

## Citació per a la versió publicada

Coll-Florit, M. [Marta] & Climent Roca, S. [Salvador]. (2022). Enemies or Obstacles? Metaphors of War and Journey in Mental Health Discourse. *Metaphor and the Social World*, 12(2), 181-203. doi: 10.1075/msw.21035.col

Handle:

<http://hdl.handle.net/10609/147007>

DOI

<https://doi.org/10.1075/msw.21035.col>

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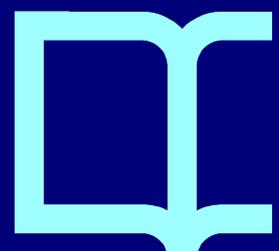
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This is the accepted manuscript version of the paper: Coll-Florit, M. & S. Climent (2022). "Enemies or obstacles? Metaphors of war and journey in mental health discourse", *Metaphor and the Social World*, 12:2, pp.181-203.

The final published version (version of record) is available online via John Benjamins Publishing at: <https://doi.org/10.1075/msw.21035.col>

## **Enemies or Obstacles?**

### Metaphors of War and Journey in Mental Health

#### Discourse

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This study examines the use of metaphors of WAR and JOURNEY in a million-word corpus of Spanish-language blogs written by patients with severe mental disorders and by mental health professionals. Quantitative results indicate that both metaphors are more prevalent among patients than professionals, supporting the idea that they are mostly used in this context for communicating complex and emotionally intense experiences. From a qualitative perspective, our results show that patients use both metaphors to deal with exactly the same ontological elements of the situation (the disorder, symptoms, negative emotions, everyday problems, social prejudice, medical activity, people close to the patients and the patients themselves) but framing them differently.

Further analysis shows that both metaphors have positive and negative uses in terms of emotions conveyed, empowerment and suitability for coping with the situation. In light of this, we conclude with a discussion of proposals promoting the positive uses of these metaphors.

**Keywords:** conceptual metaphor, mental health, corpus, health communication

## 1. Introduction

The impact of a major illness is one of the most critical aspects of a person's life. It is an experience that involves a set of personal conditions, feelings, and emotions that the patient may want to share in order to get help or to make sense of it (Gustafsson et al., 2020). Awareness of metaphors commonly used by patients can lead to better understanding and action towards them by social communicators or health professionals (Semino et al., 2017; Hommerberg et al., 2020). As for the latter, a comprehensive review on research on metaphor use and management in psychotherapy can be found in Tay (2016a) (See also Tay (2021) for a detailed account on metaphor response types between patients and therapists in spontaneous counselling).

A number of studies have demonstrated that the metaphors used most when conceptualising serious illnesses, especially cancer, are those that relate to violence and to journeys (Gibbs and Franks, 2002; Semino et al., 2017; Magaña and Matlock, 2018; Gustafsson et al., 2020; Hommerberg et al., 2020; among others). The purpose of this paper is to analyse how these two metaphors are used in online discourses about mental health in Spanish – an area and a language in which they have not been analysed on a

large scale previously. In the next section, we will review the state of the art on the subject matter and we will formulate the specific questions of our research.

## **2. Metaphors of WAR and JOURNEY: Uses and applications, and state of the art**

The approach of this research is based on Lakoff and Johnson's (1980) Conceptual Metaphor Theory (CMT). CMT defines conceptual metaphor as a cognitive process of mapping between conceptual-semantic domains, such that certain properties or structures of a source domain, which is more concrete or better understood by the speaker, are transferred to a target domain that is usually more abstract or intangible. Accordingly, the chief function of a conceptual metaphor is to facilitate understanding and communicative efficacy with regard to the target domain. Our research sets out from these premises and assumes that metaphor patterns in discourse reflect patterns of thought of their authors.

WAR metaphors have been described right from the beginnings of the CMT. The very first chapter of Lakoff and Johnson (1980) is devoted to ARGUMENT IS WAR as a paradigm for conceptual metaphors, expressly claiming that "the ARGUMENT IS WAR metaphor is one that we live by in this culture: it structures the actions we perform in arguing" (p. 4). JOURNEY metaphors are dealt with a little later using LOVE IS A JOURNEY as a typical example (p. 44) and stating that they can be substantiated in different ways: "a car trip, a train trip or a sea voyage".

Almost hand-in-hand came the idea that conceptual metaphors can have a special communicative use: Ortony (1975) argued that metaphors may serve to convey ideas difficult or even impossible to express in a compact and vivid way, and Fainsilber & Ortony (1987) proposed as a paradigm and experimentally studied emotional states,

since “they tend to have an elusive, transient quality that is difficult to describe using literal language” (p. 241). Their study provides evidence that descriptions of emotions contain more metaphors than descriptions of behaviours.

As described by Semino (2008), JOURNEY metaphors are conventional and pervasive in many languages, and provide a way of construing positive change as movement forward, goals as destinations and problems as obstacles; meanwhile, WAR metaphors are widely used in relation to difficult or dangerous problems, thus emphasising the seriousness of the effort and construing the problem or the people involved as enemies to be defeated. Semino noted that WAR metaphors are widely used in conceptualising physical illnesses since they are “normally associated with physical discomfort or pain and with feelings of anxiety, fear, isolation and, potentially, shame” (p. 175-176). Furthermore, Flusberg et al. (2018) proposed that WAR metaphors can give a sense of power to their users, so can be effective to call for action, though they can lead to frustration if there is no eventual victory.

