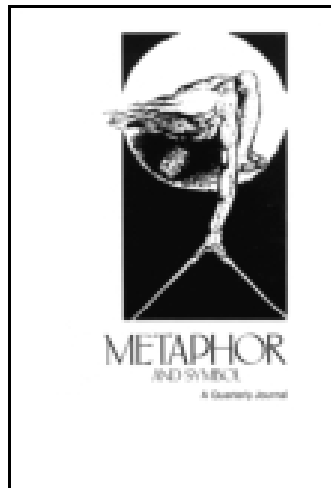


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Jonathan Charteris-Black ^a

^a University of West England

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Shattering the Bell Jar: Metaphor, Gender, and Depression

Jonathan Charteris-Black

University of West England

Working from 38 interviews with people who had experienced depression this study compares metaphors with those identified in previous research. It also compares the types of metaphor of men and women talking about depression and how these metaphors were used in discourse so as to determine whether or not the expression of depression is gendered. The types of metaphor used by women and men are generally similar (“descent,” “weight and pressure” and “darkness and light” metaphors) and there is a large group of metaphors relating to containment and constraint for which there is only limited evidence in previous research. This leads to a model for depression in which the self is “contained” within a depression but also “contains” sad feelings that are trapped. There are some interesting differences between genders in how metaphors are used with greater evidence of metaphor priming and metaphor mixing in the interviews with women. Expression of these “trapped” feelings may be an important part of the process of recovery and metaphor priming and mixing may facilitate this. Therapists should encourage clients to use diverse metaphors to convey the intensity of their emotions even if the feelings they convey are negative ones.

Depression is no pussycat: it is a black dog, a hellhound. It is not thin autumn light but dark sun and depthless fall. (Penman, 2001)

The experience of a condition such as depression may only be able to be communicated effectively through metaphor, as it provides the primary linguistic, conceptual, and affective resource for expressing the experience of the illness. The term “depression” itself is a metaphor: the Latin *deprimere* meant “to press down” and this earlier literal sense is found in the meaning “ground that has sunk into a hollow.”¹

The language of people experiencing depression—whether in clinical or research contexts—may be analyzed for metaphors as a source of insight into the condition, and metaphors may also be utilized by psychotherapists to engage with the condition. Clients may be made more aware of their own use of metaphors and therapists may either replace or develop metaphors

¹Pragglejaz Group (2007, p. 19) found complete agreement among all six analysts that “depression” is a metaphor in the following utterance: “What i— emerges (6) is *depression* (6) is a common condition which is under-diagnosed and under-treated.”

Address correspondence to Jonathan Charteris-Black, English, Linguistics and Communication, University of West of England, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY, UK. E-mail: jonathan.charteris-black@uwe.ac.uk

to provide clients with ways of understanding (Burns, 2007). In this article I would like to describe the metaphors used by people when talking about depression and identify whether there is variation between men and women in the types of metaphors or in how these metaphors are used. I would also like to consider the implications of how metaphors are used for those working in psychotherapy.

Talking about illness in general provides an area of human experience in which gender identities are reinforced, contested or transformed (Charteris-Black & Seale, 2010). There is a contrast between “feminine” styles that are more revealing of the lived experience of illness in which emotional expressiveness forms the basis of a more proactive response to illness and “masculine” styles. But is metaphor use engendered? Do metaphors contribute to a feminine style? Masculine styles are associated with a distancing from the emotional aspects of the experience by abstraction and reification with an emphasis on knowledge control and also by swearing and sports talk but does this also entail metaphor avoidance? Health sociologists have proposed that challenging “hegemonic” masculine formats may benefit men’s health by encouraging them to seek medical help at the first sign of symptoms (Emslie, Ridge, Ziebland, & Hunt, 2006; O’Brien, Hunt, & Hart, 2005).

Mental health problems are widespread in the United Kingdom, as one in four British adults experience at least one diagnosable in any one year (Office for National Statistics, 2001). Depression is diagnosed about twice as commonly among women as among men (Weissman & Klerman, 1977)—although it is not clear whether this is because the disease is more prevalent amongst women or whether men are more reluctant to make appointments with their general practitioners as is common with a range of illnesses² with the result that depression is often left undiagnosed (Royal College of Psychiatrists, 1998). Depression remains a very common illness for which an increase in resources is likely to be directed—hence the value of understanding a possible role for metaphor in the “talking therapies” (such as cognitive behavior therapy). Depression produces biographical disruption (Bury, 1982), interfering with the “normal” performance of social roles and often requiring a concomitant narrative reconstruction of the self (Riessman, 1990; Williams, 1984) to which language use, or discourse, can contribute.

The aims of the research can be summarized as follows:

1. To identify whether there are gender differences in the types of metaphors used to talk about depression.
2. To identify whether there are gender differences in how metaphors are used to talk about depression.
3. To suggest ways in which the metaphors that are used by people talking about depression may have therapeutic implications.

Initially I will summarize briefly some of the findings on gender and depression, on the types of metaphor used by people experiencing depression. I will then consider some previous research on the therapeutic functions of metaphor—bearing in mind that McMullen (2008) offers a review of metaphor and psychotherapy which I do not intend to repeat here.

