is to ask which is fit for our purpose. Lakoff and Johnson's theory provides a bridge between linguistics and our understanding of the body and the brain and this has been acknowledged as coherent with other research in cognitive science (Damasio, 1999; Núñez & Freeman, 2000; Ramachandran, 2001). From a psychoanalytic perspective, its theory of 'body-based fantasies parallels the psychoanalytic notion of unconscious processes' (Holland, 1999: p. 362). It offers a perspective on Freudian theories of libidinal development that is 'highly consonant with psychoanalysis, with which it shares an emphasis on how our experience of the body helps to shape our perspective on the world' (Melnick, 1997: p. 997). It also provides an easily taught, practical tool for discourse analysis that can deepen our understanding of patients' communications in the consulting room. While acknowledging that there have already been further developments in the field, here I will simplify matters by limiting myself to the approach taken by Lakoff and Johnson.

Metaphor and transference

The term 'metaphor' comes from the Greek, meaning to carry over. Another translation is 'transference', a term more familiar to us from psychoanalytic theory. The idea that we take attitudes from one area of experience and use them to approach and understand another is fundamental to many of the psychotherapies. For example, in a paper exploring the links between cognitive linguistic and psychoanalytic approaches to metaphor, Borbely (1998: p. 931) sees 'The cure ... as resulting from helping the analysand regain blocked creativity or metaphorical potential by linking transferentially coloured present experience with sequestered past experience'.

Psychotherapists of many different persuasions use metaphor in their work. Family therapists may offer metaphors as strategic interventions (Barker, 1996). A client's metaphors may be explored and expanded to allow the development of new attitudes to difficulties (Kopp, 1995). Dynamic therapists may consider their own stray thoughts to be a metaphor for something in the therapy that cannot be communicated in words (Ogden, 1997).

The 'unconscious' of cognitive linguistics is not necessarily seen as being formed by repression as is the classical Freudian unconscious, but there are many other similarities. What Freud called 'symbolisation', 'displacement', 'condensation' and 'reversal', a cognitive scientist would recognise as 'conceptual metaphor', 'conceptual metonymy', 'conceptual blending' and 'irony' (Lakoff, 1997). As

Miller Mair (1977) put it, 'man is a maker and user of metaphors and is not to be explained by any particular metaphor'.

Metaphors for the mind

According to cognitive linguistics, our understanding of the human mind and human emotions are constructed through metaphor (Lakoff & Johnson, 1999). We routinely carry over aspects of the world that we relate to as embodied beings in order to generate new ways of seeing ourselves and the world. That last sentence is itself constructed using metaphors: IDEAS ARE OBJECTS that we can *carry*; a system of ideas is a BUILDING that we can *construct*; to bring something into existence is to give birth – to *generate*; KNOWING IS SEEING.

To make sense of the mind and emotions, we use fundamental conceptual metaphors, which can be seen as deriving one from another (Box 3). At its most basic level, STATES ARE LOCATIONS. Thus, a state of mind is a location in space. The mind itself can be seen as a location in space, leading to the view that THE MIND IS A CONTAINER. That is, it is a place that ideas, since they are objects, can be *in*.

Since being in one's mind is the normal state of affairs, IRRATIONALITY IS BEING OUTSIDE THE MIND.

Being able to see ourselves, it is possible to know ourselves both as the viewer (or subject) and as the viewed (or self). This allows us to construct a division of the subject and self. In general situations, COMPATIBILITY IS CO-LOCATION. When a married couple get on well we describe them as *close* or *really together*. A mentally healthy person can also be described as someone who is *together*. Since

ATTRIBUTES ARE OBJECTS, the self can be seen as an object that the subject possesses and controls.

The self, being an object, can be divided into parts, which may be incompatible and reside in different locations in the mind. The conceptual metaphor ESSENTIAL IS CENTRAL leads to the idea that the inner, unseen, hidden self is the True Self Model 1. By contrast, since KNOWING IS SEEING, it is the public self that is the True Self Model 2.

Metaphor and the psychotherapies

Psychological theories draw on these conventional conceptual metaphors in order to understand the abnormal mind. The Freudian division of the mind into conscious and unconscious spaces makes intuitive sense because it builds on the conceptual metaphor already present in language and thought that the MIND IS A CONTAINER. If compatibility of subject and self is a harmonious co-location, the abnormal mind can be seen as divided and at war with itself. The idea of psychic conflict between personified aspects of the self, such as superego and id, has its roots in conventional conceptual metaphors. Winnicott's model of the True and False Self in dynamic psychotherapy assumes True Self Model 1. Behaviourism assumes that a person's observable actions are the best guide to their true nature, in accordance with True Self Model 2.