Suffering from an illness is an emotionally intense process; for this reason, there have been studies of WAR and JOURNEY metaphors related to physical illness, especially cancer. Their uses, implications and associated emotions have been described and assessed in textual corpora by Semino et al. (2017) for English, Gustafsson et al. (2020) for Swedish, and Magaña and Matlock (2018) for Spanish. Hendricks et al. (2018) sought to experimentally demonstrate the effects of WAR and JOURNEY metaphors on appraisals of illness hardships when people read about a person’s cancer experience.

Semino et al. (2017) carried out the main large-scale study on the topic. They identified the frequent use of WAR and JOURNEY metaphors (among the use of other metaphors) in texts written online by either cancer patients or health professionals,

although qualitative analysis was conducted only for patients. They combined manual and computer-assisted methods, thus enabling the detection of more metaphors than is possible with customary manual methods. Quantitatively, they found that patients made more metaphors of either kind than professionals. Qualitatively, they focused on relating metaphors to empowerment and disempowerment and their associated uses and emotions<sup>1</sup>. Broadly, they found that WAR metaphors conceptualised the illness as a confrontation, associated non-recovery with defeat, and reflected feelings of vulnerability, passivity, threat, and personal failure – but they could be positive if they conveyed agency, pride or identity. As for JOURNEY metaphors, they presented cancer as a non-adversarial process, problems as not irreversible, non-recovery was not associated with personal defeat and they conveyed feelings of solidarity and control – but they could be negative if they conveyed pessimism or non-acceptance. JOURNEY metaphors are empowering when showing that the patient is in charge of the trip, and disempowering when the route is hard and they have no control over the trip. WAR metaphors are empowering when showing patients as agentive fighters, and disempowering when patients are passive, vulnerable or presented as defeated fighters.

Cancer patients' coping strategies related to WAR and JOURNEY metaphors have been explored in greater depth by Gustafsson et al. (2020) in a hermeneutic analysis of blogs in Swedish. These strategies are defined as emotional, cognitive or behavioural

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<sup>1</sup> Semino et al. (2017:3) define empowerment in terms of agency and control: "an increase or decrease in the degree of agency that the patient has, or perceives him/herself to have, as manifest in the metaphors and their co-text. This involves the (perceived) ability to control or react to events for one's own benefit, where this ability is desired by the patient and not externally imposed".

responses to stress or crisis. In general, they pose that WAR metaphors are positive for meaning making and for coping with the illness, while JOURNEY metaphors are more complex and tend to show either positive or negative uses. This work reflects on the same authors' previous quantitative and descriptive work, Hommerberg et al. (2020), which confirmed the strong foothold of both metaphors above others in quantitative terms.

Despite mental illnesses (more than physical illnesses) are often being defined precisely by undergoing a set of (negative) emotions, and therefore an extensive use of conceptual metaphors to describe those emotions would be expected (Fainsilber & Ortony, 1987), no studies have analysed in depth the implications of WAR and JOURNEY metaphors as rendered by patients and/or professionals. Yet they have been acknowledged in patients' discourses in various corpora in English on depression (Semino, 2008), schizophrenia (Demjén et al., 2019), bipolar disorder (Schoeneman et al., 2004) and obsessive-compulsive disorder (Knapton, 2016; Knapton & Rundblad, 2018); in Spanish on schizophrenia (Coll-Florit et al., 2019) and mental health advocacy (Correa-Urquiza et al., 2020); and in Catalan on depression (Coll-Florit et al., 2021a). As for professionals' discourses in English, the use of WAR (McMullen, 2008) and especially JOURNEY metaphors (Mould et al., 2010; Tay, 2016b) has been acknowledged in psychotherapy, highlighting its possible usefulness as a tool to facilitate communication between patients and therapists; and in Spanish, Climent & Coll-Florit (2017) highlighted psychiatrists' use of WAR metaphors that were contrary to patient empowerment, in an audiovisual corpus on schizophrenia.

In the present work, first, we want to know whether, in severe mental illness discourse, patients produce more WAR and JOURNEY metaphors than professionals – as

they do in cancer discourse. Second, we wonder how patients use those metaphors; specifically, we want to answer the following two questions: (1) whether each type of metaphor deals with different aspects of patients' experiences; and (2) which positive or negative uses reflect them and which emotions are associated with them.

### **3. Data and methods**

This study is based on blogs written in Spanish by authors who explicitly self-identified as having a severe mental disorder (our corpus includes people diagnosed with one of the four most common severe mental disorders: Major depression, schizophrenia, bipolar disorder and obsessive-compulsive disorder, according to World Health Organization, 2018) or as professionals working in mental health (psychiatrists, psychologists, nurses and social educators). The corpus, totalling approximately a million words, includes two datasets (or subcorpora): (a) 745,514 words of blogs written by 73 patients; and (b) 174,396 words of blogs written by 22 professionals. The blogs were published during the period 2007-2018. All the blogs were publicly available and none required a password or login. For a more detailed description of the corpus's selection and composition criteria, see Coll-Florit et al. (2021b, pp. 89-90).

Our research procedure followed the main steps carried out by Semino et al. (2017) and Hommerberg et al. (2020) in online writings about cancer. The steps are the following: (1) manual analysis of a balanced sample of the corpus (Coll-Florit et al., 2021b); (2) establishment of a lemma list to be investigated in the complete corpora; (3) automatic processing of the entire corpus using lemma searches to detect potential instances of metaphor; and (4) manual metaphoricity validation and codification.