²<http://www.mentalhealth.org.uk/information/mental-health-overview/statistics>

METAPHOR AND GENDER AND DEPRESSION

The term “depression” replaced the historically earlier concept of “melancholia” and, as McMullen (1999) claims, “melancholia” had more positive connotations than “depression” as it was associated with a sensitive and intellectual man:

Less severe forms of melancholia in the late medieval and Renaissance periods were thought to be afflictions of the passive, sensitive, intellectually and morally superior male. Artists, noblemen, and intellectuals were considered especially at risk because of their heightened sensibilities. (p. 103)

Schiesari (1992) draws a connection between a decline in the status of “melancholia” as it became replaced by “depression”—a condition experienced primarily by women. She argued that modern views on depression arose from western individualism in which value is placed on individuals in control of their environment—and that such autonomy was more available to men. She suggested that the rise of psychotherapy in the twentieth century encouraged a view of a deficient self that is reinforced by the socially devalued roles of mothers and children that were both characterized by reduced autonomy. However, such feminist accounts of depression seem to ignore a number of indications that men continue to experience under-diagnosis of the condition; evidence for this can be inferred from the much higher suicide rates among men. For example:

In 2006, there were 5,554 suicides in adults aged 15 and over in the UK, which represented almost one per cent of the total of all deaths at ages 15 and over. Three-quarters of these suicides were among men and this division between the sexes was broadly similar throughout the period 1991–2006.³

In 2008, 18 men per 100,000 committed suicide in the United Kingdom, compared with 5 per 100,000 women; this contributed to the greater longevity of women (81.6 years as compared with 77.2 years for men in the United Kingdom in the period 2005–2010). Presumably, suicide is an act related to feelings of low self esteem and well-being that are closely related to what we understand by “depression.”

Findings of medical sociology indicate that illness in general challenges traditional “masculine” identity more than it challenges equivalent “feminine” identity, which, according to much gender and language research, is predicated on an increased willingness to express emotions. A typical example of such a study is that of O’Brien et al. (2005) who do indeed find such evidence in their focus group study of men talking about health concerns and health behavior:

It was clear from the accounts provided that there was a widespread reluctance to seek help (or to be seen seeking help) as such behaviour was seen as challenging to conventional notions of masculinity. . . . It was apparent that to many participants to (be seen to) endure pain and to be “strong and silent” about “trivial” symptoms, and especially about mental health or emotional problems was a key practice of masculinity. (p. 514)

This raises an expectation that if metaphors are an important means for emotional expression, we might expect women to use more metaphors or use them in a way that is different from men. Women may use metaphors as part of a more transformational discursive style (Charteris-Black & Seale, 2010), and men may be constrained by “hegemonic masculinity” in their use of metaphor

³<http://www.statistics.gov.uk/cci/nugget.asp?id=1092>

since this may not have not prepared men well for depression that debilitates the libido. Therefore men may experience a conflict between a “masculine” gender role and an experience that requires them to perform a “feminine” one. However some men may use metaphors to express emotions in a way that allows them to construct new identities containing elements of “women’s language” and this may involve some use of metaphor to express feelings of powerlessness in the face of depression.

Early research into metaphor and depression from a cognitive linguistic perspective is based primarily around classification of individual metaphors by source domain, followed by inferences regarding conceptual metaphors. For example, Barcelona (1986), examined the closely related concept of sadness, identified a range of conceptual metaphors that are not dissimilar from McMullen and Conway (2002) who analyzed a large corpus of 471 taped psychotherapy sessions from 21 clients (15 female and 6 male) and identified the following groups of metaphors for depression:

“*DEPRESSION IS DESCENT*” (e.g., *to pull myself up, work my way back up*)

“*DEPRESSION IS DARKNESS*” (e.g., *black cloud, rainy day*)

“*DEPRESSION IS WEIGHT*” (e.g., *burdened, feel heavy*)

“*DEPRESSION IS A CAPTOR*” (e.g., *to break out of a depression*)

McMullen and Conway (2002) found that 90% of the metaphors were related to the idea of physical descent.

What all studies of metaphor in relation to depression seem to share is evidence for the importance of descent and of darkness. Pritzker (2003) explains this by quoting Gibbs:

During the first few months of life, being down is a natural state serving maturational purposes, but later in life, when we grow up, being down is associated with all aspects of babyhood, such as dependence, helplessness, and inferiority. (Gibbs, 1994, p. 414)

Yu (1998) also finds evidence of the primary conceptualizations for depression as “*SADNESS IS DOWN*,” “*SADNESS IS DARK*,” and “*SADNESS IS HEAVY*” in Chinese, implying a degree of universality to metaphoric conceptualizations of the embodied experience of depression.

METAPHOR AND THERAPY

A series of post-session qualitative studies exploring metaphor in psychotherapy sessions found that metaphors have profound experiential impact and meaning (Angus & Rennie, 1988, 1989; Rasmussen & Angus, 1996, 1997). Recent research on metaphor and depression seeks to understand how analysis of language may provide insight into a possible therapeutic role for metaphor. This shows a shift away from classification of metaphor by source domain and conceptual metaphor to the contribution of metaphor to the quality of interactions between psychotherapist and client. McMullen (2008) emphasizes the importance of examining metaphors in context by considering what they accomplish in the interactions between client and patient:

The referential, representations, and expressive capacities of metaphors are thought further to promote communication between client and therapist as they assist in the development of a shared language over the course of therapy.(p. 400)

This more discourse-oriented approach identifies communicative purpose but does not provide a discourse analyst's view of how metaphors are used. Similarly Burns advocates using metaphor as an interpretative framework but does not provide detailed insight into how they might be used:

Metaphors are used repeatedly, creatively, and spontaneously so that both client and therapist are continually pointing to processes that cannot be fully explained using language. Metaphors are like signs pointing the way to a mountain. They direct us toward the experience itself. (Burns, 2007, p. 59)

The only aspect of discourse that is identified is a distinction between the metaphors that are produced by the client and those that are produced by the therapist. Kopp (in Burns, 2007, p. 10) emphasizes the value of client-generated metaphors and the role of the therapist in both "hearing" and exploring such metaphors, the client's metaphor being "a compressed emotional promise of things to come . . . (that) contains the seed of everything that will grow from it" (Boles, in Burns, 2007, p. 32).