Metaphor analysis in psychiatry

Analysis of which conventional conceptual metaphors a patient prefers can give an insight into

Box 3 Conceptual metaphors that structure our understanding of mind, and some metaphorical expressions

THE MIND IS A CONTAINER: I just don't know what goes on *inside* that head of yours. Some ideas just seem to pop *into* your head. He just pushed it to the *back of his mind*. It went clean *out of* my head.

IRRATIONALITY IS BEING OUTSIDE THE MIND: Are you *out of* your mind? He's *away with* the fairies. The lights are on but *no one's at home*.

NORMAL CONSCIOUSNESS AND CONTROL IS CO-LOCATION (and vice versa): Pull your-self *together*. She's *all over the place*. I just don't know if I'm *coming or going*. I feel *pulled in all directions*

CONTROL IS UP: I don't know what came *over* me. When I get *on top of* things again. He was *under* the impression.

AN ATTRIBUTE IS A POSSESSION; THE SELF IS A POSSESSION: Get a *grip* on yourself. He's *lost* it. He *regained* consciousness. She's really *self-possessed*.

NORMAL CONSCIOUSNESS IS NORMAL POSSESSION OF THE SELF BY THE SUBJECT: The past still *holds him back*. It's like he *can't let go* of something. I got *caught up* in the mood.

True Self Model 1, in which ESSENTIAL IS CENTRAL: He rarely shows his *real self*. She's not very *revealing*. You only get to see *the mask*. I bet he's a real sweetie *deep down*.

True Self Model 2, in which KNOWING IS SEEING: You can always *judge a man by the state of his shoes*. *Actions speak louder than words*. Handsome *is* as handsome *does*.

how they construct their difficulties (Eynon, 2001). For example, it can be frustrating to meet with a patient, clinic after clinic, who discusses 'my depression' or 'my alcohol problem' or even 'my personality disorder' at great length and yet makes no change. It is as if they have brought a child, a pet or some other object with them, over which they have no control. Metaphor analysis suggests that this attitude is not idiosyncratic but is supported by the conceptual metaphor, *ATTRIBUTES ARE OBJECTS*. As we have seen, even the attribute 'self' can be viewed as an object, separate from the subject. Emotional states and personality characteristics can be considered as if they were external objects. Psychiatry itself may unwittingly make the situation worse by describing the patient as 'mentally unwell'. Conventionally, *NORMAL CONSCIOUSNESS IS CONTROL OVER THE SELF*. In declaring patients 'mentally ill', we may be seen as sanctioning their giving up control of the attributes of their self and fostering the expectation that we will take this troublesome 'object', their 'illness', out of their hands.

Somatic complaints

A diagnostic category for which this kind of discourse analysis may be particularly useful is somatisation. The conventional metaphorical expression, 'I can't bear it', is derived from the conceptual metaphor *DIFFICULTIES ARE BURDENS*. We might say of someone 'He's got a lot *on his shoulders*' or 'I don't know how she *carries on*'. The posture of someone with depression may be stooped, as if '*weighed down* with the cares of the world'. For some patients, physical symptoms may be somatic analogues, as if their body is 'saying' what they are unable to admit in words.

Case vignette 1: A cognitive-behavioural example

An anxious patient had a fear of losing control of her bladder. Behavioural analysis suggested that her problem might relate to fear of losing control, *per se*, but therapy was made difficult by her rather irritable personality. Although it was evident that her difficulties become worse when she had to relate to people she disliked, she was reluctant to accept an emotional basis for her urinary problem.

Her fear of wetting herself extended to a reluctance even to discuss words related to urine. As behavioural exposure therapy progressed, the therapist was able to suggest that the patient's fear of losing control of her bladder might relate to her fear of losing control of her temper. She might be rather *pissed off* (*LOSS OF CONTROL OF SELF IS LOSS OF CONTROL OF BODILY FUNCTIONS*). This interpretation not only injected some humour into the sessions and enhanced the

therapeutic alliance but also gave the patient a metaphor that made sense of her symptoms and how they might relate to her moods.

Case vignette 2: A psychodynamic example

A patient with a problem of overeating could not, initially, see why she had been referred for dynamic psychotherapy. Her problem was, purely and simply, her size. She insisted that 'My fatness obscures everything else about me'.