Regarding step (1), a 20,000-word sample from each subcorpus (blogs written by patients and blogs written by professionals) was analysed manually, in order to identify all the words that were used to describe some aspect of the mental disorder or related experiences metaphorically (annotators are issued a document that lists and briefly describes a closed set of semantic fields considered relevant for the analysis of discourse in mental disorders: the life of the affected people, the symptoms, the related emotions, the medication and professional intervention, social prejudices and discrimination, etc.). To detect and code metaphors, we used the annotation method devised by Coll-Florit and Climent (2019), a systematic procedure that allows both identification of the metaphorical focus (the words used metaphorically or *vehicle*) and labelling of the metaphoric domains (i.e. identification of the linguistic metaphor and formulation of the source and target domains of the corresponding conceptual metaphor). This study was based on a fully manual corpus annotation and involved (i) manual pre-selection of candidate metaphorical expressions; (ii) the use of MIP (Pragglejaz Group, 2007) for metaphorical focus identification; (iii) the use of compendia of metaphors for labelling metaphor domains; and (iv) if no suitable domains are found in these compendia, the use of labelling strategies based on dictionary definitions. Metaphors are labelled at two levels of specificity, as in Ogarkova and Soriano (2014), thus accounting for the difference between generic-level and specific-level metaphors (Lakoff & Turner, 1989, pp. 80–81).

Codification was carried out by three linguists. The annotators first analysed 20% of this 40,000-word dataset to detect possible problems or doubtful cases and to unify criteria. The remaining 80% of the dataset was divided into three parts for annotation, each part by a single analyst, who subsequently reviewed the codings of the other two.

Doubtful and complex cases were discussed in meetings between the three analysts until consensus was reached. The validity and reliability of this annotation method had been empirically assessed in an inter-annotator agreement test, described in detail in Coll-Florit and Climent (2019). Results showed a high degree of agreement (97.6%; kappa value 0.79) regarding the annotation of metaphorically used words. In the labelling of the conceptual domains, agreement was reached in 71% of the cases and agreed in at least one domain in 87% of the cases. The analysis of this sample showed that the two most frequent source domains at the generic level were WAR and JOURNEY, mainly the metaphors LIFE OF PATIENT IS A WAR and LIFE OF A PATIENT IS A JOURNEY, subsuming a set of more specific metaphors such as THE SOCIETY IS AN ENEMY OR MEDICATION IS A TRAVELLING COMPANION, respectively.

The manual analysis provided a list of metaphorically used lemmas belonging, in their literal sense, to the war and journey semantic fields. Thereupon, the list was expanded with lemmas included in the 'guerra' (war) and 'viaje' (journey) semantic fields in the Spanish Language Ideological Dictionary (Casares, 1981). This led to a list containing 203 lemmas about war and violence and 370 related to travels and journeys. At the next stage, this wordlist was used to automatically detect potential instances of WAR and JOURNEY metaphors in the complete million-word corpus. Therefore, by using computational techniques, all sentences in the corpus containing one of the lemmas in the list were extracted. This way we obtained 3,608 concordances headed by a war-related word and 13,523 by a journey-related word. Lastly, concordances were exported into spreadsheets and coded for metaphoricity by a linguist using the method described above. Codings were subsequently verified independently by two other analysts.

#### 4. Quantitative findings

In the manual analysis of the 40,000-word balanced sample (20,000 words for each group, patients and professionals), a total of 1,043 metaphors were found, including 139 (13%) JOURNEY metaphors and 99 (9%) WAR metaphors. These were the two most frequent metaphors; none of the rest reached 5%. Among the other ten most recurrent metaphors in this sample corpus, we found PATIENT IS A CONTAINER, MENTAL DISORDER IS A LIVING ENTITY/A CONTAINER/ DARKNESS/DESCENT. As for intergroup comparison, in the balanced sample patients produced more metaphorical expressions than professionals from both JOURNEY and WAR source domains: 60% (patients) to 40% (professionals) in each case. This higher number of both JOURNEY and WAR metaphors used by patients over professionals was confirmed in the complete corpus (where only these two metaphors were examined), as will be shown next.

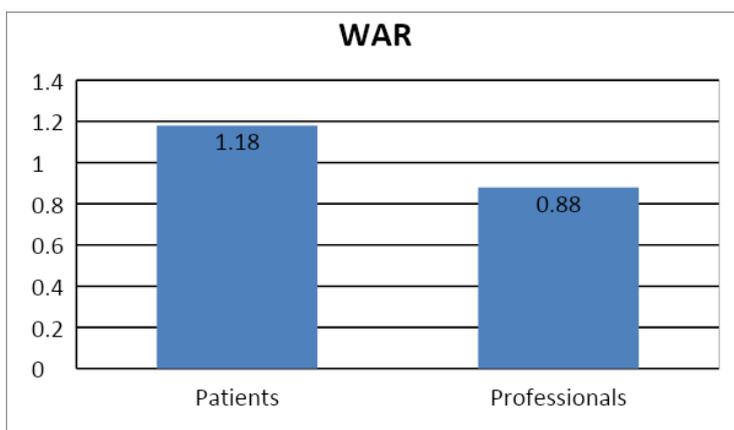
A total of 3,204 instances of JOURNEY and WAR metaphor were found in the entire corpus. Table 1 displays the percentage of figurative language detected with respect to the total volume of metaphor candidates (concordances).