As Levitt, Korman, and Angus (2000) point out, most early studies of metaphor examined either the metaphors employed by the client or by the therapist, whereas there is also a need to explore how metaphors may evolve over a course of therapy. They found that "burden" metaphors provided a core metaphorical theme in therapeutic sessions; however, there was a difference in how they were used in treatment leading to a successful outcome compared with those leading to an unsuccessful one. They also found that "burden" metaphors were more likely to be associated with a positive outcome when they were introduced by the client rather than when they were introduced by the therapist.

These more discourse oriented studies of psychotherapy have indicated that successful clients tend to combine their own and their therapist's metaphors rather than relying solely on their own metaphors (McMullen, 1985). Burns (2007) refers to metaphors that are produced through the interaction between client and therapist as "collaborative metaphors." Successful psychotherapy therefore often requires the mutual development of a core metaphor theme over a number of therapeutic sessions. However, one of the difficulties faced in this type of research is identifying any causal relationship in metaphor use; it is difficult to know whether changes in metaphor use by people who are recovering from depression arise as a result of increased use of metaphor (or different metaphors) or other causes—such as changes in medication.

Since this study uses interview data, it is not possible to examine metaphor use longitudinally, nor is it possible to examine metaphor within a broader context of jointly, or socially constructed meaning between therapist and client since the relationship between an interviewer and an interviewee is not a formally therapeutic one.⁴ However, analysis of metaphors in retrospective accounts of depressed men and women may raise awareness of these metaphors when they occur in therapy and interpretation of how they are used may be of value to therapists. For example, self-expression through metaphors may only be beneficial therapeutically if they are used repeatedly rather than in a one-off way. The purposes of this study are then to gain insight into how metaphors are used by people who have experienced depression and whether there is any evidence of metaphor difference (in type or use) according to gender.

⁴I say "formally" because interviewers have reported to me cases where interviewees have said that the research interview was the most effective therapy they had experienced.

METHODS

The data for this study were forty-eight interviews relating to depression that were drawn from a large sample of 1,036 qualitative interviews with people who had experienced a health or illness condition (either as a patient or as a carer). The use of interviews for researching depression is not unique since Pritzker (2007) used three interviews to research the type of metaphors used by Chinese people experiencing depression. Whereas her interviews were specifically for research, the interviews in this study were collected for the development of a publicly available and widely used web site “Health Talk On-Line”⁵ that offers insight into what these experiences are like for the people who have had them. The data on which this research was based forms part of that employed by Emslie et al. (2006, p. 2249).

Between 2003 and 2004, 38 people (22 women and 16 men) who had experienced depression were interviewed by an experienced male researcher. There were 200,030 words in the interviews with men and 283,964 words in the interviews with women (including interviewers’ speech). The interviews were open-ended, and the amount of time was not limited, in practice the duration varied from 90–180 minutes. The aims of the interviews were to elicit personal accounts of any issues that were important to the interviewees. However, to ensure consistency a topic list was used in the second part of the interview to cover topics such as their life before depression; the initial encounter with the condition the social consequences of depression and various strategies undertaken to cope with it. Interviews were recorded by audio and/or video with the consent of each participant and were professionally transcribed before being returned to the interviewees for checking.

There were two stages to the analysis a quantitative phase to identify metaphor types and a qualitative phase to identify metaphor use—both supported by computer software. In order to make valid quantitative comparisons of metaphor types between men and women, a matched sub sample of 22 interviewees was drawn up from the full set of 38 interviews, to ensure that gender comparisons controlled for age, socio-economic status and type of illness. Socio-economic status was categorized into three levels according to the scheme used by the UK Office for National Statistics to categorize occupations (Rose & Pevalin, 2005). There were 11 pairs of male and female interviewees (22 interviewees in all). A “pair” is where there is a man and a woman who share the same characteristics on the variables (e.g., age) listed previously. The total word length of the matched sub-sample of interviews with men was 145,900 words and the total word length of the matched sub-sample of interviews with women was 157,548 words (including interviewers’ speech). Identification of metaphor was first made by identifying a range of words from the semantic fields that previous research had suggested might be employed by people experiencing depression—*darkness*, *descent* and *weight*. These may be described as metaphor keywords (Charteris-Black, 2004, p. 35)—words that previous research has shown to be commonly used as metaphors. The wordlists enabled identification of words⁶ from lexical fields such as *darkness* and *light*, *weight* and *pressure*, and *descent* that previous research had shown to be associated with people experiencing depression (McMullen & Conway, 2002). Each of the contexts of a metaphor keyword were examined using Wordsmith’s concordancing

⁵<http://www.healthtalkonline.org> was developed by Oxford University Medical Research Centre.

⁶A search was made for lemmas, that is all morphological variations of a root form, so “move” includes “move,” “moves,” “moved,” “moving,” and “movement.”

facility to establish whether it could be considered a metaphor. This involved establishing whether the keywords had a more basic meaning than the one used in our corpus. A more basic meaning is one that is more concrete, one that is related to bodily action or one that is historically earlier (Pragglejaz Group, 2007). Historically, earlier meanings require special attention in relation to language change, since if what was originally a metaphor actually replaces a historically earlier meaning so that the earlier meaning is no longer available this changes the status of the word to a literal one. Metaphor assumes other senses that are literal and so can only be identified relative to literal or basic meanings. Classification as metaphor therefore assumes that there is another way of saying something similar that does not employ metaphor.