This sentence can be deconstructed to show the conceptual metaphors on which it relies. The use of the word 'obscures' depends on the common conceptual metaphor, *KNOWING IS SEEING*. It also implies that something is hidden. There is a hidden inside and a visible outside, as in the True Self Model 1 described above, in which *ESSENTIAL IS CENTRAL*. The attribute 'fatness' is being seen as if it were an 'object' that gets in the way of people knowing her (*ATTRIBUTES ARE OBJECTS*).

The patient does not wish people to apply True Self Model 2 (Box 3) and see her merely as a 'fat person'. She is arguing that True Self Model 1 should apply, that her 'fatness' prevents others seeing and appreciating her essential True Self. On the other hand, she also believes that if only she could lose weight, all would be well; she is here using True Self Model 2, believing that by changing her external appearance she could change her Self.

During assessment, the therapist suggested to the patient that by insisting that her 'fatness' was the problem, she was preventing herself from seeing how this was obscuring the issues in her relationships, which led her to comfort herself by eating.

In taking this stance, the therapist is choosing between the two conflicting True Self models, preferring the idea that *ESSENTIAL IS CENTRAL*, that the True Self is hidden. As a dynamic therapist, this choice is coherent with her theoretical model. She then extends the metaphor, arguing that the 'essential' issue that is bringing the patient to therapy is likewise 'hidden'. The argument is persuasive because it builds on the patient's own existing conceptual framework.

Dream analysis

Lakoff (1997) has suggested that metaphor analysis may be a fruitful way of analysing dreams. The images in a dream can be viewed as a visual form of metaphorical expressions in which, for example, abstract *ATTRIBUTES* are portrayed as physical *OBJECTS*. For example, a despised attribute may be represented by a despised substance.

A patient who had long-standing difficulties in asserting herself in relationships described a dream in which faeces were pouring out of her mouth. For this woman, having a voice in relationships and

expressing her feelings was 'bad'. The colloquial expression 'you're talking *shit*' could be seen as a verbal representation of the same idea.

Dreams as messages

Some dreams may be seen as messages to the medical team.

Case vignette 3: interpretation of a dream

A patient who had been admitted with a severe depressive illness made considerable improvements on antidepressants. In the multi-disciplinary ward round, her consultant suggested that she might be ready for trial leave. The next day, the patient reported a dream to one of the nursing staff. A ship had sunk to the bottom of the ocean. It was being raised, but was still only halfway up to the surface.

The terms 'depression' and 'low mood' are directly related to the conceptual metaphors GOOD IS UP. The STATE of depression is a LOCATION, the sea, the place the patient now finds herself in her LIFE, which IS A JOURNEY. An 'interpretation', by tracing the metaphorical route from source to probable target using idiomatic language derived from the same sources, puts the images into words.

The patient's mood is clearly further *up* than it was, but she is not *out of the water* yet. She is not yet ready to *sail* through her life and is afraid that if the staff *let her go* too soon that she will *sink* into depression again.

The patient told the psychiatric team this dream believing that they would want to interpret it as a communication. In common parlance and in psychotherapy, 'depression' is seen as having an existence that is not entirely independent of its construction in language.

Metaphor analysis and poetry

The science of cognitive linguistics can also expand our awareness of the way that poetry reaches out to us (Lakoff & Turner, 1989). Christina Fletcher's poem 'Untitled' (Box 4) conveys a mood that is poignant and sad. Like patient communications, poetry is often not explicit about the target of the metaphor. Nevertheless, the reader can feel moved by the poem and have an emotional understanding of the poet's intention without necessarily gaining an intellectual understanding of the means by which this was achieved.

In the first two stanzas, the sources are mathematics and light. In the fourth, a living thing decays, words are deleted. The last word, often of great significance, is 'understand'. The poem depends on a movement from 'calculation' and 'seeing' as metaphors for understanding to a realisation that,

when it comes to issues such as age, loss and despair, these metaphors (metonymically, the words) are inadequate.

The reader does not have to conduct a formal metaphor analysis in order to be affected by the poem. The conceptual metaphors used to construct the poem are familiar to us. We use them unconsciously in everyday speech. A poem can reach us at this deeper level and need not stir the surface, which is perhaps why Murray Cox found it effective to use poetry in his work with seriously disturbed patients in Broadmoor (Cox & Theilgaard, 1997).