**Table 1.** Total instances of JOURNEY and WAR metaphors in the complete corpus

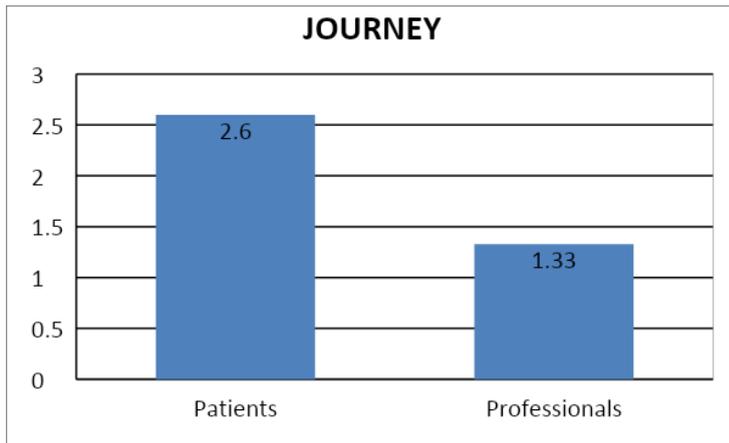
<i>Source domain</i>	<i>Concordances N=17,131</i>	<i>Metaphor instances N=3,204</i>	<i>% language relation concordances</i>	<i>Figurative in to</i>
WAR	3,608	1,036	29%	
JOURNEY	13,523	2,168	16%	

In order to compare the usage frequency of both metaphors in both groups analysed, Figure 1 shows normalised frequencies per 1,000 words of instances of WAR metaphors in the Patient and Professional datasets of the complete corpus. Figure 2 presents the same frequencies for JOURNEY metaphors.

Patients use both WAR and JOURNEY metaphors more frequently than professionals. These results confirm the trend observed in the manual analysis of the balanced sample. They are consistent with previous studies by Semino and colleagues on writings about cancer, which also found that patients use both types of metaphors more frequently than health professionals (Semino et al., 2017, p. 62): 1.8 vs 1.33 in violence metaphors, and 1.46 vs 0.86 in journey metaphors. Therefore, our findings confirm that both conceptual domains are prevalent in patients not only in physical illness discourses but also in mental illness discourses. The distinctive feature of our results is that the divergence of frequencies is more pronounced in JOURNEY metaphors, with patients producing twice as many metaphors as professionals did in this domain (2.6 vs 1.33).



**Figure 1.** Frequencies per 1000 words of WAR metaphors in the Patient and Professional datasets of the complete corpus



**Figure 2.** Frequencies per 1000 words of JOURNEY metaphors in the Patient and Professional datasets of the complete corpus

## 5. Qualitative findings

As we have just observed, the quantitative results show that patients use both JOURNEY and WAR metaphors more frequently than professionals, suggesting that they are useful for describing the first-person experience of mental suffering. To explore this issue further, and following the procedure used by Semino et al. (2017) and other previous work for physical illnesses, this section will focus on a qualitative analysis of the uses and functions of these metaphors produced by patients. First of all we classified the linguistic metaphors detected according to their source and target domains, and we selected those conceptual metaphors that, at the specific level, have a volume of occurrences equal to or higher than 10 (e.g. within JOURNEY metaphors, SYMPTOMS ARE OBSTACLES OR WELL-BEING IS A DESTINATION). Then, from an interpretative approach, considering their context, we analysed which emotions and uses relate to each type of metaphor, based on the set of emotions collected in the studies by Fainsilber and Ortony (1987), Seale (2002), and Semino (2008), such as relief and pride (positive emotions) or frustration and anger (negative emotions); and the positive and negative uses described

by Semino et al. (2017) as empowering (feelings of control and agency) or disempowering (passivity and vulnerability), and by Gustafsson et al. (2020) as coping strategies (e.g. acceptance vs. denial of the illness).

### 5.1. WAR metaphors

In our corpus of patients' blogs we find two main types of WAR metaphors. First, a use of the word 'lucha' (fight) in which no specifics emerge about any WAR ontological elements – only sometimes the objectives of the fight, e.g. to obtain rights. Second, we find metaphors expressing a more detailed WAR scenario, basically including two ontological elements: enemies and allies. By far the most abundant are the enemies, which are the following: the disorder itself (personified); symptoms (including negative emotions); medical practice; society; and lastly, the patients themselves. These two main types of metaphors, as well as their associated uses and emotions, are exemplified and discussed below.

#### 5.1.1. *Unspecific fight*

Quite frequently, patients' metaphors feature 'fight' without further specifications but demonstrating an attitude potentially useful for coping with the situation (1). Fighting involves striving, which could cause despondency, but in fact there are only a few cases where the fight is presented as tiring and pointless in our corpus (2).

(1) 'Si luchas cada sueño es posible' (If you fight, every dream is possible)

(2) 'Luchamos absurdamente por sentirnos como un martillo dentro de una gran caja de herramientas llamada mundo' (We fight absurdly to feel like a hammer in a big toolbox called the world)

When the metaphorical expression specifically refers to the goal of the fight (usually using a prepositional phrase introduced by 'por' [for, to]), it can concern either personal or social factors. When personal, the goals are reaching emotional well-being (3) or simply living in acceptable conditions, overcoming life's problems (4). When the goals explicitly mentioned relate to social factors, they refer to achieving rights or getting services (5).

(3) Se ha de luchar por la estabilidad emocional (You have to fight for emotional stability)

(4) Fue un verano muy duro luchando por volver a las mínimas tareas de la vida diaria, levantarme, ducharme, comer... (It was a very hard summer fighting to get back to the basic tasks of daily life, getting up, taking a shower, eating...)