For qualitative analysis all the 38 interviews were used and this was supported by the concordancing and “keyword-in-context” displays of WordSmith Tools software (Scott, 2005), generating a detailed understanding of how words were used in context. An example of how analysis of context reveals classification as metaphor can be shown by searching the word “weight” that occurs with very similar frequency in the male and female corpora. In the eleven instances of “weight” for females I classified five metaphors (lines 1, 3, 4, 7, 8; see Figure 1).

When speakers talk about “weights” “lifting” they are really talking about the end of feelings of anxiety, concern, or responsibility. They have done so using an embodied form of expression implied by the phrase “weight lifted off” rather than using literal terms such as “anxiety” or “concern.” The analysis of language use in context is necessary to identification of metaphor in instances of discourse. It also revealed a gender difference because in the 11 lines in which “weight” was used by men, only one was a metaphor.

The next stage was to identify metaphors that had not been noted by previous researchers; for this purpose a close reading was undertaken with reference to other semantic fields that are productive of metaphor in English (e.g., motion and movement, and notions relating to words such as “feelings” and “control”). This was because the expression of feelings about loss of control often occurred in the interviews. For this part of the study the full set of 38 interviews was used to confirm whether a metaphor identified in the match sub sample occurred in the full sample.

N Concordance

- 1 me feel guilty anymore. So that's a big **weight** lifted off my shoulders. [um]
- 2 eating but I don't seem to lose any **weight**. I still get this because I was born
- 3 myself. And it was almost like a bit of a **weight** lifted off me that I had taken a
- 4 worried. I always looked like I had the **weight** of the world on my shoulders.
- 5 under their eyes [um] had lost a lot of **weight**, [um] no self esteem, [um]. You
- 6 self esteem. [um], She piled on a lot of **weight** after she [um] had my sister, who
- 7 that's fine, that's good. [pause] Takes a **weight** of me too, you know, now that
- 8 but it was as if a huge load, this huge **weight** lifted off my shoulders, that I'd
- 9 things considered, I would rather put on **weight** than be depressed. I know that for
- 10 done. And I also feel like I have put on **weight** that I can't shift. And that does
- 11 what was happening, and I lost a lot of **weight** and had to take quite a lot of time

FIGURE 1 Concordances for “weight” in interviews with women (color figure available online).

FINDINGS AND DISCUSSION: METAPHOR TYPES

Overview

Table 1 shows that in answer to the first research question, three of the major types of metaphor corresponded with those identified in previous empirical research such as McMullen and Conway (2002):

“DEPRESSION IS DARKNESS”
“DEPRESSION IS WEIGHT”
“DEPRESSION IS DESCENT”

A major finding is what I will refer to as metaphors of containment and constraint and were the second most frequent type in the interviews accounting for around one quarter of all metaphors used in the matched sample. These are rather different from McMullen’s “DEPRESSION IS A CAPTOR” which represents depression as something that is living and animate rather than something hard and inanimate such a container. There seem to be two types of metaphor that involve a container; in the first of these the self is experienced as containing depressed feelings, as follows:

And I hid it so well that it came natural to me. That, [um], I wouldn’t necessarily *open up to anybody*. So [um], although it was *all [er] bottling up inside me*, I’d had this session and I found *some things come out* that I wouldn’t talk to my best friend about. (DP15 female, 14⁷)

And that was just, it was a lovely summer. In that, you know, *I felt the sort of release*, and I was still at that point off work. (DP06 female, 41)

In the second type of containment metaphor the depression surrounds the person experiencing it who becomes trapped in a “container of depression”—a container that is an inanimate shell rather than a “captor”. An example of this type is as follows:

The only, another way I can describe [um] what you feel when your depressed, is that you *have a sort of bubble round you. It’s a thick, Perspex bubble* that you cannot break and nothing from outside gets through to this. (DP12, female, 27)

Here the self is experienced as being contained by the depression.

TABLE 1
Comparison of Metaphor Types by Gender in Matched Sample

Metaphor Type	Men	Women	Combined Total
Descent	83	92	175
Containment and constraint	51	43	94
Weight and pressure	39	32	71
Darkness and light	20	26	46
Total	193	193	386

⁷The last figure indicates age at the time of the interview.

Men and women used exactly the same total number of metaphors in the matched sample; men used 13.2 metaphors per 10,000 words while women used 11.9 metaphors per 10,000 words—the difference in frequency is because the interviews with women were slightly longer. However this difference was not significant.⁸ What was most striking was the similarity in both the type and frequency of metaphors used by men and women experiencing depression. Gender is not therefore an important influence on metaphor type and men and women have the same expressive resources for talking about depression.