Forensic psychotherapy

Cognitive linguistics suggests that language is fundamentally related to bodily actions. James Gilligan, writing about his work as a forensic psychiatrist, suggests that, when working with violent offenders, rather than seeing language as symbolic action 'we must reverse the procedure and learn to interpret *action as symbolic language* – with a 'symbolic logic', so to speak, of its own' (Gilligan, 1996: p. 478).

In a clinical example, he describes how a murderer's action of cutting out the eyes and tongue of an already dead woman can be seen as an attempt to prevent himself being shamed *in her eyes* and her from *giving tongue* to what she knows about his

Box 4 'Untitled', by Christina Fletcher

Lines move: up a fraction, down a fraction
and are erased.

I measure the distance from peach to wall
up a fraction, down a fraction.

I mark paper but in the end,
see nothing.
Light fades. Shadows melt
to darkness.

Moths tumble around my monitor.
I move words but cannot find poetry.
I would fool the computer by moving time
backwards
but to what purpose?

In the morning the peach will shrivel a fraction.
In the evening more words will be deleted.

I will look harder, find less
And hope to understand.

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inadequacy. Murray Cox's (1997) descriptions of the archetypal language of offender patients seems to suggest that some people act out symbolic language as if the conventional metaphors are not dead, but very much alive.

Case vignette 4: therapy in a forensic setting

A 14-year-old boy who has a history of offending and has been diagnosed as having a conduct disorder is in therapy with a female social worker. After many months, they are beginning to be able to discuss the therapeutic relationship. The therapist is curious as to what has made that so difficult up to now. The patient explains:

'That would be playing with fire.'

'Literally?' enquires the therapist.

'No, not playing with matches and stuff,' the patient replies.

The patient is an arsonist and the object of one dangerous attack was an older woman.

The psychiatrist is curious about the patient's choice of idiomatic language. Perhaps it is a communication both about the offence and about the risk of an intimate relationship with a woman? The general conceptual metaphor EMOTION IS A PHYSICAL FORCE (see Box 5) underlies such phrases as 'I was all *fired up*' and 'She's a real *firecracker*'. In making this link, the therapist is drawing on conventional conceptual metaphors and using them to reason about the confused emotions and thought processes that may have motivated the patient's offending behaviour.

Future research

Cognitive linguistics can help us to understand the way that the mind is constructed, in both folk and formal psychology. It can therefore help us to examine how ordinary people understand the abnormal mind. That said, research is based on examining normal language produced by normal subjects. In stating that abstract concepts are constructed by metaphorical extension from normal bodily experience, it assumes that this is so. As yet, it has little to say about how abnormal bodily experience might affect the developmental processes that lead to normal linguistic capability. What follows are some conjectures as to how a cognitive linguistic approach to mental pathology might lead to some testable hypotheses.

Theory of mind

Since KNOWING IS SEEING, we can, by seeing another person, know them. We can follow their gaze and see what they see and, by inference, know what they know. If development goes normally, we have a

Box 5 EMOTION IS A PHYSICAL FORCE

ANGER IS HEAT: He was *steaming*. I thought he was going to *explode*. Wait until you've *cooled down*.

LOVE IS HEAT: She positively *glowed*. He gave me an *icy stare*. Come on baby, light my *fire*.

LOVE IS (MAGNETIC) ATTRACTION: We're *poles* apart. I keep being *drawn back* to her. She *turns heads* wherever she goes.

ANXIETY IS A BURDEN: It's been a great *weight* off my mind. He had been *labouring under* that assumption for a long time. Let me *shoulder* some of your worries for a while.

SADNESS IS A BURDEN: It's *weighing* me down. It's the *last straw* (that broke the camel's back). I keep being *dragged under*.

theory of mind. Children with autism lack such a theory of mind. Cognitive linguistics, which assumes the embodiment of mind, suggests that accession to the concept of other minds should depend, in some fundamental way, on the same neurological base as seeing.

Interestingly, it is said that parents of such children report very early deviance from normal development of quite basic interpersonal skills, including failure to make eye-contact and failure to use gaze to regulate interaction (Baron-Cohen *et al*, 1993).

Developmental disorders

Some children with developmental coordination disorder, which affects the ability to make sense of location and space, have more difficulty with small words, such as prepositions that denote space and time, than with longer words (Ripley *et al*, 1997). As we have seen, such little words can be evidence of metaphorical expressions that use LOCATIONS and CONTAINERS as the source for making sense of abstract targets.