(5) Seguiré luchando y luchando por un servicio de Salud mental de Calidad (I will keep fighting and fighting for a quality mental health service)

As exemplified above, the metaphorical expressions reflecting an unspecified struggle or a fight aimed at either achieving internal well-being or at influencing a social factor often denote positive emotions such as pride and, especially, fighting spirit and agentivity. On the other hand, when the objective being described consists of facing

daily problems and tasks, those metaphors usually denote negative emotions such as anxiety or a sense of being overwhelmed.

### 5.1.2. *The WAR scenario: enemies (and some allies)*

In our corpus we find very few metaphorisations of the WAR scenario elements apart from enemies. Thus, contrary to the usual description of the war metaphor including various ontological elements (for instance, Lakoff (1992, p.38) and Lakoff and Johnson (2003, p.157) describe ARGUMENT IS WAR as using weapons, tactics, territory, threats, targets and commanders), the corpus is structured almost exclusively on the two contenders: patients and their enemies. Only a few cases were detected in which the disorder (6), the medication (7) or the patient him/herself are not seen as enemies but as allies.

(6) 'Enfrentarnos juntas y de la mano mi bipolaridad y yo a una nueva batalla'

(Facing a new battle together and hand in hand my bipolarity and me)

(7) 'El Ravotril pasa a convertirse en tu mejor aliado para bajar la angustia que ello te produce' (Ravotril becomes your best ally to reduce the anguish this causes you)

The set of patients' enemies that we detected in our corpus can be categorised as either internal or external to the patient. Within those of an internal nature, we find specific and *gestalt* enemies. Specific enemies are the symptoms of the disorder and the emotions experienced – which cause mental illnesses' characteristic suffering and can often be confused with it, since mental illnesses are partly defined by the emotions

suffered. *Gestalt* enemies (termed so since they compact a set of symptoms and emotions) are the disorder reified and the patients themselves. Enemies external to the patient are the social factors and medical practice.

Kovecses (1990) discusses several conceptualisations of emotions as opponents. In our corpus, when emotions are enemies to fight, they are anxiety (8), stress, sadness and, very commonly, fear (9). These kinds of metaphors sometimes show fighting spirit and agency, thus presenting the patient as a successful fighter against negative emotions and thoughts. We also find other symptoms metaphorised as enemies: obsessions and intrusive thoughts (10) – sometimes both conflated as 'my head' (11) –, phobias or apathy, or the whole psychological ensemble as suffering or pain. These kinds of metaphors convey desolation, commotion, a sense of loss of control, and vulnerability.

(8) 'Combato la ansiedad que me puedan generar algunos pensamientos concretos' (I fight the anxiety that some specific thoughts may generate in me)

(9) 'He conseguido vencer el miedo' (I have been able to defeat my fear)

(10) 'No podemos controlar los cerca de sesenta mil pensamientos que asaltan nuestra cabeza cada día' (We cannot control the nearly sixty thousand thoughts that assail our heads every day)

(11) 'Mi cabeza no me está dando tregua' (My head is not giving me ceasefire)

Another very common internal enemy is the disorder itself, usually personified in the form of evil beings such as demons, ghosts or monsters (12). These metaphors often denote fighting spirit and agency and are associated with positive emotions such as the pride of being a successful fighter. Lastly, another noteworthy internal-type metaphor is

that of conceptualising oneself as an enemy, thus combining a warlike metaphor with the *split-self* metaphor (13) (Lakoff, 1996; Lakoff and Johnson, 1999: 276). See the works by Demjén (2011, 2015) for a more detailed discussion of *split-self* metaphors in the context of depression.

(12) 'Vencemos a nuestros demonios' (We defeat our demons)

(13) 'La victoria más dura es la victoria sobre uno mismo' (The hardest victory is the victory over oneself)

As for external enemies, we find the patient's health care, i.e. psychiatry and medication. In these cases, the WAR metaphors have a mixed emotional value. On the one hand, the conceptualisation of medication as an enemy often conveys vulnerability and defeat (14, 15); and the psychiatrist is seen as an enemy against whom the patient is in a situation of inferiority and passivity (16). Nevertheless, we also find cases of metaphors expressing the desire to improve the medical system in mental health, so that treatment is not only biomedical but also a more holistic kind of cure (17). In any case, it is interesting to note that medical practice is almost always conceived as an enemy and not as an ally.

(14) 'La olanzapina me mata' (Olanzapine kills me)

(15) 'A veces, incluso, también matando, matando neuronas, matando orgasmos, matando esperanzas, matando autoestimas' (Sometimes even killing, killing neurons, killing orgasms, killing hopes, killing self-esteem)

(16) 'Espero que ya para el jueves no la tenga de psiquiatra y si la tengo, no tome represalias en contra mi' (I hope that by Thursday I won't have her as a psychiatrist and if I do, she won't retaliate against me)

(17) 'Hay remedio más allá del ataque farmacológico a los neurotransmisores'  
(There is a remedy beyond the pharmacological attack on the neurotransmitters)

Lastly, as external enemies of social origin, stigma and social prejudice stand out above all (18). In these cases, the patients show fighting spirit, agentivity and the will to change a social perception of the disorder that they consider to be discriminatory.

(18) 'Nuestra cruzada (...) la lucha contra el estigma y la discriminación en la salud mental' (Our crusade (...) the fight against stigma and discrimination in mental health)

Table 2 provides an overview of the most common types of violence metaphors detected, as well as their main uses in terms of the empowerment and coping strategies described by Semino et al. (2017) and Gustafsson et al. (2020) for physical illnesses.