Containment Metaphors

Although much previous research has identified darkness, descent, weight, and control as sources of metaphor, containment and constraint account for around one quarter of all the metaphors in the matched sample and appears to connect experience of descent and falling with embodied experience of three-dimensional spaces such as pits, holes and cupboards. In a study of a radio phone-in programs Semino (2008) also found evidence of depression experienced as a container such as “a box.” In these interviews “box” was more commonly used as a verb as in the following:

I was very much a scapegoat in the family so they would come to me with all their problems, so it wasn't as if I felt that they were able to help me with what my issues were. So, I think sort of for a long time *I found myself very boxed in*, very sort of trying to worry about everybody else and not myself and it obviously built up and just *came out of me* at sort of fourteen. (DP15 female, 14)

The most common metaphor in this group was that of physical emergence from depression experienced as a container, and this was indicated by verbs such as “come out,” “pour out,” “escape,” and “release.” This group of metaphors accounted for 29% of metaphors used by men and 20% of metaphor used by women. Containment metaphors most commonly represent the depression as a three-dimensional container that has a depth and a physical base from which the depressed person usually needs to “come out”: this verbal metaphor was one of the most common in all the interviews. However, as I have indicated above, “come out” was also used was to describe the depression as *being trapped within the self*. There is therefore a contrast between whether the self is experienced as the container, or the depression is experienced as the container. For example, in the following the self is experienced as the container:

And I thought, well, obviously I've got *this stuff that needs to come out*. [Um], and this is one of the interesting things about it, although it's . . . you are putting something out, another way you can think of it as allowing something which wants *to come out of you, to come out*. (DP13 male, 39)

On the basis of these two different ways of using “come out,” I would like to propose a “containment” model for depression as shown in Figure 2.

In Figure 2, the sad or negative feelings that characterize depression are contained within the self, while the self is contained by depression that is also thought of as a container—a three-dimensional space such as a “pit,” “hole,” or “bubble.” People may either profile depression as an external container that they are encapsulated within or experience themselves as the container

⁸The log-likelihood test was used for this.

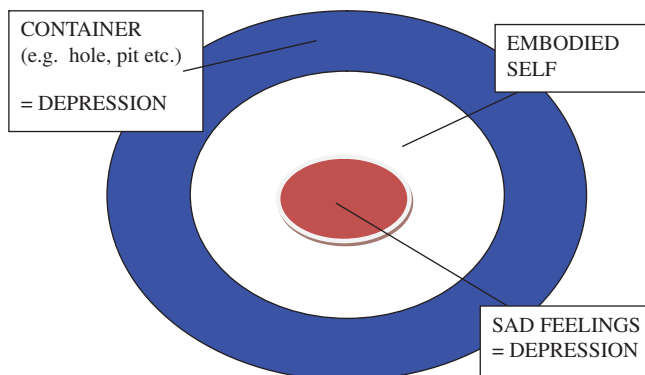


FIGURE 2 A containment model for depression (color figure available online).

of sad or suppressed negative emotions. Sometimes the three dimensional container that contains the self is talked about as if it were a prison cell:

R: I was just almost trying to *struggle with myself, or trying to find a way out, you know. Find the door, you know.*

I: It's like . . . you're *trying to find the door?*

R: Yea, *all doors are closed, and you have to open one to escape, yea. So I reckon everyone who goes through this process, they each have to find their own door. I don't think this door is going to be open for them, and no-one is going to open the doors for them, and that's hard, but that's the way it is, you know. But I think once you've, you feel you're going or coming out of this, I think opening all the doors becomes easier, you know.* (DP07 male, 45)

Here the image of the door symbolizes the possibility of escape, but this cannot occur while the self is contained within its depression. In this respect what I am describing as containment metaphors show some similarity with “*SADNESS IS CAPTIVITY*” (McMullen & Conway, 2002). Evidence of this embodied experience of depression can be found in particular metaphor that only women used—“release”:

And somebody else, the day before I went into hospital in fact, giving me a long massage, and *that gave me a bit of release.* (DP28 female, 20)

However, in other cases the container is a literal one—a psychiatric hospital—and can be experienced as a source of security; the following interviewee talks about a psychiatric hospital literally as a container:

R: I look at the psychiatric hospital as a kind of intensive care unit for mentally ill people because it's only really quite. . . . if you are in a crisis that you go in. You are having really some major something is going on. Otherwise you. . . . there is no way you'd get in there [um], so it's kind of an intensive . . . *it's a kind of containment.* It's a place of safety.

When I am in there I feel contained and I feel [pause] I suppose I feel safe. Yeah I feel safe while I'm in there. Nothing bad, I know nothing bad is going to happen to me, and I am in a safe environment, but at the same time, it's not a caring, I don't think, it's not a caring environment, and it's not a nurturing environment.

I: *It's a containing environment?*

R: *It's a containing environment* and that's all. *They contain* and that's all they do and maybe that's all they ought to do, I don't know (DP08 female, 24)

Here there is still a sense of captivity but without the desire to escape. Notice also how the interviewer repeats the metaphor and how this repetition is repeated again by the respondent in a co-constructed containment dialogue. The idea of confinement as providing security occurs with the use of the metaphor “bubble”:

And so that one I'll throw away and that one I'll need to do something about, it's all, it's all I could do, I couldn't move. Honestly I couldn't move. If I'd gone like that it would *have burst the bubble* and I *was safe in this bubble*. So that's what I did. (DP12 female, 27)

Interestingly, there is also some evidence of depression as conceptualized as a container in Chinese; the character for depression evolved from a character depicting a pot with a lid on top and an auspiciousness character inside the pot and:

From this perspective, we can see how the connotation of depression in Chinese medicine takes on special connotations. In this context, it refers to the lack of movement of the qi in the five phases, a result of and cause of constraint imposed by the keeping of “badness” in a pot with a lid. (Pritzker, 2003, p. 15)

A possible conceptualization of the purpose and practice of therapy is to think of it as a means of release of the emotions contained within the self to equalize the corresponding emotional aura of the container that the self is “trapped” within. However, this might assume that a depressed person necessarily wishes to emerge from the container; in some cases to be outside of the depression container may be a more frightening prospect than remaining within something that is familiar and known and, as either a cocoon in psychological terms or as an institution in literal terms, offers a source of security as indicated by an expression such as “safe in this bubble”.