Schizophrenia

Schizophrenia is characterised not only by thought disorder, but also by motor abnormalities. Cognitive linguistics suggests that language develops out of the way our body relates to the world as we move in space, make journeys, change locations, handle objects and so on. A subtle disorder of somatosensory perception or control might have an elusive but significant effect on thought and language. A passage by Lakoff & Turner (1989) discussing

poetic language might be equally applicable to the language of psychotic illness:

'Any discussion of the uniqueness or idiosyncrasy of a metaphor must, therefore, take place on two levels: the conceptual level and the linguistic level. A given passage may express a common conceptual metaphor in a way that is either linguistically commonplace or idiosyncratic. An idiosyncratic conceptual metaphor is another matter. By its very nature, it cannot be deeply conventionalised in our thought and, therefore, its linguistic expression will be necessarily idiosyncratic in at least some respect. Modes of thought that are not themselves conventional cannot be expressed in conventional language. In short, idiosyncrasy of language may or may not express idiosyncrasy of thought, but idiosyncrasy of thought requires idiosyncratic language' (Lakoff & Turner, 1989: p. 50).

Conclusions

Cognitive linguistics assumes that language develops by metaphorical extension. Basic bodily experiences, such as moving in space, seeing people and handling objects, provide the foundations of language.

Cognitive linguistics offers a method of discourse analysis which can help psychiatrists to become more fully aware of the way that folk and formal psychological theories have been constructed. It assumes that language, and the abstract thought that language allows, develops out of normal bodily experience. Psychiatry, with its emphasis on abnormal thought processes, may have a role to play in testing these ideas and developing them further.

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Multiple choice questions

- Cognitive linguistics:
 - provides an accurate objective description of reality
 - considers metaphor as fundamental to human thought
 - assumes that language is independent of the body
 - is based on field research with normal subjects
 - was developed by George Lakoff and Mark Johnson.
- Metaphor analysis can be used to:
 - understand patients' communications
 - deconstruct psychological theories
 - determine the literal truth of scientific ideas
 - analyse dreams
 - inform therapeutic interpretations.

3. The following metaphorical expressions are correctly paired with an underlying conceptual metaphor:
- I bet he's a softie underneath;
True Self Model 1: ESSENTIAL IS CENTRAL
 - I keep turning it over in my mind;
IDEAS ARE OBJECTS
 - she's risen in my estimation;
CONTROL IS UP
 - he has some low habits;
GOOD IS UP
 - we need to get patients' views on this;
KNOWING IS SEEING.
4. 'Cognitive linguistics, by focusing on the ubiquity of metonymy and metaphor in language has built on and expanded the constructivist agenda.' This sentence uses the following conceptual metaphors:
- TIME IS MONEY
 - KNOWING IS SEEING
 - IDEAS ARE OBJECTS
 - A SYSTEM OF IDEAS IS A BUILDING
 - MIND IS A CONTAINER.
5. Freud's topographical theory of the mind can be seen as constructed from the following conceptual metaphors:
- MIND IS A CONTAINER
 - COMPATIBILITY IS CO-LOCATION
 - CONTROL IS UP
 - GOOD IS UP
 - STATES ARE LOCATIONS.

MCQ answers

| | | | | |
|-----|-----|-----|-----|-----|
| 1 | 2 | 3 | 4 | 5 |
| a F | a T | a T | a F | a T |
| b T | b T | b T | b T | b T |
| c F | c F | c F | c T | c T |
| d T | d T | d T | d T | d T |
| e T | e T | e T | e F | e T |

Eating Problems in Children: Information for Parents

Claudine Fox and Carol Joughin

The majority of pre-school children will, at some time in the first 5 years of life, experience some problems with eating. For example, they may only eat a small number of different foods, eat very little or refuse to eat altogether. For most of these children, this is a passing phase, which they will grow out of. However, for some, the eating problem is more severe, may be longer lasting and cause high anxiety for parents and carers.

This book provides parents and carers with information regarding eating problems in children between the ages of 5 and 12 years, in order to provide support and reduce the anxiety that is often caused by having a child who has problems with eating.

The book tackles issues such as:

- ❖ The different types of eating problems that children can suffer from, including case examples
- ❖ How many children suffer from problematic eating
- ❖ The causes of eating problems in children
- ❖ The different types of professionals who treat children with eating problems
- ❖ The type of treatment available for children with eating problems
- ❖ The long-term outlook for children who suffer from problematic eating.

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