We note that in our corpus, WAR metaphors generally have more positive than negative uses and that conceptualisations of domains beyond the disorder itself and its symptoms, e.g. stigma and depersonalised psychiatric care, are frequent.

**Table 2.** The most common types of WAR metaphors in the corpus

Metaphors	Positive aspects	Negative aspects
Unspecific fight	They denote positive emotions and especially fighting spirit and agentivity, thus they are empowering.	
Fight to achieve an internal state of well-being or to influence a social factor	They convey positive emotions and especially fighting spirit and agentivity, thus they are empowering.	
Fight to cope with daily problems		They convey negative emotions.
Enemies are the symptoms or negative thoughts or emotions	They may denote fighting spirit and involve coping strategies of compartmentalisation and externalisation.	They can have a disempowering effect when they denote a vulnerable position or defeat.
The enemy is the disorder or 'an other me'	They express fighting spirit and involve coping strategies of compartmentalisation and externalisation.	
The enemy is the medication or the medical system	They may denote fighting spirit and, therefore, be empowering.	More often, they can be disempowering because they denote a vulnerable position or defeat.
The enemy is stigma	They denote fighting spirit and agentivity, thus they are empowering.	

## 5.2. JOURNEY metaphors

Improving as moving forward and worsening as moving backward is a prevalent metaphor in our corpus, which naturally implies the metaphor of the patient as a traveller. Usually, they use different ontological elements in their metaphorical expressions: places, obstacles, companions, and burden carried. Next, we present and exemplify which experiences are conceptualised by JOURNEY metaphors and highlight the main positive and negative uses we identified.

### 5.2.1. *Moving forwards and backwards*

The metaphor of moving forward or backward on a path is abundant in our corpus of patients' blogs. Moving forward on a desirable path, such as recovery or improvement in life (19) usually conveys positive emotions, e.g. pride, but above all moving forward stands for positive change, and gives the patient an active role in this improvement. Frequently, moving forward requires an effort (20), but there are also tools that help to do so, e.g. acceptance and knowledge (21).

(19) 'Yo solo sigo mi camino, que es el de mejorarme a mí' (I just follow my path, which is to improve myself)

(20) 'Sigamos andando, corriendo o gateando, lo que podamos hacer pero sigamos hacia adelante' (Let's keep walking, running or crawling, whatever we can do, but let's keep moving forward)

(21) 'Reconocer el tipo de situaciones que perjudicaban mi salud es una de las cosas que me ha ayudado para seguir avanzando' (Recognising the kind of

situations that were detrimental to my health is one of the things that has helped me to keep moving forward)

Correspondingly, if one goes back or cannot move forward (22), or has lost the way (23), JOURNEY metaphors convey negative emotions, such as frustration, bewilderment and isolation, and highlight the difficulties of the experience.

(22) 'Unos días si me siento que avanzo y otros días veo que doy varios pasos hacia atrás' (Some days I feel that I am moving forward and other days I see that I am taking several steps backwards)

(23) Es como andar sin saber a dónde vas ni para qué (It's like walking without knowing where you're going or what for)

In line with Lakoff and Johnson's (2003, p.90) statement when discussing AN ARGUMENT IS A JOURNEY, in our corpus the metaphor of moving forward suggests a progressive resolution of the problem, which in mental health is possibly more realistic than a scenario of victory or defeat, and also more satisfactory because it can highlight partial improvements, as we will see below. Moreover, problems are not conceived as irreversible since, even in case of setbacks, progress can be resumed.

### **5.2.2. Main ontological elements: Places, obstacles, companions, burdens**

There are many metaphors in which patients conceptualise their symptoms or episodes as places that are typically passed through (24). Disorders themselves are unfortunate locations that you do not cross but where you end up (25). In contrast, the

conceptualisation of positive experiences as places is scarce. Desirable destinations, in some cases, are balance or reality (26).

(24) 'Mi camino tras haber atravesado un brote psicótico (...) no es un camino de rosas' (My path after having crossed a psychotic break (...) is not a bed of roses)

(25) 'Drogas, obsesión, síndrome de abstinencia y rechazo me llevarían a la locura' (Drugs, obsession, withdrawal syndrome and rejection led me to madness)

(26) 'Hice un trabajo introspectivo para conocerme e iniciar poco a poco mi regreso a la realidad' (I did some introspective work to get to know myself and slowly begin my return to reality)

The patients in our corpus metaphorise as obstacles in their life's journey the following: the disorder (27), the symptoms (28), negative emotions (29) and the difficulties of life (30). Obstacles impede forward motion, so challenging or overcoming them gives the patient an active role (28, 29, 30). Conversely, when obstacles are not overcome, the metaphor denotes frustration and an inability to influence the journey (27). As we can see, this metaphor highlights difficulties, in the form of obstacles or places of difficult transit, which can be negative if no solution is presented, but the same metaphor can express a solution, in the form of overcoming the obstacle and advancing.

(27) 'Porque la sombra se pone por el medio, y me tropiezo' (Because the shadow gets in the way, and I stumble)

(28) 'He tenido más de un brote (...) y por suerte (...) he logrado superar' (I have had more than one episode (...) and fortunately (...) I have managed to overcome them)

(29) 'Continuar avanzando, para superar miedos' (Keep moving forward, to overcome fears)

(30) 'Abordar las dificultades de la vida (...), superar obstáculos y complicaciones' (Deal with life's difficulties (...), overcome obstacles and complications)

Sometimes patients metaphorise several personal constraints as burdens to be carried on the journey, for instance suffering (31), or the stigma or self-stigma caused by the diagnosis (32, 33). Carrying a burden conveys negative emotions, such as pessimism and anxiety.