Pressure can also be related to containment metaphors since pressure builds up within a container. Pressure was found to be a more salient concept for both genders and there was little gender difference in use of this source domain. Too much pressure is conceptualized as the cause of depression:

And to get in where I wanted to go to university. I was very driven, I wanted to do well, I still do I suppose. But I'd *put a hell of a lot of pressure on myself* about . . . and you know again, not wishing to get at my parents, but I'd been *under some pressure* from home. They would be horrified if they heard me say that to this day, but I can admit it now. (DP 04 male, 17)

Darkness metaphors also overlap with containment metaphors since the container can be a three-dimensional space that is actually dark, such as a cupboard:

That I just couldn't cope with the noise and I wanted just, really [um] ultimately what I wanted was just to *sit in a dark cupboard*. *Just to sit in the dark* and the silence and just have . . . not have anything going on around me. (DP05 male, 24)

Here the cupboard takes on a symbolic identity as the physical location of the depression. The conceptualization of darkness as three dimensional implies that the metaphor is related to other experiences of containment such as in the following:

I'd go for walks and I found that comforting, even though—and I—I'd try and notice the sky and the clouds because it was like there was *this big black cloud over me* and I was *encased* in my own little world. (DP 39 female, 37)

Here we have an interaction between the weather, darkness and notions of containment all contributing to the sense of being confined by illness and reinforcing the view that containment serves as a master metaphor for the experience of depression and accounts for extensive mixing of metaphors.

Metaphor Use: Priming and Mixing of Metaphors

As regards the third research question that concerns metaphor use—as has been hinted in some of the extracts above, metaphors of depression are often clustered together by repetition in close proximity and by mixing; however, there is evidence that women use more metaphor mixing and clustering than men and that as a result their use of metaphor is more emotionally expressive. Consider for example the following:

Let it out because if it *doesn't come out*, it *gets stuck*, I think. And it *builds up* and it *builds up* and it *builds up* and you *get full* and you *get full of all these feelings* that have never been expressed. And [um] for me at the moment in therapy they are *pouring out* of me, all sorts of feelings, thoughts and feelings and are *coming out* through all sorts of different means as well. They are *coming out* through poetry, and through music. (DP39 female, 37)

In this description of a cathartic experience there is a cluster of metaphors and a shift from metaphors of movement, to building before the containment metaphors “pouring out” and “coming out” to express the embodied experience of a build-up of pressure. This tendency of one metaphor to activate another may be described as “metaphor priming.” In this case an embodied schema for the build of pressure within a container and its subsequent release involves both repetition and mixing metaphors from different semantic domains. Metaphor mixing and priming occurs more in the interviews with women than it does in those with men. In therapeutic discourse metaphor has the potential to provide an interpretative framework, and the use of one metaphor may encourage the use of another in a crescendo effect as metaphors “prime” each other; consider the following:

I think that was the other one they put me on instead of the Librium and I *just went down and down and down*. They weren't doing me any good at all. They *got me really low again*. To the stage where I was going and sitting in the park . . . I was talking to the *down-and-outs*, and not even knowing I was doing it. I, I did not know I was doing it. (DP25 female, 30)

Here the repetition of “down” seems to prime the use of the expression “down-and-outs” but is a little different from diversification. One of the purposes of cognitive therapy is to provide a safe place for the expression of very intense emotions and it seems here that priming facilitates this. We see this in the following:

However, she was slightly concerned I was a bit too high, and my therapist says this is kind of a natural process. *That it is kind of like unleashing a cork from a champagne bottle, and it hits the ceiling*. And at the moment *I'm hitting the ceiling and bouncing around over the ceiling because I have been bottled up for so long*. And, and it's natural to, to feel this way. (DP08 female, 24)

Here a woman mixes the source domains of pressure and containment in order to normalize the strong emotions associated with therapy. Ideas of force that are communicated by verbs such as “hit,” “flip,” and “blow” that Gibbs and O’Brien (1990) identified as relating to the manner in which anger are frequently found in the metaphors employed by women:

All the doubts that I’d squashed in my teens were of course *coming out now* and I had to deal with them. *They just hit me in the face*. And I thought the end of the world had come. (DP28 female, 20)

Pressure seems to be a more mental and psychological experience of being “burdened” from which one can only escape through “release” and such release can occur with great force. This heightened expressiveness arising from metaphor priming contrasts with the use of metaphor by men, where the phrasal verb to “come out” often refers to almost literally to a man’s revealing of his homosexuality rather than as a metaphor to convey heightened emotional expression; this is the case in the following:

R: Yeh definitely. When I was in my early twenties when *I came out* I sort of threw myself into the gay scene and without really thinking about it. And it was lots of drunken nights, lots of casual sex with various partners, sometimes you know two different people in the space of a week.

I was with somebody I had known all my life, and *he came out to me*, and *I came out to him*, and we just talked and talked and talked. But I will always remember that night, we were sat in a car, and we just sat and talked for two hours, we just talked and talked and talked and then we met up and then we talked again. Because suddenly there was somebody else to talk to. (DP23 male, 50)

Here “came out” refers to a conscious verbal act that may be accompanied by intense feeling, but linguistically the intensity of the feeling is expressed more through repetition “come/came out,” “talked” rather than through use of metaphor. For example in the following:

There had been the boy at school, there had been the woman, there had been the guy *I came out to*, but this was really wonderful. And after 6 months I went up to see him just before Christmas and I got him presents and everything and when I went to see him [um] I knew when he met me from the station things weren’t quite the same and he had met somebody else basically. (DP23 male, 50)

Emotion is expressed by the adjective “wonderful” pre-modified by the intensifier “really” rather than by metaphor. Expressiveness of the following account of “coming out” is characterized by literal description of the intense emotions associated with being gay rather than by metaphor, which does not occur until the last sentence:

I: I said [inaudible]. . . a theory about your depression, about [pause] the way you . . .

R: Yeah it’s [pause 3 secs]. . . I think, you know, being gay has a big part to it. Spending your whole . . . I came out to my friends when I was 22 and I’ve known since the age of about 11, so that was 10 years of my life that I spent living a lie, denying who I was, hating who I was, because of negative messages society was giving to you, you know, at school, “You’re not queer, are you?” or this and that. And even within the family, not necessarily intentional homophobia, but just institutionalized, whereby people, because they don’t know gay people, they think that they’re . . . I remember an uncle saying to me one day—there was two gay guys on TV—and he says, “Oh, you . . . I don’t like gay guys, do you, [name removed]?” And I was about 16 at the time, being forced to say, “Well, no,” and I was conscious at the time, I was saying at the time that, “I hate myself” because if I, you know, suggest, “Well, I’m one of those,” the whole room is going to hate me. So I know that that had a devastating effect on my self-esteem. It was that . . . and there were also issues of sexual abuse when I was younger as well. . Yeah, that was just [pause]. . . all came

together to be just this massive, “You are useless, worthless” sort of, kind of thing, *stamped on the heart* of my subconscious, basically. (DP10 male, 26)

Here following a lengthy literal account there is a metaphor of a negative social construction being “*stamped on the heart*”—but this does not arise from metaphor priming. However in the following interaction between interviewer and female respondent there is extensive use of metaphor priming; consider how the interviewee elaborates a “breakdown” metaphor:

R: That, sort of, strict discipline is not important. *It's balance that really matters*. I've learnt that a *breakdown can also be a breakthrough*. I'm one of these people that's obviously *had to be broken down in order to grow enough*. I'm not saying that everybody needs to do that, they don't, in the severe way I have, but . . .

I: So what was the brea- y- *the rigidity was breaking down*?

R: The *rigidity had to be broken down*. I mean, after the first depression, my [um] the religious binding, as it were, and I think religious, religion means that which is bound, but that had to be completely . . . that was *completely knocked out of me*.

What, in my case, it's *broken me down so I can be rebuilt*.

I: Right.

R: Or so *I can rebuild myself*. And I'm not saying everybody needs depression they don't. But if life's circumstances, or *one's path, has led one to a place* where you can't go any further, then something *has to be broken in order for rebuilding to take place*. (DP28 female, 20)

In this extract metaphor entailments of building up and breaking down imply the creation and destruction of a container; the use of one containment metaphor primes another to produce metaphors such as “come out,” “poured out,” “breakthrough,” “breakdown,” and “bound”. It is also the case that the interviewer facilitates this priming of metaphor by reformulating the metaphor “broken down” by introducing the word “rigidity” that is then taken up by the respondent in the last exchange and is reminiscent of Burns (2007) “collaborative” metaphors. It may be that this more emotionally expressive use of metaphor is something that comes more naturally to therapists who are working with women as compared with men and that in this respect gender use of metaphor is at least partially co-constructed.

Goatly (1997) refers to the use of metaphors from different source domains as “diversification.” Diversification is related to entailment and elaboration. For example, the notion of “breaking down” entails that there is some solid structure in the first place. As well as providing insights into conceptualization of experience in an interactive context such as an interview, diversification serves the important rhetorical function of emphasis. The intensity of the experience of depression has linguistic similarities with how metaphors are used in highly expressive literature—such as Sylvia Plath's *The Bell Jar*. It leads us to consideration of factors such as what is contained by a container, what its boundaries are made of—in particular what can penetrate this substance; for example glass can be seen through but may be impermeable to sound. Specimens in a bell jar can be observed but cannot communicate. Therapy can be an important means of extracting the feelings from the container of the self; and women often express feelings of self-transformation arising from emergence from the container:

And I've had some bad experiences [um] which do go through my mind every now and again, but I try and kind of *put them away, store them and leave them*. Every now and again *they come out in therapy* and we will talk about them. (DP08 female, 24)

Although there is also evidence of priming in the accounts given by men, this relies more on repetition of metaphor than on mixing source domains:

And I tell myself that if *you don't hit the bottom*, you don't really know what the good things are. So when I felt absolutely as if *I'd hit the rock bottom*, it was starting then to feel quite joyful because I knew it was going to get better, and gradually it did. . . .

Yes I did. Yeh I could then see this cyclical pattern, it was like being *on a scenic railway* you know. You'd *drop down into the depths* and then *hit the heights*. *The heights* were very good for [er] thinking up schemes, and some of them were a *bit over the top* maybe, but I got to use it if that's the right thing. (DP01 male, 35)

Here the metaphor "hit" is reiterated several times, as is "drag" in the following:

Developed consciousness in this warm safe environment and *suddenly dragged out to bright cold*. I've got forcep marks there, that's where *I was dragged out*, that's where they turned my head with the forceps. (DP23 male, 50)

DISCUSSION

Linguistic analysis of metaphor suggests the potential for its role in revealing the concepts underlying the experience of depression as well as communicating the emotional intensity of the experience to listeners. However metaphor mixing may be more effective in doing this than metaphor repetition. Metaphors are like a series of brush strokes—so that no single metaphor adequately expresses the state but metaphor priming, diversification and repetition provides a means for embodied expression. It remains a question for further research as to how far such priming and repetition of metaphors may change over the course of therapy or is linked to changed psychological states.