(31) 'Nadie sabe el infierno que es vivir con esto a cuestras' (No one knows what hell it is to live with this on your back)

(32) 'Llevando a cuestras el estigma de la sociedad y nadando a contracorriente' (Carrying society's stigma and swimming against the tide)

(33) 'Tomas conciencia de lo que significa llevar un diagnóstico, de cómo te carga de autoestigma' (You become aware of what it means to carry a diagnosis, how it burdens you with self-stigma)

In metaphors where a travelling companion is the highlighted ontological element, this is often the disorder personified (34). Other companions can be loved ones (35), other

sufferers, blog readers and medication (36). There are very few cases in which the patient refers to the professional as a companion on their journey. Accompaniment on the journey by people implies solidarity. When the disorder is metaphorised as the companion on life's journey, this denotes acceptance of the illness.

(34) 'Hace más de 20 años que me acompaña un trastorno mental' (I have been accompanied by a mental disorder for more than 20 years)

(35) '[Los compañeros de vida] Te acompañan en la crisis y te acompañan en la bajada' ([Life companions] They accompany you in the crisis and they accompany you on the way down)

(36) '[Haloperidol] Ha sido un compañero inseparable en mi camino'

([Haloperidol] It has been an inseparable companion on my journey)

Table 3 displays an evaluative summary of the JOURNEY metaphors in our corpus in terms of empowerment and coping strategies. In comparison to those of WAR, these metaphors have an extra ontological element underlying all the rest: the path. The battle metaphors in our corpus are not depicted on a specific background, but the continuity of the route always underlies JOURNEY metaphors. This implies a forward-looking perspective, a certain knowledge of the process to be followed and of the possible difficulties. Consequently, JOURNEY metaphors usually reflect some sense of certitude and control, which gives them a positive use. Notwithstanding, they can also highlight difficulties (obstacles, difficult stages, burdens) thus conveying pessimism and non-acceptance depending on the context.

**Table 3.** The most common types of JOURNEY metaphors in the corpus

<b>Metaphors</b>	<b>Positive aspects</b>	<b>Negative aspects</b>
The path leads to a desirable destination	If you move forward, metaphors convey positive emotions, agency, and a sense of control; therefore they are empowering. They may involve a positive reinterpretation of the situation.	If you do not move forward, go backwards or get lost, they convey negative emotions and denote lack of control; therefore they are disempowering.
The disorder or one of its episodes are a destination or a place of transit		Metaphors involve a lack of control over the situation, so they are disempowering
The obstacles on the road are the disorder, their symptoms, negative emotions or daily difficulties	If challenged or overcome, metaphors denote agency and control over the experience, and are therefore empowering. They can also be a positive compartmentalisation strategy.	If obstacles are not overcome metaphors denote frustration and lack of control over the experience, so they are disempowering
A burden is carried		Metaphors convey negative emotions and highlight the difficulties of the experience; therefore they are disempowering.
There are companions on the journey	Metaphors convey a sense of support, therefore they are empowering and/or a coping strategy.	

## 6. Discussion

In our mental health discourse corpus, patients use both WAR and JOURNEY metaphors more frequently than professionals, which is consistent with the data obtained in

discourses about cancer by Semino et al. (2017). We interpret these results as being due to a greater need for patients to explain abstract emotions and suffering, thus confirming that a significant function of conceptual metaphors is communicating emotion concepts (Kovecses, 1990, pp.1-5).

The higher prevalence of JOURNEY metaphors over WAR metaphors in patients compared to professionals may also be due to different factors, including the nature of mental illness itself: there is no clear and definitive cure or recovery and the patients usually have to learn to live with the mental disorder and its ups and downs. Patients therefore tend to conceptualise their lives as a journey with a disorder (and less against a disorder).

Given that, depending on the context, both metaphors can have positive or negative uses and functions, it seems reasonable to promote those that denote control of the situation or convey positive emotions such as pride or fighting spirit, i.e. their empowering uses – or at least those that allow the situation to be compartmentalised in order to separate the negative elements. These metaphors would be preferred in public health communication and communications with patients while disempowering metaphors would be better reconverted into their equivalent empowering metaphors. Besides, linguistic metaphors found in patients' blogs could be used as a basis for developing client-centered or interactional metaphor-based counseling techniques as described by Tay (2016a).

First of all, we observe that the two bare metaphors, i.e. with no ontological elements other than the patient and the setting, consist of (i) fighting; and (ii) moving forward. The negation of (i) (surrender) does not appear in the narratives; the negation of (ii) does appear in the form of backtracking or misdirected paths. This suggests that the

JOURNEY metaphor, unlike that of WAR, contemplates the existence of error, which has the negative outcome of generating negative emotions, but the positive factor of the possibility of rectifying. Fighting or moving forward in the abstract, without other ontological elements, always comes with positive uses, except in one case: the fight against everyday problems. This use could be redirected by changing the metaphor: turning such presumably unbeatable enemies into obstacles that can be overcome.

Secondly, when JOURNEY and WAR metaphors incorporate different ontological elements, it is very interesting to note that both use the same ones: The symptoms, the disorder, negative emotions, everyday problems, social prejudice, the medical activity, people close to the affected person and the affected person themselves. Therefore, interestingly, the two metaphors deal with the same things, but in different ways.