The sample of language analyzed here is that of men and women who have experienced depression and who have recovered from it—some with the help of therapy—and are recollecting their experience. Although such retrospective accounts are different from the language of clients actually undergoing therapy, it may be possible to extrapolate from one set of experiences to the other because the desire to contribute to a public information web site in itself implies a degree of distance or "objectivity" from the original condition. These are people who have experienced a clinical condition from which they have attained a degree of relief and recovery and are being invited to recall and relive the experience. What is interesting here is that the interview setting often provided the opportunity to re-enact the experience of depression and therapy.

The identification of containment metaphors as central in the language of depression—along with metaphors of descent, darkness and weight—is important for a number of reasons: first it suggests that what is most important about metaphors of depression is that they arise from a complex interaction of metaphor source domains. Such metaphor mixing is more characteristic of women's accounts. The most expressive and potentially therapeutic metaphors, for which there is evidence in entailments, may be those that draw on diverse experiences of embodiment because of the all-encompassing and holistic nature of the experience.

Identifying and analyzing the conceptual basis of the language of depression makes cognitive linguistic findings potentially relevant for understanding the nature of the condition. For example, Kövecses (2000) identifies the following aspects of emotions concepts as common to a range of emotions:

“Existence of emotion is being in a bounded space.”
“Intensity of emotion is the strength of effect (force)”

We have seen how containment related verbs such as “pour out” “unleash,” “escape,” and so forth show evidence of ideas relating to loss of control, especially in women’s metaphor use and it seems that losing control is an essential stage in the communication of depression; although “control” is a concern of both men and women loss of control may be more threatening to typical masculine identities than it is to feminine ones; consider the following account by a man:

The company that I was contracting to was having difficulty finding work and I felt myself [um] really very exposed [um] because if there was going to be a problem if they missed [um, er] a contract to come in, I would be the first to go. So after a period of being very much in control, in running a company, all of a sudden you find yourself, suddenly very much out of control in an environment that you’re not [um] in control of at all. And very quickly I reached this position. [um] Added on top of that, the stress of sort of you know, winding up the company. And not owing money and [er] not having the investors coming in trying to take away my car or my house. [Ah] It, it was a very stressful time. [um] But at least it, it [ah] sort of keeps the mind occupied and [um] then there came the events of [um] 9/11, where it was clear that all of a sudden yeah, the economy was going to go in, into recession and there probably wasn’t a chance of me getting a full time job at that time. (DP05 male, 24)

It is the transition from being in control to being out of control that appears to bring on the depression for this man. Kövecses (2000, 2005) proposes the following schematic representation for emotions:

CAUSE → EMOTION → CONTROL →
LOSS OF CONTROL → BEHAVIORAL RESPONSE

He proposes that loss of control is an essential element in the conceptualization of emotion in general; loss of emotional control underlies metaphors relating to insanity, magic/rapture and a divided self and he represents this conceptually as:

“Attempt at control is struggle with force.”
“Loss of control is loss of control over force”
“A person out of control is a divided self.”

In these interviews people often talked about being “in” or “out of” “control” or “lacking control” and used these as a literal description of the experience and this may also contribute to our understanding of the role of language in therapy. In therapeutic terms the purpose of the discourse is to arrive at salient images that represent feelings of sadness. It seems that it is often containment metaphors expressing both control and loss of control that provide such images. When the feelings emerge from the container of the self (typically in therapy) there is loss of control, but this can be cathartic when metaphors are mixed and lead eventually to feelings of control. This is especially the case if the emergence of these feelings is with sufficient force to break the outer “container” of depression—to shatter the bell jar.

SUMMARY

Collaborative construction and elaboration of salient imagery and metaphor entailments by the therapist/interviewer and client/interviewee—sometimes in a mutually constructed

dialogue—may provide a meaningful frame for the expression and interpretation of emotional experience. In other contexts these metaphors and images might be considered as exaggerated, however the discourse setting should encourage the *performance* and *relived experience* of depression. An essential stage in this reliving of depression is the expression of feelings of loss of control through holistic metaphors such as those expressing containment.

Therapists—rather than trying to change the metaphors used by their clients—should engage with clients' metaphors through strategies such as priming and repetition. The focus of therapeutic enquiry need not be concerned so much with the type of metaphors but rather with identifying patterns of metaphor priming and repetition that communicate powerful experience. Repetition of metaphors and their entailments such as those relating to the physical force may be therapeutic, and mixing of metaphors may be especially cathartic as it enables expression of feelings around a loss of control that is an essential stage in recovery. Therefore repeating and mixing of metaphors such as those relating to containment and release could form the basis for therapeutic intervention as expression of loss of control by metaphor elaboration and diversification is beneficial. This is a view that fits with patients' own views on what contributed to their recovery:

I: Can you say something else about recovery?

R: Yeah. Just one other thing really that's been very, very . . . that I feel is very important for anybody is the ability to express feelings. . . . If you can try and express yourself. And that can be in a variety of ways because I do it in a variety of ways, in ways I found out I didn't even know I could. (DP08 female, 24)

This provides support for the "containment" model of depression: if emotions are experienced as being contained within the body that is itself contained within depression, then expression of these emotions using metaphors from diverse domains that interact with containment metaphors may allow release from the outer depression container. Equilibrium may arise when the inner depression cancels the outer one and metaphor elaboration may facilitate this. There seems evidence in these accounts of the importance of metaphor in explaining the processes that the person experiencing depression went through in arriving at a cure. This reinforces the importance of noticing metaphors, focusing on metaphor images—especially containment images—and elaborating on these in therapy.

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