Crucially, we note that the domains that appear as enemies in WAR metaphors appear in JOURNEY metaphors as obstacles or places of transit – except for stigma, which appears as a burden, and the disorder, which can also appear as a companion.

In WAR metaphors, the fight against the disorder (as we have seen, often personified in the form of evil beings) denotes agentivity and fighting spirit, and as well compartmentalisation. In contrast, reification of the disorder only occurs in JOURNEY metaphors, in the form of a place of destination or as an insurmountable obstacle – conceptualisations that imply lack of control. But it is positive when the disorder is conceptualised as a companion in JOURNEY metaphors, in that it denotes acceptance. Thus, the most advisable approach to the disorder through metaphors seems to be to conceptualise it either as an enemy to be fought (more energetic option) or as a companion in life (more resigned and realistic option).

As for the obstacles, we see that some are conceptualised as insurmountable, such as the disorder as a whole; others seem smaller and therefore surmountable, for instance the symptoms and the negative emotions. In the latter case, the journey continues, giving rise to empowering metaphorical expressions. In contrast, their conception as enemies in the fight, although it is a strategy of compartmentalisation, can generate negative feelings such as desolation, shock and a sense of vulnerability. Therefore, it seems more advisable to conceptualise symptoms and associated emotions as elements that you encounter along the way and can be left behind.

Regarding external factors, we observe that the presence of stigma in WAR metaphors (as an enemy or an objective of the fight) is empowering, while its presence in JOURNEY metaphors (as a burden) is disempowering. Therefore, in this case it seems more reasonable to ignore social prejudices on the way and use them only in the fight, as a source of agentivity. Thus, a singular use of WAR metaphors in mental health is confirmed in our corpus: an empowering use to face stigma and social prejudice. These results are consistent with the study by Coll-Florit et al. (2021a) on blogs written in Catalan by people suffering depression. In both studies we see that the blog genre becomes a space where mental health patients feel freer to explain what really affects and worries them, even criticising social factors that would not criticise in other more formal and delimited textual genres, such as interviews in clinical contexts.

In relation to medication and medical practice, their presence in both metaphors tends to be disempowering: frustrating experiences are described. This suggests that they are either enemies that are too powerful or places that are hard to transit. Perhaps the best way to talk about them metaphorically would be to turn them into companions or allies.

Favourable people (relatives, close people, other patients, readers) appear in JOURNEY metaphors but not in the WAR ones – where they would be expected as allies. This suggests that the fight is solitary whereas the journey is more likely to be accompanied; the latter is a metaphor of solidarity and is therefore empowering.

In contrast, the *other self* is special in that it does not appear in JOURNEY metaphors but does in WAR metaphors: it is an enemy. This suggests that in the journey the person is one, the self is preserved intact and there is no such thing as a separate sick self. Certainly a war against the other self may be a compartmentalisation strategy (as pointed out by Gustafsson et al., 2020), but we suggest that it is better to avoid this violence metaphor in order to channel the fighting energy outwards and not inwards into the self.

In mental illness, it seems that the adversarial relationship (typically ending in victory or defeat) conveyed by WAR metaphors is not as extreme as in the case of cancer, for which reason empowering elements, especially agentivity, stand out more. We note, however, that the patient also has an agentive role in JOURNEY metaphors, since moving forward and overcoming obstacles require effort, but unlike violence metaphors they do not convey the negative emotions caused by confrontation. However, fighting spirit does not seem to be so intense. This need not be negative, simply the high expenditure of energy called for by the WAR scenario is replaced by perseverance in JOURNEY metaphors.

In summary, given that both metaphors have been shown to have positive uses, the difference is that WAR metaphors can be useful for situations that require taking action and applying energy; and JOURNEY metaphors serve to suggest an ongoing plan of action, with a more measured application of energy. The former emphasise fighting spirit, and

the latter, control – as they present the experience as a process with gradual improvements. An example of this difference would be 'fight your fears' vs. 'overcome your fears'.

## **7. Conclusions**

We have presented the first large-scale study of WAR and JOURNEY metaphors in mental health, including quantitative comparisons between patients' and professionals' uses, and qualitative evaluations between patients' uses.

This study has found that these two metaphors are prevalent not only among physical health patients, but also among mental health patients, and supports the idea that conceptual metaphor is a powerful mechanism for communicating abstract situations, not only because it projects knowledge of the source domain onto the target domain, but also because it conveys feelings and emotions associated with it.

Significantly, our study has found that both metaphors deal with exactly the same elements of the situation (the symptoms, the disorder, negative emotions, everyday problems, social prejudice, medical activity, people close to the patients, and the patients themselves) but with different metaphorical conceptualisations; and since it is also observed that both metaphors of WAR and JOURNEY can have positive and negative uses, we have made proposals for promoting empowering uses or those favouring coping strategies, over other alternatives.

## **ACKNOWLEDGMENTS**

This research was conducted in the framework of MOMENT: *Metaphors of severe mental disorders. Discourse analysis of affected people and mental health professionals*,

a project funded by the Spanish National Research Agency (Agencia Estatal de Investigación, AEI) and the European Regional Development Fund (ERDF), within the Spanish Government's National Programme for Research Aimed at the Challenges of Society. Ref. FFI2017-86969-R (AEI/ERDF, EU).

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**Publication history**

Date received: 11 Oct 2021

Date accepted: 26 Jan 2022